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2009

South Africa

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Executive Summary11-10-08f.doc	application/msword	11/13/2008		MBuchwald

Country Program Strategic Overview

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

Yes No

Description:

FY 2009 Additions: Changes in the NDOH, including a new Minister of Health, predict a new relationship with the NDOH and the establishment of a bilateral strategic coordination group that will enable negotiation of a Partnership Compact.

PMTCT: The new PMTCT policy was rolled out 6/08 and includes WHO recommended dual therapy and HAART treatment for eligible women of child-bearing age, routine offer CT at ANCs, retesting HIV negative mothers in the third trimester, CD4 testing for all HIV positive women, maternal nutrients for pregnant and lactating mothers, screening for TB, STIs and other OIs, and fast tracking pregnant women to ART services. USG will continue to support NDOH scale up and rollout of the new policy and promote integrated PMTCT programs.

TB/HIV: Additional objectives will 1) improve prevention, detection and management of MDR/XDR TB in HIV positives; 2) strengthen infection control; and 3) strengthen laboratory services and networks to support TB/HIV program activities. Activities will 1) strengthen TB/HIV coordinating bodies at all levels, 2) expand interventions promoting access to TB/HIV (e.g., in primary health care, task shifting to nurses, and ART accreditation of TB hospitals); 3) implement three I's; 4) expand HIV testing and ART in TB clinical services; 5) enhance referral systems between TB and HIV services and hospitals and primary health care facilities; 6) engage community in comprehensive care, treatment adherence and DOT; 7) improve early detection and management of persons suspected with MDR/XDR TB; 8) support timely, quality assured laboratory services for TB/HIV, and rapid diagnostics for TB and MDR-TB; and 9) improve information, M & E and management systems to increase access to quality services.

OVC: With DOSD, develop an M&E framework for the Children's Amendment Act, 2007 to ensure effective implementation of the Act's new definitions and elements that include provision of partial care of children, early childhood development, prevention and early intervention, children in alternative care such as foster care, child and youth care centers and drop-in centers; authority for additional protection of children; and creation of new offences relating to children.

Prevention: New activities include 1) evaluating PEPFAR prevention efforts, 2) implementing prevention interventions for 2010 Soccer World Cup, and 3) supporting NDOH in creating/leading an HIV prevention consultative core action group to develop a national prevention implementation strategy and accelerate the scale-up of HIV prevention.

Palliative Care: Care programs add a family centered approach to care and support for PLHIV to decrease stigma and discrimination at family and community level, review family dynamics that impact HIV transmission, introduce prevention with positives, and pediatric care and support programs.

Laboratory Services: Expand NHLS, NIOH, and NICD laboratory support activities, strengthen HIV and TB diagnostic capacity and information management infrastructure, increase access to TB diagnosis and referral services, strengthen the management and reporting of MDR and XTR-TB cases, data mining, surveillance analysis from the existing NHLS Data Warehouse (DISA), integration of data into the existing national Electronic TB Register (ETR.Net) surveillance system, piloting a new patient management system, support development and implementation of national infection control policies, standards, and monitoring for laboratory staff and other healthcare worker, and develop a regional laboratory for Sub-Saharan Africa.

FY 2009: Treatment: New NDOH pediatric and adult standard ART guidelines are expected to be released 12/08. These will change the eligibility for ART initiation from a CD4 count of 200 to 250, increasing ART eligible by ~10%, and change first line and second-line ART regimens.

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Signed Ambassador's Letter.pdf	application/pdf	11/13/2008		MBuchwald

Country Contacts

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009? \$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, 2009

	National 2-7-10	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	423,486	476,514	900,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	112,564	87,436	200,000
Care (1)				
End of Plan Goal	2,500,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	1,154,968	481,533	1,636,501
***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	95,949	144,051	240,000
8.1 - Number of OVC served by OVC programs	0	469,577	330,423	800,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	1,140,181	1,359,819	2,500,000
Treatment				
End of Plan Goal	500,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	456,571	218,429	675,000
Human Resources for Health				
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	644	0	644

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	615,790	284,210	900,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	163,600	61,400	225,000
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	1,306,293	377,890	1,684,183
***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)	103,626	136,374	240,000
8.1 - Number of OVC served by OVC programs	485,815	514,185	1,000,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	1,317,022	1,182,978	2,500,000
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	600,516	199,484	800,000
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	643	0	643

(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: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11939.09
System ID: 11939
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Africare Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10269.09
System ID: 10269
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Association of Schools of Public Health Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10270.09
System ID: 10270
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Care for PLHIV

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10268.09
System ID: 10268
Planned Funding(\$): ■
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Former Building Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12201.09
System ID: 12201
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Former Building Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12202.09
System ID: 12202
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Health System Strengthening CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10285.09
System ID: 10285
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Health Systems Strengthening

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10284.09
System ID: 10284
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Human Capacity Development (HCD)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4777.09
System ID: 10489
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Medical Research Council of SA (MRC)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10272.09
System ID: 10272
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD National Institute for Communicable Disease NICD follow On (STD Program)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10267.09
System ID: 10267
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD New Combined FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12199.09
System ID: 12199
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Nurse Capacity Project Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10266.09
System ID: 10266
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD OVC Department of Social Development

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10281.09
System ID: 10281
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Prevention Action Tank CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10279.09
System ID: 10279
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Prevention Action Tank Secretariat

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10280.09
System ID: 10280
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Prevention Action Tank USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10278.09
System ID: 10278
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Prevention Review Response

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12200.09
System ID: 12200
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Prevention Strategic Planning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10273.09
System ID: 10273
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Prevention Strategic Planning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10274.09
System ID: 10274
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Public Private Partnership USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9226.09
System ID: 10286
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Salvation Army Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10275.09
System ID: 10275
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10271.09
System ID: 10271
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD World Cup CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10277.09
System ID: 10277
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD World Cup USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10276.09
System ID: 10276
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD-MARPs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5678.09
System ID: 10641
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: New FY09 PHE - Evaluating the Impact of Multi-Faceted Programs for Adolescent OVC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11941.09
System ID: 11941
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: New FY09 PHE - System-wide Effects of PEPFAR-Supported HIV Service Provision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11942.09
System ID: 11942
Planned Funding(\$): [REDACTED]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD - Male Circumcision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9800.09
System ID: 9800
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Human Capacity Development (HCD)

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7072.09
System ID: 10490
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2787.09
System ID: 9722
Planned Funding(\$): \$8,475,998
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

Mechanism Name: Capable Partners

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2789.09
System ID: 9723
Planned Funding(\$): \$1,699,083
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC CT FOA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8710.09
System ID: 9724
Planned Funding(\$): \$506,812
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: LifeLine Southern Africa
Planned Funding: \$11,377
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6151.09
System ID: 9725
Planned Funding(\$): \$4,181,834
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: 397.09
System ID: 9726
Planned Funding(\$): \$4,661,799
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: CDC CT FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7279.09
System ID: 9727
Planned Funding(\$): \$853,716
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

Mechanism Name: AMREF

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4626.09
System ID: 9728
Planned Funding(\$): \$2,111,329
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: Itsoseng Youth Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nduma Drop in Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ubombo Drop in Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Masibambane
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ithembaesizwe Drop In Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Moutse Health Education Development and Information Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Dindela Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Lethuthando Home Based care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 167.09
System ID: 9729
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Africare
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9227.09
System ID: 9730
Planned Funding(\$): \$446,309
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: AgriAIDS
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4628.09
System ID: 9731
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 Program Budget Codes: HMBL - Biomedical Prevention: Blood

Sub-Partner: American Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMBL - Biomedical Prevention: Blood

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9634.09
System ID: 9733
Planned Funding(\$): \$970,905
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: 2809.09
System ID: 9734
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4745.09
System ID: 9735
Planned Funding(\$): \$1,048,577
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: 227.09
System ID: 9736
Planned Funding(\$): \$0
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 190.09
System ID: 9737
Planned Funding(\$): \$19,460,289
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: \$3,116,919
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: S Buys Purchasing
Planned Funding: \$6,333,465
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Metro Evangelical Services Impilo
Planned Funding: \$142,279
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Re!Action Consulting

Planned Funding: \$285,480

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Madwaleni Hospital

Planned Funding: \$138,857

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Argyle Clinic

Planned Funding: \$147,692

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Caritas Care

Planned Funding: \$18,615

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Medikredit

Planned Funding: \$44,308

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: AIDS Economic Impact Surveys

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 192.09

System ID: 9738

Planned Funding(\$): \$639,817

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: \$88,851

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 416.09
System ID: 9739
Planned Funding(\$): \$18,653,699
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Broadreach
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4616.09
System ID: 9742
Planned Funding(\$): \$2,676,528
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: Gethsemane Health Care Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Goldfields Hospice Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Golden Gateway Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Hlokomelo Wa Heno
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

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

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Ramontshinyadi HIV/AIDS Youth Guide
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Nhlayiso Community Health and Counseling Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Beacon of Hope
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Bophelong Community Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: CHoiCe Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Vongani Child and Youth Care Development Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: CPC
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Dithlabeng DDI
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Kholhalanang
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Qwa Qwa AIDS Consortium
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Ratanang Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: YOFGA
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Bamabanani Trust Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9372.09
System ID: 9743
Planned Funding(\$): \$2,184,535
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: CARE South Africa
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 418.09
System ID: 9744
Planned Funding(\$): \$825,500
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: \$23,615
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CHoiCe Trust
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nhlayiso Community Health and Counseling Centre
Planned Funding: \$33,846
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Aganang Home Based Care
Planned Funding: \$7,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Boikhucho Home Based Care
Planned Funding: \$30,769
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ntsoanatsatsi Educare Trust
Planned Funding: \$10,615
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ramontshinyadi HIV/AIDS Youth Guide
Planned Funding: \$33,846
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Anglican Church of South Africa/Mosamaria AIDS Ministry
Planned Funding: \$44,615
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: GaManoke Home-Based Care
Planned Funding: \$7,692
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Civil Society Development Initiatives
Planned Funding: \$32,308
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Motswadibe Home-based Care Group
Planned Funding: \$7,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Swazimoyame Home-Based Care
Planned Funding: \$7,692
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9630.09
System ID: 9745
Planned Funding(\$): \$485,452
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2792.09
System ID: 9746
Planned Funding(\$): \$4,525,917
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: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Institute for Youth Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, HTXD - ARV Drugs

Sub-Partner: Constella Futures
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2790.09
System ID: 9747
Planned Funding(\$): \$2,462,293
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 Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: South African Catholic Bishops Conference AIDS Office

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Children's AIDS Fund
Planned Funding: \$262,457
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Catholic Medical Mission Board
Planned Funding: \$157,003
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 12255.09
System ID: 12255
Planned Funding(\$): \$339,836
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Central Contraceptive Procurement
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 512.09
System ID: 9748
Planned Funding(\$): \$1,697,141
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

Sub-Partner: ACVV Middleburg
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ikhwezi Lomso
Planned Funding: \$20,300

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Actonville Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Wellington
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Riversdale
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Potchefstroom
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Plettenberg Bay
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Pampierstad
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Orkney
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Knysna
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Hermanus

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Heidelberg

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Globlershoop

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Rustenburg

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Stillfontein

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Vryburg

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Albertinia

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CWSA Worcester

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: CWSA Douglas
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: CWSA Delpoortshoop
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: CWSA Christiana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Graaff-Reinet Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Kenton Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Humansdorp Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Kimberley Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Margate Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: KwaMashu Child and Family Welfare
Planned Funding: \$20,300

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Limpopo Provincial Office - Musina Site
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nelspruit Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Paramount Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Polokwane Child and Family Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Port Shepstone Child and Family Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Qwa Qwa Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sharpville Child Welfare
Planned Funding: \$20,300
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vhembe Child Welfare

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Virginia Child and Family Welfare

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: White River Child Welfare

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Witbank Child Welfare

Planned Funding: \$20,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7313.09

System ID: 9782

Planned Funding(\$): \$592,252

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Childline Mpumalanga

New Partner: No

Sub-Partner: Childline South Africa

Planned Funding: \$325,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CINDI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4619.09
System ID: 9783
Planned Funding(\$): \$970,905
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: LifeLine PMB
Planned Funding: \$190,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinani Survivors of Violence programme
Planned Funding: \$140,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Youth for Christ South Africa (YfC)
Planned Funding: \$260,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Community Care Project
Planned Funding: \$260,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: CERI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10617.09
System ID: 10617
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Children's Emergency Relief International
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4502.09
System ID: 9784
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2797.09
System ID: 9785
Planned Funding(\$): \$13,732,912
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: \$104,714
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Fort Hare University
Planned Funding: \$1,471,825
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: National Health Laboratory Services
Planned Funding: \$109,250
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Yale University, School of Medicine
Planned Funding: \$587,075
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Health Information Systems Programme
Planned Funding: \$109,250
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Disease Management System
Planned Funding: \$275,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mothers 2 Mothers
Planned Funding: \$350,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: UKZN Cato Manor
Planned Funding: \$262,657
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6156.09
System ID: 9786
Planned Funding(\$): \$2,635,035
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: Project Gateway
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: University of Stellenbosch, South Africa
Planned Funding: \$1,100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV

Sub-Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center
Planned Funding: \$524,329
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10341.09
System ID: 10341
Planned Funding(\$): \$776,724
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 Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Child Welfare Tshwane
Planned Funding: \$800,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: SA AIDS Conference

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 460.09
System ID: 10251
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Dira Sengwe
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8682.09
System ID: 9788
Planned Funding(\$): \$1,305,867
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Education Labour Relations Council
New Partner: No

Sub-Partner: Academy for Educational Development

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$399,569
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: American Federation of Teachers - Educational Foundation
Planned Funding: \$199,288
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Suid Afrikaanse Onderwys Unie/National Association of Teachers Union
Planned Funding: \$80,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing

Sub-Partner: Cape Teachers Professional Association
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: National Teachers Union
Planned Funding: \$261,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: Professional Educators Union
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Sub-Partner: National Association of Professional Teachers in South Africa
Planned Funding: \$252,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2255.09
System ID: 9789
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 Program Budget Codes:

Sub-Partner: AIDS Healthcare Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 193.09
System ID: 9790
Planned Funding(\$): \$11,104,720
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: \$4,150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: AIDS Healthcare Foundation
Planned Funding: \$800,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Mechanism Name: RESPOND

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 216.09

System ID: 9791

Planned Funding(\$): \$1,025,810

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: \$12,950

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: University of the Western Cape

Planned Funding: \$12,950

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Cape Peninsula University of Technology - Cape Town

Planned Funding: \$12,950

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Personal Concepts Project

Planned Funding: \$15,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Cape Peninsula University of Technology - Belleview Campus

Planned Funding: \$12,950

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Centre for Positive Care

Planned Funding: \$18,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Free State University

Planned Funding: \$12,950

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: University of Limpopo
Planned Funding: \$12,950
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Zimisele HIV/AIDS Care
Planned Funding: \$15,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Thembisa Theatre Team
Planned Funding: \$15,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: University of Cape Town, HIV/AIDS Coordination UCT
Planned Funding: \$12,950
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 218.09
System ID: 9837
Planned Funding(\$): \$906,970
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: Bophelong Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hlokomela wa Heno
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Ndumo Schools Orphan Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sithandizingane Care Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyathokoza Health Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Uthando House
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Kids Care and Support Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sicelimpilo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siphithemba
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CTR

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 224.09

System ID: 9838

Planned Funding(\$): \$2,656,565

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Betty Gaetsiwe Clinic

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: De Aar Clinic

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Evelyn Lekganyane Clinic

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Evelyn Lekganyane Home Base Care

Planned Funding: \$36,091

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Galeshewe Day Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Johannesburg Hospital

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Makhuduthamaga HBC

Planned Funding: \$71,756

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Mankweng ARV Clinic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Marishane Clinic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Makhuduthama (MK) Umbrella
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Nightingale Hospice
Planned Funding: \$32,463
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Old Jane Furse Gateway Clinic
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: South African Red Cross Society
Planned Funding: \$53,868
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Parents for AIDS Action
Planned Funding: \$197,949
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Bokamoso Barona Investment Trust
Planned Funding: \$172,271
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7338.09
System ID: 9839
Planned Funding(\$): \$2,227,607
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International SA
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 226.09
System ID: 9840
Planned Funding(\$): \$28,272,072
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

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 463.09
System ID: 9841
Planned Funding(\$): \$2,971,822
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: Anglican Church of the Province of Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7568.09
System ID: 10548
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Genesis Trust
New Partner: No

Mechanism Name: Global HIV/AIDS Nursing Capacity Building Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4645.09
System ID: 9842
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Georgetown University
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4747.09
System ID: 9843
Planned Funding(\$): \$407,780
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

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7311.09
System ID: 9844
Planned Funding(\$): \$490,306
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: GRIP Intervention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7296.09
System ID: 9845
Planned Funding(\$): \$1,116,540
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

Sub-Partner: Thuthukani Home-Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Belfast Home based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Buhle Bempilo Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Clare Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Gottenburg Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Grassroot
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mandlesive Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Masoyi Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ndzalama Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Pfunani Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sakhasive Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Senzokuhle Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Simunye Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinothando Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyabulela Home Based Care
Planned Funding: \$12,483
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Southern Cross
Planned Funding: \$216,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sphamandla Home Based Care
Planned Funding: \$124,826
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tsibogang
Planned Funding: \$66,462
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vukani Nonke Home Based Care
Planned Funding: \$124,826
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7297.09
System ID: 9885
Planned Funding(\$): \$679,633
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: Local - Locally procured, country funded
Mechanism ID: 466.09
System ID: 9886
Planned Funding(\$): \$2,155,408
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: School of Public Health
Planned Funding: \$42,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Sonke Gender Justice
Planned Funding: \$66,070
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: CIRC - Biomedical Prevention: Male Circ

Sub-Partner: AMOS
Planned Funding: \$160,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Futures Institute
Planned Funding: \$138,958
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4748.09
System ID: 9887
Planned Funding(\$): \$970,905
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: 7298.09
System ID: 9888
Planned Funding(\$): \$800,996
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Heartbeat
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2801.09
System ID: 9889
Planned Funding(\$): \$5,387,909
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: \$581,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: Medicross Healthcare
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXD - ARV Drugs

Sub-Partner: Prime Cure
Planned Funding: \$1,641,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9629.09
System ID: 9923
Planned Funding(\$): \$679,634
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Hope Education
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 478.09
System ID: 9926
Planned Funding(\$): \$9,090,241
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 Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Breede River Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: St. Josephs Community Care Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: St. Lukes Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: St. Nicholas Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Stellenbosch Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Sungardens Hospice
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Tapologo Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Verulam Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Viljoenskroon Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Wide Horizons
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Hospice Association Witwatersrand
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Zululand Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Brits Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Cotlands
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Drakenstein Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Estcourt Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Golden Gateway
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Goldfields Hospice Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Good Shephard Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Grahamstown Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Helderberg Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Highway Hospice

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: East Rand Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Hospice in the West
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Howick Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Khanya Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Knysna/Sedgefield Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Ladybrand Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Mzunduzi Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Naledi Hospice

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: North West Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Rustenberg Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: South Coast Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: St. Bernards Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: St. Francis Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Soweto Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: St Nicholas Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Aganang Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: CHoiCe Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Transkei Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Gethsemane Health Care Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Hospice Moeder Theresa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Ingwavuma Orphan Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Inkwanca HBC
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Maskey Health Services
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Nightingale Hospice

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Abasizikazi Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Adra
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Agape Support Group Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Amekulani Project Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Blue Crane Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Boikhutshong Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Cedarville 08-HBHC Adult Care & Treatment Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Chatsworth Hospice
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Christian Medical Services and Relief
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Cotlands Western Cape Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Cradock Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Emthonjeni Wempilo Crisis Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Hermanus Rainbow Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Hope for Life (Zaziwe)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Hlumani HIV/AIDS Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

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

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Indwe House of Hope Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Infidumelo Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Inkululeko Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: KMD Senekal
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Kwakhanya Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Kwakwatsi
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Leratong Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Lesedi Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Lichabile Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Lomanyaneng AIDS Project Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Living Hope Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Moretele Sunrise Hospice Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV
Sub-Partner: Mzimela Health Services Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Nceduluntu Support Group Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Phapamani Home Based Care Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Phedisanang 08-HBHC Adult Care & Treatment Program Planned Funding: \$0 Funding is TO BE DETERMINED: No New Partner: No Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Philanjalo Hospice, Tugela Ferry

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Plettenberg Bay HIV/AIDS Forum
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Potchefstroom Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: PROTIRO Care Givers
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Saint Helena Sandvelt Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: St Lukes Hospice, Kenilworth
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Saint Teresa's Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Samaritan Care Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Silindukuhle Hospice
Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Sipamandla Healthcare
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Sonqoba Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: St. Catherina
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Victoria West 08-HBHC Adult Care & Treatment Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Thusanang Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Tygerberg Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: White Rose Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Sub-Partner: Tihokomelo Health Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Tender Loving Care

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Thembelihle Hopetown 08-HBHC Adult Care & Treatment

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Thembelihle Home Based Care

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Thokomala Hospice

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Temba Care Hospice - Athlone

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support,
HVTB - Care: TB/HIV, HKID - Care: OVC

Sub-Partner: Umtha Welanga Centre

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Themba Care Home Based Care, Grabouw

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Vulamehlo Hospice

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Maggie Samboer Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Cornerstone Ministries
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Hospice Richtersveld
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Bakgethwa Women in Partnership Against AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: HSRC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2813.09
System ID: 9927
Planned Funding(\$): \$3,492,343
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: 479.09
System ID: 9928
Planned Funding(\$): \$1,718,743
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4749.09
System ID: 9929
Planned Funding(\$): \$970,905
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: Mseleni Children's Home
Planned Funding: \$157,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tholulwazi Uvizikele
Planned Funding: \$63,424
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9633.09
System ID: 9930
Planned Funding(\$): \$3,410,186
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: 9232.09
System ID: 9931
Planned Funding(\$): \$1,650,538
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: International Organization for Migration
New Partner: No

Sub-Partner: Agri IQ
Planned Funding: \$427,611
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Hoedspruit Training Trust

Planned Funding: \$471,280

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: IOM - Musina Sub-office

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: CHoiCe Trust

Planned Funding: \$42,761

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Mechanism Name: ACCESS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 242.09

System ID: 9932

Planned Funding(\$): \$1,439,365

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: JHPIEGO

New Partner: No

Mechanism Name: Nurse Initiated ART

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 10618.09

System ID: 10618

Planned Funding(\$): \$4,168,094

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: JHPIEGO

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8708.09
System ID: 9933
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: JHPIEGO SA
New Partner: No

Mechanism Name: CDC CT FOA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10309.09
System ID: 10309
Planned Funding(\$): \$506,812
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO SA
New Partner: No

Mechanism Name: Safe Medical Practices

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 249.09
System ID: 9891
Planned Funding(\$): \$664,910
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

Mechanism Name: Enhance SI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9225.09
System ID: 10252
Planned Funding(\$): \$4,614,710
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Khulisa Management Services (Pty) Ltd
Planned Funding: \$867,351
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Sub-Partner: Health Information Systems Programme

Planned Funding: \$738,633

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 328.09

System ID: 9890

Planned Funding(\$): \$13,728,844

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: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Center for AIDS Development, Research, & Evaluation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes:

Sub-Partner: DramAidE

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mindset Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: University of Witwatersrand, School of Public Health

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Dance4Life

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVCT - Prevention: Counseling and Testing

Sub-Partner: Lighthouse

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Turntable Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of KwaZulu-Natal, Centre for Cultural and Media Studies

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVTB - Care: TB/HIV

Sub-Partner: Winterveldt

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Valley Trust

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Sub-Partner: Sonke Gender Justice

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Mothusimpilo

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: LifeLine/ChildLine
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: South African Broadcasting Corporation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Community Health Media Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Zimeleni
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Matchboxology
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Lesedi Lechabile
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVAB - Sexual Prevention: AB , HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of the Witwatersrand, Media AIDS Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner: University of the Witwatersrand, Media AIDS Project
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Health and Development Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Cell Life
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Health-E
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Mediology
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4640.09
System ID: 9892
Planned Funding(\$): \$1,746,968
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: \$14,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Singisi Consulting
Planned Funding: \$82,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other

Sub-Partner: Boitshepo Lesetedi
Planned Funding: \$5,660
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Lauren Jankelowitz
Planned Funding: \$6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HVOP - Sexual Prevention: Other

Sub-Partner: Thulani Grenville-Grey
Planned Funding: \$7,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4642.09
System ID: 9893
Planned Funding(\$): \$1,521,893
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Khulisa
New Partner: No

Mechanism Name: SA PEPFAR Partner Performance Assessment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6874.09
System ID: 10288
Planned Funding(\$): \$2,912,714
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: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CARE UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2810.09
System ID: 9895
Planned Funding(\$): \$305,835
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: 9691.09
System ID: 9896
Planned Funding(\$): \$242,726
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Lifeline Mafikeng
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4753.09
System ID: 9897
Planned Funding(\$): \$388,362
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: 481.09
System ID: 9898
Planned Funding(\$): \$390,235
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Living Hope
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4751.09
System ID: 9899
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: 588.09
System ID: 9901
Planned Funding(\$): \$5,503,922
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

Mechanism Name: TASC2: Intergrated Primary Health Care Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 255.09
System ID: 9900
Planned Funding(\$): \$291,271
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: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Inkwanca HBC
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Thibela Bolwetsi
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Winterveldt
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Makotse
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sizanani Home-Based Care
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sibambiseni
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Makhuduthamaga
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Lafata Home-Based Care
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Bonukhanyo Youth Organization
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ncedisizwe
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Direlang Project
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Botho Jwa Rona
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Mohlarekoma Home-Based Care
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Luncedo Lwesive
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Pholo Modi Wa Sechaba
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Masakhane Women's Org
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Khanyielani/NPAT
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Inkosinathi
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Thuthukani Home-Based Care
Planned Funding: \$14,493

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: House of Hope Trust
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Zimeleni
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Progressive
Planned Funding: \$14,493
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4625.09
System ID: 9935
Planned Funding(\$): \$2,827,916
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: SMT Health Solutions
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4624.09
System ID: 9830
Planned Funding(\$): \$840,803
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 257.09
System ID: 9831
Planned Funding(\$): \$11,267,623
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9382.09
System ID: 9846
Planned Funding(\$): \$242,726
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Medunsa University
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8709.09
System ID: 9848
Planned Funding(\$): \$557,493
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Montefiore Hospital
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4754.09
System ID: 9853
Planned Funding(\$): \$6,577,879
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: 4755.09
System ID: 9854
Planned Funding(\$): \$1,286,449
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Mpilonhle
New Partner: No

Mechanism Name: CARE UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7299.09
System ID: 9856
Planned Funding(\$): \$0
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2312.09
System ID: 9857
Planned Funding(\$): \$4,488,007
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: \$308,287
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Thandukuphila Drop In Centre

Planned Funding: \$128,211

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Asiphilenikahle Home Based Care

Planned Funding: \$74,730

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Christian Social Council

Planned Funding: \$74,730

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Highveld Anglican Board for Social Responsibility

Planned Funding: \$74,730

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: James House

Planned Funding: \$128,211

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: King Williams Town Child & Youth Care Centre

Planned Funding: \$128,211

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: MFESANE

Planned Funding: \$74,300

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ubumbano Drop In Centre

Planned Funding: \$67,536

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Durbin Childrens Home
Planned Funding: \$128,211
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Holy Cross Convent
Planned Funding: \$128,211
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Khanyiselani Development Trust
Planned Funding: \$128,211
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Sinamukela Development Project
Planned Funding: \$67,535
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Ubombo Drop in Centre
Planned Funding: \$67,536
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Anglican Diocese of Grahamstown
Planned Funding: \$209,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Bakwena Ba Mogopa Home Based Care
Planned Funding: \$151,865
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: East London Children's Home
Planned Funding: \$51,865

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Matat-EDA
Planned Funding: \$51,865
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Roman Catholic Church
Planned Funding: \$67,535
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinqobile CBO
Planned Funding: \$67,536
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 489.09
System ID: 9859
Planned Funding(\$): \$0
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 486.09
System ID: 9860
Planned Funding(\$): \$971
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: 3462.09
System ID: 9868
Planned Funding(\$): \$2,213,176
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 the Western Cape
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: University of the Western Cape
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 492.09
System ID: 10310
Planned Funding(\$): \$2,912,714
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 Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: In Support - CDC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 500.09
System ID: 9806
Planned Funding(\$): \$10,626,944
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6777.09
System ID: 9811
Planned Funding(\$): \$12,258,360
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 262.09
System ID: 9807
Planned Funding(\$): \$0
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9624.09
System ID: 9812
Planned Funding(\$): \$273,753
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Nozizwe Consulting
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 504.09
System ID: 9814
Planned Funding(\$): \$1,940,062
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

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 2802.09
System ID: 9924
Planned Funding(\$): \$1,011,975
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Olive Leaf Foundation
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2803.09
System ID: 9925
Planned Funding(\$): \$3,220,150
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Olive Leaf Foundation
New Partner: No

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6155.09
System ID: 9815
Planned Funding(\$): \$5,010,256
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Pact, Inc.
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4132.09
System ID: 9816
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: 9224.09
System ID: 10255
Planned Funding(\$): \$1,650,538
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: PATH AIDSTAR
New Partner: No

Sub-Partner: Health and Development Africa
Planned Funding: \$1,552,551
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Inkanyezi Initiative
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: National Institute for Community Development and Management
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: \$265,871
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7300.09
System ID: 9820
Planned Funding(\$): \$970,904
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Planned Parenthood Association of South Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Mechanism Name: Population Council

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10468.09
System ID: 10468
Planned Funding(\$): \$485,452
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council
New Partner: No

Sub-Partner: HIV911
Planned Funding: \$140,390
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Westat
Planned Funding: \$312,512
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Social Surveys
Planned Funding: \$33,490
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 268.09
System ID: 9878
Planned Funding(\$): \$2,239,392
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: Eastern Cape Provincial Council of Churches
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Mpumalanga Provincial Council of Churches
Planned Funding: \$60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: University of Fort Hare
Planned Funding: \$65,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDTX - Treatment: Pediatric Treatment

Sub-Partner: Tswaranang Legal Advocacy Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: Progressu Research and Development CC
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name: APS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7412.09
System ID: 9879
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Council SA
New Partner: No

Mechanism Name: PSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3509.09
System ID: 9880
Planned Funding(\$): \$8,475,997
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: Careworks
Planned Funding: \$823,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Anglican Church of South Africa/Mosamaria AIDS Ministry
Planned Funding: \$102,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Centre for Positive Care
Planned Funding: \$101,255
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Anglican Diocese of Grahamstown
Planned Funding: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Faith and Hope Integrated AIDS
Planned Funding: \$52,974
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Shout It Now
Planned Funding: \$375,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Targeted AIDS Initiative
Planned Funding: \$49,531
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Treinity Health Care Center-Khutsong
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4756.09
System ID: 9817
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Program for Appropriate Technology in Health
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9229.09
System ID: 9881
Planned Funding(\$): \$3,101,847
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding: \$75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other

Sub-Partner: KwaZulu Natal Network on Violence Against Women
Planned Funding: \$209,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Western Cape Network on Violence Against Women
Planned Funding: \$209,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4757.09
System ID: 9882
Planned Funding(\$): \$728,179
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: 5191.09
System ID: 9883
Planned Funding(\$): \$23,801,751
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: \$279,230
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Wits Pediatric HIV Working Group
Planned Funding: \$4,000,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4094.09
System ID: 9884
Planned Funding(\$): \$2,024,821
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Research Triangle Institute
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 271.09
System ID: 9835
Planned Funding(\$): \$36,120,762
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: \$41,266
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Community AIDS Response
Planned Funding: \$234,137
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support

Sub-Partner: Friends for Life
Planned Funding: \$38,982
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: Ndlovu Medical Trust
Planned Funding: \$1,981,599

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Vuselela
Planned Funding: \$43,737
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Alexandra Clinic
Planned Funding: \$1,031,558
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: ACTS Community Clinic
Planned Funding: \$1,621,305
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Witkoppen Health & Welfare Centre (WHWC)
Planned Funding: \$710,218
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Clinical HIV Research Unit - Wits Health Consortium
Planned Funding: \$1,211,477
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Alberton Methodist Care and Relief Enterprise
Planned Funding: \$161,627
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Emthonjeni Christian Centre
Planned Funding: \$40,565
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing
Sub-Partner: Hoedspruit Trust
Planned Funding: \$160,853
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Keimoes Diocese
Planned Funding: \$41,226
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support
Sub-Partner: Ndlovu Care Group Bhubezi
Planned Funding: \$1,981,599
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Thembalitsha Foundation
Planned Funding: \$309,920
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing
Sub-Partner: Topsy Foundation
Planned Funding: \$855,647
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs
Sub-Partner: Westrand Hospice
Planned Funding: \$89,189
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UGM

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7301.09
System ID: 9834
Planned Funding(\$): \$485,450
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: South African Institute of Health Care Managers
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: AgriAIDS
Planned Funding: \$459,684
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 507.09
System ID: 9827
Planned Funding(\$): \$176,700
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: 8707.09
System ID: 9828
Planned Funding(\$): \$506,812
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Salesian Mission
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 335.09
System ID: 9826
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Salvation Army
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 509.09
System ID: 9825
Planned Funding(\$): \$3,296,221
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: \$848,750
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: Care UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7315.09
System ID: 9824
Planned Funding(\$): \$825,269
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Scientific Medical Research
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4630.09
System ID: 9823
Planned Funding(\$): \$795,171
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Scripture Union
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4759.09
System ID: 9822
Planned Funding(\$): \$242,726
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: 12198.09
System ID: 12198
Planned Funding(\$): \$991,640
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Society for Family Health
New Partner: Yes

Mechanism Name: NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10470.09
System ID: 10470
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Sophumelela
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 510.09
System ID: 9821
Planned Funding(\$): \$7,981,189
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Soul City
New Partner: No

Mechanism Name:

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 511.09
System ID: 9818
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: 6084.09
System ID: 9819
Planned Funding(\$): \$0
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

Mechanism Name: NIAD/NIH Post Phidisa

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7861.09
System ID: 10312
Planned Funding(\$): \$2,528,819
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: No

Sub-Partner: Henry M. Jackson Foundation Medical Research International, Inc.

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HTXD - ARV Drugs

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8683.09
System ID: 9813
Planned Funding(\$): \$2,281,625
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: 4105.09
System ID: 9810
Planned Funding(\$): \$12,952,887
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: Kurisanani
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Inkanyezi Orange Farm
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mercy - Winterveldt
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinosizo - Kokstad
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sinosizo Durban
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nightingale Hospice
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sizanani - Nkandla
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tsibogang
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St Kizitos Bethlehem
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St Josephs Ithuteng
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vicariate of Ingwavuma
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Batho Ba Lerato
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Diocese of Kroonstad
Planned Funding: \$109,832

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Diocese of Witbank
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Centocow Mission
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Diocese of Aliwal OVC
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Dundee Diocese
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Good Shepherd Hebron
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tapologo
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Centre for Informal Employment
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Maforonation
Planned Funding: \$109,832
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Malamulele Aids Parish

Planned Funding: \$109,832

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4632.09

System ID: 9808

Planned Funding(\$): \$1,445,434

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

Sub-Partner: St. Lukes Hospice

Planned Funding: \$190,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8681.09

System ID: 9805

Planned Funding(\$): \$1,512,427

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: 9228.09

System ID: 9804

Planned Funding(\$): \$621,686

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: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Masibambisane 1

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 274.09
System ID: 9794
Planned Funding(\$): \$922,358
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: 4760.09
System ID: 9795
Planned Funding(\$): \$6,524,429
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

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 513.09
System ID: 9797
Planned Funding(\$): \$970,905
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Starfish
New Partner: No

Sub-Partner: Good Hope Home Based Care
Planned Funding: \$16,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Willowvale AIDS Action Group
Planned Funding: \$13,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Agape Support Group Association
Planned Funding: \$39,050
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Arekopaneng Support Group

Planned Funding: \$16,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Bophelong-Empilweni

Planned Funding: \$16,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Empilisweni HIV/AIDS and Orphans Care Centre

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Goruta/Hlokomela

Planned Funding: \$16,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Happiness Fostercare

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hermanus Rainbow Trust

Planned Funding: \$12,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Hope Community Centre (Christian Life Centre)

Planned Funding: \$12,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ikhwezi Support Group

Planned Funding: \$9,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Isipho HIV/AIDS Project
Planned Funding: \$8,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Itsoseng Care-givers Project
Planned Funding: \$16,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Khuma
Planned Funding: \$18,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Lithemba HIV/AIDS Support Group
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Madibas Sunrise Cerebral Palsy
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Maker's Plan
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Malime
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Masimanyane Soup Kitchen
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Masiphuhlisane Catholic Project
Planned Funding: \$10,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Masivuke Education & Training Center
Planned Funding: \$27,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Masizame
Planned Funding: \$12,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ncedisanani
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nkuri Health & Development Organization
Planned Funding: \$16,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nonelel'uluntu Womens Organization
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Reach
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyanakekela
Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyaphambili Orphan Village
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyazama CBO

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St. Paul's Outreach

Planned Funding: \$13,200

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tshwaraganang le Unicef

Planned Funding: \$9,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ubomi Obutsha Centre

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Umonde Community Based Organization

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vezokuhle Orphan and Vulnerable Children

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vivian's Multipurpose Centre

Planned Funding: \$12,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vukukhanye Mtwana Organization

Planned Funding: \$9,900

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Yizani Sakhe
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Bambanani Youth Project
Planned Funding: \$132,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6134.09
System ID: 9802
Planned Funding(\$): \$2,172,108
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Toga Laboratories
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4761.09
System ID: 9801
Planned Funding(\$): \$349,526
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8711.09
System ID: 9799
Planned Funding(\$): \$2,164,438
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tshepang Trust
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6183.09
System ID: 10469
Planned Funding(\$): \$3,043,785
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: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4762.09
System ID: 9796
Planned Funding(\$): \$388,362
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: 9649.09
System ID: 9780
Planned Funding(\$): \$640,797
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 519.09
System ID: 9781
Planned Funding(\$): \$1,237,903
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: Child Development Research Unit
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: CAPRISA Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 520.09
System ID: 10260
Planned Funding(\$): \$4,161,308
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9627.09
System ID: 9777
Planned Funding(\$): \$0
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: University of Pretoria - MRC Unit

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 2823.09
System ID: 9772
Planned Funding(\$): \$355,025
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: \$25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Ms H Inglis
Planned Funding: \$3,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Simply Software (Dr JD Coetzee)
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Workshops Anonymous
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: Desmond Tutu TB Centre

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4746.09
System ID: 9770
Planned Funding(\$): \$1,699,893
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

Sub-Partner: To Be Determined
Planned Funding: ██████████
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Catholic Welfare and Development
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Etafeni Day Care Center
Planned Funding: \$44,246
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Olive Leaf Foundation
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Lifeline Childline Western Cape
Planned Funding: \$44,246
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Philippi Trust South Africa
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Living Hope
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Sizakuyenza
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Stellenbosch AIDS Action
Planned Funding: \$38,600
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9625.09
System ID: 9755
Planned Funding(\$): \$1,219,130
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: 2808.09
System ID: 9761
Planned Funding(\$): \$3,489,043
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: University of California San Diego, Owen Clinic
Planned Funding: \$470,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Mechanism Name: CDC VCT

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4653.09
System ID: 9803
Planned Funding(\$): \$1,786,922
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: Health System Trust
Planned Funding: \$370,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HCI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1201.09
System ID: 10307
Planned Funding(\$): \$4,329,822
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: Phaphamani
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Amakhumbuza Home Based Care
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner: Arthurseat Home Based Care Organization
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Mechanism Name: TB - TASC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1212.09
System ID: 9754
Planned Funding(\$): \$4,462,849
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Global Health Fellows

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10649.09
System ID: 10649
Planned Funding(\$): \$570,892
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Management 1

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1401.09
System ID: 9793
Planned Funding(\$): \$9,489,170
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: New Office Space Procurement Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10619.09
System ID: 10619
Planned Funding(\$): \$0
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: GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 429.09
System ID: 9769
Planned Funding(\$): \$6,411,926
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Management (Base)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1070.09
System ID: 9771
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

Mechanism Name: New Office Space Procurement Fund

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10620.09
System ID: 10620
Planned Funding(\$): \$0
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

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 2931.09
System ID: 9768
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: 1402.09
System ID: 9767
Planned Funding(\$): \$1,084,340
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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Community Grants

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 1235.09

System ID: 9753

Planned Funding(\$): \$1,740,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Sub-Partner: Amangwe Village, KwaMbonambi

Planned Funding: \$14,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Bhekuzulu Self-Sufficient Projects

Planned Funding: \$14,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Development Education Leadership Teams in Action

Planned Funding: \$4,200

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Direlang Project

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Fanang Diatla

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Helping Hands

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Icebolethu Women in Support HIV/AIDS Organization

Planned Funding: \$6,500

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Kgatelopele Women's Group
Planned Funding: \$12,923
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Makotse WC
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Maskey Health Services
Planned Funding: \$6,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Musawenkosi Ministries, KwaMethethwas and Entoweni Areas
Planned Funding: \$10,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Nosakhele AIDS Project
Planned Funding: \$3,820
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Nyandeni Community Health workers Association (Phelo Phepa Group)
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: PUSH Evangelical Lutheran Church Faith Based Organization
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Sinosizo Home Based Care Project
Planned Funding: \$14,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Sizanani Home-Based Care
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Ubuntu Hospice Mount Frere, Eastern Cape
Planned Funding: \$16,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Umnini sinethemba HIV/AIDS & Health Crisis centre
Planned Funding: \$14,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Umvoti AIDS Centre, Enhlalakahle, Umvoti Municipality
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Adelaide Kinder en Gesinsorg Vereniging
Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Amatola HIV/AIDS Intervention Project
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Bakgethwa Women in Partnership Against AIDS
Planned Funding: \$11,400
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Bambisanani Project
Planned Funding: \$10,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Bana ba Noko

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Bana-Pele Youth and Day Care Center
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Best Man Foundation
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Boineelo Support Group
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Botegang Drop-In Center
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CCBE/Lethithemba Drop-in Centre
Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CELUKI Development Project and Hospice
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Clouds of Hope
Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Community Bible Society
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Diakonia AIDS Ministry
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Dibashe Day Care Centre and Orphanage
Planned Funding: \$13,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Diocese of Mariannhill HIV/AIDS Programme
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Ekuphileni/Lifesaver Organization
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Esiphondweni AIDS & Community Project
Planned Funding: \$6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Father Michael D'anucci Centre
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Foundation for the Support and Development of AIDS Orphans and Destitute Women
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Ga-Sefanyetso Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Genyaneni Community Care Services
Planned Funding: \$7,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: GEY-Pro
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Godisang Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Goedgedacht Trust
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Gospel Power Church OVC Project
Planned Funding: \$11,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Gozololo Centre for Needy Children
Planned Funding: \$6,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Gwebindlala HIV/AIDS Organization
Planned Funding: \$9,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Ibuyambo HIV & AIDS Forum
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Ikageng Kromhoek
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Imizamo Community Project
Planned Funding: \$9,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Inhlakanipho Day Care & Drop In Centre
Planned Funding: \$4,700
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Inkhanyezi Child and Family Welfare Society
Planned Funding: \$7,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Iteke o direle Sechaba
Planned Funding: \$14,430
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Itekeng Disabled and OVC Centre
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Itireleng HBC
Planned Funding: \$7,217
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Itshireletse Home Based Care
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Jongilanga HIV/AIDS HBC
Planned Funding: \$15,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Kamogelong Ya Sechaba HIV & AIDS Home Based Care & Counseling
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Khulani Community Care
Planned Funding: \$9,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Kwakhanya Community Home-Based Care
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Kwaze-Kwasa
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support
Sub-Partner: Legae Community Home Based Care
Planned Funding: \$15,723
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Lenkwane la Maphiri Drop-In Centre
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Lesedi Hospice
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Lina Community Development
Planned Funding: \$3,500
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Love Ministry

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Lusikisiki Paralegal Advice Centre

Planned Funding: \$6,100

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Lusito Community Upliftment Project

Planned Funding: \$11,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Luvuyolwethu Home-Based Care

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Mission Centre Development Association

Planned Funding: \$5,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Masivuke Education & Training Center

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mashashane Drop-In Center Care

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Mashau Home Based Care

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Maphumulo Life Centre
Planned Funding: \$3,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Malulti Child Care Project (Harrismith)
Planned Funding: \$19,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Mmorogong Community Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Moepathutse Children's Centre
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Nelspoort Advice and Development/OVC and HBC
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Net HIV/AIDS Youth Project
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: New Life Rescue Mission
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC
Sub-Partner: Pelonomi Home Based Care
Planned Funding: \$8,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner: Reduetswe HIV/AIDS Orphans & Vulnerable Children Support Group
Planned Funding: \$10,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Noluthando HBC Group
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ntshuxeko Drop-In Center
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Nuthuzelo Home Based Care and HIV/AIDS Support Group
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Prosperity Youth Centre
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Okuhle Nomusa Community Empowerment
Planned Funding: \$5,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Port St Johns Community Legal Advice Centre
Planned Funding: \$4,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Overberg Development and Empowerment Centre
Planned Funding: \$14,142
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ophondweni Youth Development Initiative
Planned Funding: \$5,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Phambili Community Development

Planned Funding: \$2,850

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: RivLife Community Centre

Planned Funding: \$14,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Samaritan Care Centre

Planned Funding: \$6,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Sediba Hope Center AIDS Programme

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Sego Home Based Care

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Sekusile Community Project

Planned Funding: \$6,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyankekela Community Development

Planned Funding: \$8,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinosizo Community Health Centre

Planned Funding: \$14,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Siphuthando Faith Based Organization
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Siyaphambili Orphan Village
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Sinothando Action Against AIDS
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Masakhanbe Youth Centre
Planned Funding: \$12,565
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Patrice Motsepe Home-based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Re A Soma Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Reach For Life
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St. Bartholomew HIV & AIDS Programme
Planned Funding: \$6,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: St. John's Care Center
Planned Funding: \$10,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Thandanani Home-Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Thandimpilo HBC Project
Planned Funding: \$7,500
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Thusanang Home Based Care
Planned Funding: \$9,930
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tshepang Community Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Tshwaranang Northern Region HIV/AIDS and OVC Care Program
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Transkei Land Services Organization
Planned Funding: \$9,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tholulwazi Home Based Care
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tsholofelo Early Learning Centre (OVC)
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Tiangmaatla Home Based Care

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Ubuntu Crisis and Family Centre

Planned Funding: \$5,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Umphakathi Wethu

Planned Funding: \$7,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Uncedolwabantu Project

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Usizo Thuso Community Centre

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Umzi Wethemba HIV/AIDS Home Based Care Project

Planned Funding: \$10,500

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Vhatangandzeni Home Based Care and Orphanage Home

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Zinokwenzeka Community Support Group

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Zwide Women for HIV & AIDS Care Program
Planned Funding: \$15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Zimisele HIV/AIDS Care
Planned Funding: \$7,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Magua Community Project
Planned Funding: \$10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: St. Anna and Joachim Roman Catholic Organization
Planned Funding: \$14,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: ICASS - PEPFAR staff

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11953.09
System ID: 11953
Planned Funding(\$): \$90,000
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: 4021.09
System ID: 9751
Planned Funding(\$): \$388,374
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:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1071.09
System ID: 9750
Planned Funding(\$): \$863,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9626.09
System ID: 9773
Planned Funding(\$): \$2,071,910
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Walter Sisulu University
New Partner: No

Mechanism Name: CARE UGM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7316.09
System ID: 9774
Planned Funding(\$): \$327,036
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

Mechanism Name: PHRU

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 1066.09
System ID: 10256
Planned Funding(\$): \$22,288,541
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: \$930,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support

Sub-Partner: Desmond Tutu HIV Foundation

Planned Funding: \$1,365,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing, HTXD - ARV Drugs

Sub-Partner: Stellenbosch Hospice

Planned Funding: \$180,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, PDCS - Care: Pediatric Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of Stellenbosch, South Africa

Planned Funding: \$530,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: Be-Part

Planned Funding: \$50,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVCT - Prevention: Counseling and Testing

Sub-Partner: KidzPositive

Planned Funding: \$785,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HTXS - Treatment: Adult Treatment, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HTXD - ARV Drugs

Sub-Partner: University of Cape Town, Infectious Disease Unit

Planned Funding: \$195,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HTXD - ARV Drugs

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10472.09
System ID: 10472
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Woord en Daad
New Partner: No

Mechanism Name: World Vision

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4103.09
System ID: 9775
Planned Funding(\$): \$3,965,660
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: Hospice and Palliative Care Assn. Of South Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: CHoiCe Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: HSBI
Planned Funding: \$500,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Khauhelo Area Development Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Mpopu Area Development Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Thaba Nchu Area Development Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Thusalushaka Area Development Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HKID - Care: OVC

Sub-Partner: Umzivumbu Area Development Programme
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HBHC - Care: Adult Care and Support, HKID - Care: OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10550.09
System ID: 10550
Planned Funding(\$): \$266,999
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Woz'obona
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4763.09
System ID: 9779
Planned Funding(\$): \$3,398,166
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: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4644.09

System ID: 9792

Planned Funding(\$): \$560,698

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
8710.09	9724	Academy for Educational Development	HHS/Centers for Disease Control & Prevention	GHCS (State)	LifeLine Southern Africa	N	\$11,377
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Dindela Home Based Care	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ithembaesizwe Drop In Center	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Itsoseng Youth Development	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Lethuthando Home Based care	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Masibambane	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Moutse Health Education Development and Information Center	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Nduma Drop in Centre	N	\$0
4626.09	9728	African Medical and Research Foundation	U.S. Agency for International Development	GHCS (State)	Ubombo Drop in Centre	N	\$0
4628.09	9731	American Association of Blood Banks	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	American Red Cross	N	\$0
4628.09	9731	American Association of Blood Banks	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Emory University	N	\$0
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Argyle Clinic	N	\$147,692
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Caritas Care	N	\$18,615
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Madwaleni Hospital	N	\$138,857
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medikredit	N	\$44,308
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Metro Evangelical Services Impilo	N	\$142,279
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Re!Action Consulting	N	\$285,480
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	S Buys Purchasing	N	\$6,333,465
190.09	9737	Aurum Health Research	HHS/Centers for Disease Control & Prevention	GHCS (State)	Toga Laboratories	N	\$3,116,919
192.09	9738	Boston University	U.S. Agency for International Development	GHCS (State)	Wits Health Consortium, Health Economics Research Unit	N	\$88,851
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bambanani Trust Care	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Beacon of Hope	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Bophelong Community Center	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	CHoiCe Trust	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	CPC	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dithlabeng DDI	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Gethsemane Health Care Centre	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Golden Gateway Hospice	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Goldfields Hospice Association	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Hlokomelo Wa Heno	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kholhalanang	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ladybrand Hospice	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nhlayiso Community Health and Counseling Centre	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Qwa Qwa AIDS Consortium	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ramontshinyadi HIV/AIDS Youth Guide	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ratanang Home Based Care	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vongani Child and Youth Care Development Project	N	\$0
4616.09	9742	CARE International	HHS/Centers for Disease Control & Prevention	GHCS (State)	YOFOCA	N	\$0
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Aganang Home Based Care	N	\$7,500
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of South Africa/Mosamaria AIDS Ministry	N	\$44,615
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Boikhucho Home Based Care	N	\$30,769
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	CHoiCe Trust	N	\$60,000
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Civil Society Development Initiatives	N	\$32,308
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	GaManoke Home-Based Care	N	\$7,692
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Motswadibe Home-based Care Group	N	\$7,500
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Nhlayiso Community Health and Counseling Centre	N	\$33,846
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Ntsoanatsatsi Educare Trust	N	\$10,615
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Ramontshinyadi HIV/AIDS Youth Guide	N	\$33,846
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Swazimoyame Home-Based Care	N	\$7,692
418.09	9744	CARE USA	U.S. Agency for International Development	Central GHCS (State)	Vongani Child and Youth Care Development Project	N	\$23,615
2790.09	9747	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Catholic Medical Mission Board	N	\$157,003
2790.09	9747	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Children's AIDS Fund	N	\$262,457
2790.09	9747	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	Institute for Youth Development	N	\$0
2790.09	9747	Catholic Relief Services	HHS/Health Resources Services Administration	GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2792.09	9746	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Constella Futures	N	\$0
2792.09	9746	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	Institute for Youth Development	N	\$0
2792.09	9746	Catholic Relief Services	HHS/Health Resources Services Administration	Central GHCS (State)	South African Catholic Bishops Conference AIDS Office	N	\$0
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Actonville Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	ACVV Middleburg	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Albertinia	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Christiana	N	\$0
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Delpoortshoop	N	\$0
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Douglas	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Globlershoop	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Heidelberg	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Hermanus	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Knysna	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Orkney	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Pampierstad	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Plettenberg Bay	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Potchefstroom	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Riversdale	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Rustenburg	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Stillfontein	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Vryburg	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Wellington	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	CWSA Worcester	N	\$0
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Graaff-Reinet Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Humansdorp Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Ikhwezi Lomso	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Kenton Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Kimberley Child Welfare	N	\$20,300

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	KwaMashu Child and Family Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Limpopo Provincial Office - Musina Site	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Margate Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Nelspruit Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Paramount Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Polokwane Child and Family Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Port Shepstone Child and Family Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Qwa Qwa Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Sharpsville Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Vhembe Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Virginia Child and Family Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	White River Child Welfare	N	\$20,300
512.09	9748	Child Welfare South Africa	U.S. Agency for International Development	GHCS (State)	Witbank Child Welfare	N	\$20,300
7313.09	9782	Childline Mpumalanga	U.S. Agency for International Development	GHCS (State)	Childline South Africa	N	\$325,000
4619.09	9783	Children in Distress	U.S. Agency for International Development	GHCS (State)	Community Care Project	N	\$260,000
4619.09	9783	Children in Distress	U.S. Agency for International Development	GHCS (State)	LifeLine PMB	N	\$190,000
4619.09	9783	Children in Distress	U.S. Agency for International Development	GHCS (State)	Sinani Survivors of Violence programme	N	\$140,000
4619.09	9783	Children in Distress	U.S. Agency for International Development	GHCS (State)	Youth for Christ South Africa (YfC)	N	\$260,000
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Disease Management System	N	\$275,000
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Fort Hare University	N	\$1,471,825
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Information Systems Programme	N	\$109,250
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ikhwezi Lokusa Wellness Centre	N	\$104,714
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mothers 2 Mothers	N	\$350,000
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Health Laboratory Services	N	\$109,250
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	UKZN Cato Manor	N	\$262,657
2797.09	9785	Columbia University Mailman School of Public Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Yale University, School of Medicine	N	\$587,075
6156.09	9786	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	Project Gateway	N	\$0
6156.09	9786	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	N	\$524,329
6156.09	9786	Columbia University Mailman School of Public Health	U.S. Agency for International Development	GHCS (State)	University of Stellenbosch, South Africa	N	\$1,100,000
10341.09	10341	CompreCare	U.S. Agency for International Development	GHCS (State)	Child Welfare Tshwane	N	\$800,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
10341.09	10341	CompreCare	U.S. Agency for International Development	GHCS (State)	Hospivision	N	\$500,000
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Academy for Educational Development	N	\$399,569
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	American Federation of Teachers - Educational Foundation	N	\$199,288
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Cape Teachers Professional Association	N	\$60,000
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Association of Professional Teachers in South Africa	N	\$252,500
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	National Teachers Union	N	\$261,000
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Professional Educators Union	N	\$40,000
8682.09	9788	Education Labour Relations Council	HHS/Centers for Disease Control & Prevention	GHCS (State)	Suid Afrikaanse Onderwys Unie/National Association of Teachers Union	N	\$80,000
193.09	9790	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Healthcare Foundation	N	\$800,000
193.09	9790	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	McCord Hospital	N	\$4,150,000
2255.09	9789	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	AIDS Healthcare Foundation	N	\$0
2255.09	9789	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	McCord Hospital	N	\$0
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Cape Peninsula University of Technology - Belleview Campus	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Cape Peninsula University of Technology - Cape Town	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Centre for Positive Care	N	\$18,000
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Free State University	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Personal Concepts Project	N	\$15,500
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Stellenbosch University, Center for Rural Health	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Thembisa Theatre Team	N	\$15,500
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	University of Cape Town, HIV/AIDS Coordination UCT	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	University of Limpopo	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	\$12,950
216.09	9791	Engender Health	U.S. Agency for International Development	GHCS (State)	Zimisele HIV/AIDS Care	N	\$15,500
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Bophelong Home Based Care	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Hlokomela wa Heno	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Kids Care and Support Trust	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Ndumo Schools Orphan Project	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Sicelimpilo	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Siphithemba	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Sithandizingane Care Project	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Siyathokoza Health Care	N	\$0
218.09	9837	Family Health International	U.S. Agency for International Development	Central GHCS (State)	Uthando House	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Betty Gaetsiwe Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Bokamoso Barona Investment Trust	N	\$172,271
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	De Aar Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Evelyn Lekganyane Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Evelyn Lekganyane Home Base Care	N	\$36,091
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Galeshewe Day Hospital	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Johannesburg Hospital	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Makhuduthama (MK) Umbrella	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Makhuduthamaga HBC	N	\$71,756
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Mankweng ARV Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Marishane Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Nightingale Hospice	N	\$32,463
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Old Jane Furse Gateway Clinic	N	\$0
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	Parents for AIDS Action	N	\$197,949
224.09	9838	Family Health International	U.S. Agency for International Development	GHCS (State)	South African Red Cross Society	N	\$53,868
463.09	9841	Fresh Ministries	U.S. Agency for International Development	Central GHCS (State)	Anglican Church of the Province of Southern Africa	N	\$0
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Belfast Home based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Buhle Bempilo Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Clare Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Gottenburg Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Grassroot	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Mandlesive Home Based Care	N	\$12,483

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Masoyi Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Ndzalama Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Pfunani Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Sakhasive Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Senzokuhle Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Simunye Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Sinothando Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Siyabulela Home Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Southern Cross	N	\$216,000
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Sphamandla Home Based Care	N	\$124,826
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Thuthukani Home-Based Care	N	\$12,483
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Tsibogang	N	\$66,462
7296.09	9845	Hands at Work in Africa	U.S. Agency for International Development	GHCS (State)	Vukani Nonke Home Based Care	N	\$124,826
466.09	9886	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	AMOS	N	\$160,000
466.09	9886	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	Futures Institute	N	\$138,958
466.09	9886	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	School of Public Health	N	\$42,000
466.09	9886	Health Policy Initiative	U.S. Agency for International Development	GHCS (State)	Sonke Gender Justice	N	\$66,070
2801.09	9889	HIVCARE	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Share	N	\$581,200
2801.09	9889	HIVCARE	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medicross Healthcare	N	\$0
2801.09	9889	HIVCARE	HHS/Centers for Disease Control & Prevention	GHCS (State)	Prime Cure	N	\$1,641,600
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Abasizikazi Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Adra	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Aganang Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Agape Support Group Association	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Aids Care Training Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Amekulani Project Group	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Bakgethwa Women in Partnership Against AIDS	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Blue Crane Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Boikhutshong Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Breede River Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Brits Hospice	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cedarville 08-HBHC Adult Care & Treatment Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Chatsworth Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	CHoiCe Trust	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Christian Medical Services and Relief	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cornerstone Ministries	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cotlands	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cotlands Western Cape Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Cradock Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Drakenstein Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	East Rand Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Emthonjeni Wempilo Crisis Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Estcourt Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Gethsemane Health Care Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Golden Gateway	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Goldfields Hospice Association	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Good Shephard Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Grahamstown Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Helderberg Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hermanus Rainbow Trust	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Highway Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hlumani HIV/AIDS Project	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hope for Life (Zaziwe)	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice Association Witwatersrand	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice in the West	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice Moeder Theresa	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Hospice Richtersveld	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Howick Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	ICWIMP	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Indwe House of Hope Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Infidumelo Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Ingwavuma Orphan Care	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Inkululeko Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Inkwanca HBC	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Khanya Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	KMD Senekal	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Knysna/Sedgefield Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Kwakhanya Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Kwakwatsi	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Ladybrand Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Leratong Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Lesedi Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Lichabile	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Living Hope	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Lomanyaneng AIDS Project	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Maggie Samboer Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Maskey Health Services	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Moretele Sunrise Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Mzimela Health Services	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Mzunduzi Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Naledi Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Nceduluntu Support Group	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Nightingale Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	North West Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Phapamani Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Phedisanang 08-HBHC Adult Care & Treatment Program	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Philanjalo Hospice, Tugela Ferry	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Plettenberg Bay HIV/AIDS Forum	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Potchefstroom Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	PROTIRO Care Givers	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Rustenberg Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Saint Helena Sandvelt Hospice	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Saint Teresa's Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Samaritan Care Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Silindukuhle Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Sipamandla Healthcare	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Sonqoba Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	South Coast Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Soweto Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St Lukes Hospice, Kenilworth	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St Nicholas Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Bernards Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Catherina	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Francis Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Josephs Community Care Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Lukes Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	St. Nicholas Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Stellenbsoch Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Sungardens Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Tapologo Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Temba Care Hospice - Athlone	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Tender Loving Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Themba Care Home Based Care, Grabouw	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Thembelihle Hopetown 08-HBHC Adult Care & Treatment	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Thembelihle Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Thokomala Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Thusanang Home Based Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Tihokomelo Health Care	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Transkei Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Tygerberg Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Umtha Welanga Centre	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Verulam Hospice	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Victoria West 08-HBHC Adult Care & Treatment Program	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Viljoenskroon Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Vulamehlo Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	White Rose Hospice	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Wide Horizons	N	\$0
478.09	9926	Hospice and Palliative Care Assn. Of South Africa	U.S. Agency for International Development	GHCS (State)	Zululand Hospice	N	\$0
4749.09	9929	Ingwavuma Orphan Care	U.S. Agency for International Development	GHCS (State)	Mseleni Children's Home	N	\$157,500
4749.09	9929	Ingwavuma Orphan Care	U.S. Agency for International Development	GHCS (State)	Tholulwazi Uvizikele	N	\$63,424
9232.09	9931	International Organization for Migration	U.S. Agency for International Development	GHCS (State)	Agri IQ	N	\$427,611
9232.09	9931	International Organization for Migration	U.S. Agency for International Development	GHCS (State)	CHoiCe Trust	N	\$42,761
9232.09	9931	International Organization for Migration	U.S. Agency for International Development	GHCS (State)	Hoedspruit Training Trust	N	\$471,280
9232.09	9931	International Organization for Migration	U.S. Agency for International Development	GHCS (State)	IOM - Musina Sub-office	N	\$0
9225.09	10252	John Snow, Inc.	U.S. Agency for International Development	GHCS (State)	Health Information Systems Programme	N	\$738,633
9225.09	10252	John Snow, Inc.	U.S. Agency for International Development	GHCS (State)	Khulisa Management Services (Pty) Ltd	N	\$867,351
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	ABC Ulwazi	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Cell Life	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Center for AIDS Development, Research, & Evaluation	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Community Health Media Trust	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Dance4Life	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	DramAidE	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Health and Development Africa	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Health-E	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Lesedi Lechabile	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	LifeLine/ChildLine	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Lighthouse	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Matchboxology	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Mediology	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Mindset Health	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Mothusimpilo	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Sonke Gender Justice	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	South African Broadcasting Corporation	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Turntable Foundation	N	\$0
328.09	9890	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	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of the Witwatersrand, Media AIDS Project	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of the Witwatersrand, Media AIDS Project	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	University of Witwatersrand, School of Public Health	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Valley Trust	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Winterveldt	N	\$0
328.09	9890	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	Zimeleni	N	\$0
4640.09	9892	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Boitshepo Lesetedi	N	\$5,660
4640.09	9892	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lauren Jankelowitz	N	\$6,500
4640.09	9892	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Perinatal HIV Research Unit, South Africa	N	\$14,000
4640.09	9892	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Singisi Consulting	N	\$82,000
4640.09	9892	Kagiso Media, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Thulani Grenville-Grey	N	\$7,500
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Bonukhanyo Youth Organization	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Botho Jwa Rona	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Direlang Project	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	House of Hope Trust	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ikhwezi Lomso	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Inkosinathi	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Inkwanca HBC	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Khanyielani/NPAT	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Lafata Home-Based Care	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Luncedo Lwesive	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Makhuduthamaga	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Makotse	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Masakhane Women's Org	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Mohlarekoma Home-Based Care	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Ncedisizwe	N	\$14,493

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Pholo Modi Wa Sechaba	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Progressive	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Sibambiseni	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Sizanani Home-Based Care	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Thibela Bolwetsi	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Thuthukani Home-Based Care	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Winterveldt	N	\$14,493
255.09	9900	Management Sciences for Health	U.S. Agency for International Development	GHCS (State)	Zimeleni	N	\$14,493
4625.09	9935	McCord Hospital	HHS/Centers for Disease Control & Prevention	GHCS (State)	SMT Health Solutions	N	\$0
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Anglican Diocese of Grahamstown	N	\$209,800
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Asiphilenikahle Home Based Care	N	\$74,730
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Bakwena Ba Mogopa Home Based Care	N	\$151,865
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Christian Social Council	N	\$74,730
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Durbin Childrens Home	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	East London Children's Home	N	\$51,865
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Highveld Anglican Board for Social Responsibility	N	\$74,730
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Holy Cross Convent	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	James House	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Khanyiselani Development Trust	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	King Williams Town Child & Youth Care Centre	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Matat-EDA	N	\$51,865
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	MFESANE	N	\$74,300
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Roman Catholic Church	N	\$67,535
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Sinamukela Development Project	N	\$67,535
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Sinqobile CBO	N	\$67,536
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Thandukuphila Drop In Centre	N	\$128,211
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Tlangelani Community Projects Development Organization	N	\$308,287
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Ubombo Drop in Centre	N	\$67,536
2312.09	9857	National Association of Childcare Workers	U.S. Agency for International Development	GHCS (State)	Ubumbano Drop In Centre	N	\$67,536

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3462.09	9868	National Department of Education	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	\$0
3462.09	9868	National Department of Education	U.S. Agency for International Development	GHCS (State)	University of the Western Cape	N	\$0
492.09	10310	National Department of Health, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	AIDS Sexuality and Health Youth Organization	N	\$0
9224.09	10255	PATH AIDSTAR	U.S. Agency for International Development	GHCS (State)	Health and Development Africa	N	\$1,552,551
9224.09	10255	PATH AIDSTAR	U.S. Agency for International Development	GHCS (State)	Inkanyezi Initiative	N	\$0
9224.09	10255	PATH AIDSTAR	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	\$265,871
9224.09	10255	PATH AIDSTAR	U.S. Agency for International Development	GHCS (State)	National Institute for Community Development and Management	N	\$0
7300.09	9820	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Planned Parenthood Association of South Africa	N	\$0
10468.09	10468	Population Council	U.S. Agency for International Development	GHCS (State)	HIV911	N	\$140,390
10468.09	10468	Population Council	U.S. Agency for International Development	GHCS (State)	Social Surveys	N	\$33,490
10468.09	10468	Population Council	U.S. Agency for International Development	GHCS (State)	Westat	N	\$312,512
268.09	9878	Population Council SA	U.S. Agency for International Development	GHCS (State)	Eastern Cape Provincial Council of Churches	N	\$60,000
268.09	9878	Population Council SA	U.S. Agency for International Development	GHCS (State)	Mpumalanga Provincial Council of Churches	N	\$60,000
268.09	9878	Population Council SA	U.S. Agency for International Development	GHCS (State)	Progressu Research and Development CC	N	\$30,000
268.09	9878	Population Council SA	U.S. Agency for International Development	GHCS (State)	Tswaranang Legal Advocacy Centre	N	\$0
268.09	9878	Population Council SA	U.S. Agency for International Development	GHCS (State)	University of Fort Hare	N	\$65,000
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Anglican Church of South Africa/Mosamaria AIDS Ministry	N	\$102,360
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Anglican Diocese of Grahamstown	N	\$25,000
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Careworks	N	\$823,000
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Positive Care	N	\$101,255
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Faith and Hope Integrated AIDS	N	\$52,974
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Shout It Now	N	\$375,000
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Targeted AIDS Initiative	N	\$49,531
3509.09	9880	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Trenity Health Care Center-Khutsong	N	\$50,000
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health and Development Africa	N	\$0
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health Information Systems Programme	N	\$462,556
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Jacana	N	\$0
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	Perinatal HIV Research Unit, South Africa	N	\$0
4756.09	9817	Program for Appropriate Technology in Health	HHS/Centers for Disease Control & Prevention	GHCS (State)	South Africa Partners	N	\$400,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9229.09	9881	Project Concern International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
9229.09	9881	Project Concern International	U.S. Agency for International Development	GHCS (State)	Center for AIDS Development, Research, & Evaluation	N	\$75,000
9229.09	9881	Project Concern International	U.S. Agency for International Development	GHCS (State)	KwaZulu Natal Network on Violence Against Women	N	\$209,200
9229.09	9881	Project Concern International	U.S. Agency for International Development	GHCS (State)	Western Cape Network on Violence Against Women	N	\$209,200
5191.09	9883	Reproductive Health Research Unit, South Africa	U.S. Agency for International Development	GHCS (State)	Community AIDS Response	N	\$279,230
5191.09	9883	Reproductive Health Research Unit, South Africa	U.S. Agency for International Development	GHCS (State)	Wits Pediatric HIV Working Group	N	\$4,000,000
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	ACTS Community Clinic	N	\$1,621,305
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Alberton Methodist Care and Relief Enterprise	N	\$161,627
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Alexandra Clinic	N	\$1,031,558
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Clinical HIV Research Unit - Wits Health Consortium	N	\$1,211,477
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Community AIDS Response	N	\$234,137
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Emthonjeni Christian Centre	N	\$40,565
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Friends for Life	N	\$38,982
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Hoedspruit Trust	N	\$160,853
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Keimoes Diocese	N	\$41,226
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Ndlovu Care Group Bhubenzi	N	\$1,981,599
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Ndlovu Medical Trust	N	\$1,981,599
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Refilwe Christian Clinic	N	\$41,266
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Thembalitsha Foundation	N	\$309,920
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Topsy Foundation	N	\$855,647
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Vuselela	N	\$43,737
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Westrand Hospice	N	\$89,189
271.09	9835	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	Witkoppen Health & Welfare Centre (WHWC)	N	\$710,218
7301.09	9834	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	AgriAIDS	N	\$459,684
7301.09	9834	Right To Care, South Africa	U.S. Agency for International Development	GHCS (State)	South African Institute of Health Care Managers	N	\$0
509.09	9825	Save the Children UK	U.S. Agency for International Development	GHCS (State)	Centre for Positive Care	N	\$848,750
7861.09	10312	South Africa National Defense Force, Military Health Service	HHS/National Institutes of Health	GHCS (State)	Henry M. Jackson Foundation Medical Research International, Inc.	N	\$0
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Batho Ba Lerato	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centocow Mission	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Centre for Informal Employment	N	\$109,832

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Aliwal OVC	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Kroonstad	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Diocese of Witbank	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Dundee Diocese	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Good Shepherd Hebron	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Inkanyezi Orange Farm	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Kurisanani	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Maforonation	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Malamulele Aids Parish	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mercy - Winterveldt	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nightingale Hospice	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinosizo - Kokstad	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sinosizo Durban	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sizanani - Nkandla	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Josephs Ithuteng	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	St Kizitos Bethlehem	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tapologo	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tsibogang	N	\$109,832
4105.09	9810	South African Catholic Bishops Conference AIDS Office	HHS/Centers for Disease Control & Prevention	GHCS (State)	Vicariate of Ingwavuma	N	\$109,832
4632.09	9808	South African Clothing & Textile Workers' Union	HHS/Centers for Disease Control & Prevention	GHCS (State)	St. Lukes Hospice	N	\$190,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Agape Support Group Association	N	\$39,050
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Arekopaneng Support Group	N	\$16,500
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Bambanani Youth Project	N	\$132,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Bophelong-Empilweni	N	\$16,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Empilisweni HIV/AIDS and Orphans Care Centre	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Good Hope Home Based Care	N	\$16,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Goruta/Hlokomela	N	\$16,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Happiness Fostercare	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Hermanus Rainbow Trust	N	\$12,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Hope Community Centre (Christian Life Centre)	N	\$12,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Ikhwezi Support Group	N	\$9,900

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Isipho HIV/AIDS Project	N	\$8,800
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Itsoseng Care-givers Project	N	\$16,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Khuma	N	\$18,700
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Lithemba HIV/AIDS Support Group	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Madibas Sunrise Cerebral Palsy	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Maker's Plan	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Malime	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Masimanyane Soup Kitchen	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Masiphuhlisane Catholic Project	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Masivuke Education & Training Center	N	\$27,500
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Masizame	N	\$12,600
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Ncedisanani	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Nkuri Health & Development Organization	N	\$16,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Nonele/uluntu Womens Organization	N	\$100,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Reach	N	\$12,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Siyanakekela	N	\$11,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Siyaphambili Orphan Village	N	\$12,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Siyazama CBO	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	St. Paul's Outreach	N	\$13,200
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Tshwaraganang le Unicef	N	\$9,900
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Ubomi Obutsha Centre	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Umonde Community Based Organization	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Vezokuhle Orphan and Vulnerable Children	N	\$10,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Vivian's Multipurpose Centre	N	\$12,000
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Vukukhanye Mtwana Organization	N	\$9,900
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Willowvale AIDS Action Group	N	\$13,200
513.09	9797	Starfish	U.S. Agency for International Development	GHCS (State)	Yizani Sakhe	N	\$12,000
6183.09	10469	Tuberculosis Care Association	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of the Western Cape	N	\$0
519.09	9781	University of KwaZulu-Natal, Nelson Mandela School of Medicine	HHS/Centers for Disease Control & Prevention	GHCS (State)	Child Development Research Unit	N	\$30,000
2823.09	9772	University of Pretoria, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ms H Inglis	N	\$3,500

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
2823.09	9772	University of Pretoria, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Perlcom CC	N	\$25,000
2823.09	9772	University of Pretoria, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Simply Software (Dr JD Coetzee)	N	\$10,000
2823.09	9772	University of Pretoria, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Workshops Anonymous	N	\$20,000
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	To Be Determined	N	
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Welfare and Development	N	\$38,600
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Etafeni Day Care Center	N	\$44,246
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Lifeline Childline Western Cape	N	\$44,246
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Living Hope	N	\$38,600
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Olive Leaf Foundation	N	\$38,600
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Philippi Trust South Africa	N	\$38,600
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Sizakuyenza	N	\$38,600
4746.09	9770	University of Stellenbosch, South Africa	HHS/Centers for Disease Control & Prevention	GHCS (State)	Stellenbosch AIDS Action	N	\$38,600
2808.09	9761	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of California San Diego, Owen Clinic	N	\$470,000
1201.09	10307	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Amakhumbuza Home Based Care	N	\$0
1201.09	10307	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Arthurseat Home Based Care Organization	N	\$0
1201.09	10307	University Research Corporation, LLC	U.S. Agency for International Development	GHCS (State)	Phaphamani	N	\$0
4653.09	9803	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Health System Trust	N	\$370,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Adelaide Kinder en Gesinsorg Vereining	N	\$11,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Amangwe Village, KwaMbonambi	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Amatola HIV/AIDS Intervention Project	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Bakgethwa Women in Partnership Against AIDS	N	\$11,400
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Bambisanani Project	N	\$10,200
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Bana ba Noko	N	\$11,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Bana-Pele Youth and Day Care Center	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Best Man Foundation	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Bhekuzulu Self-Sufficient Projects	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Boineelo Support Group	N	\$15,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Botegang Drop-In Center	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	CCBE/Lethithemba Drop-in Centre	N	\$11,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	CELUKI Development Project and Hospice	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Clouds of Hope	N	\$11,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Community Bible Society	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Development Education Leadership Teams in Action	N	\$4,200
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Diakonia AIDS Ministry	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Dibashe Day Care Centre and Orphanage	N	\$13,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Diocese of Mariannhill HIV/AIDS Programme	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Direlang Project	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ekuphileni/Lifesaver Organization	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Esiphondweni AIDS & Community Project	N	\$6,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Fanang Diatla	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Father Michael D'anucci Centre	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Foundation for the Support and Development of AIDS Orphans and Destitute Women	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ga-Sefanyetso Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Genyaneni Community Care Services	N	\$7,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	GEY-Pro	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Godisang Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Goedgedacht Trust	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Gospel Power Church OVC Project	N	\$11,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Gozololo Centre for Needy Children	N	\$6,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Gwebindlala HIV/AIDS Organization	N	\$9,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Helping Hands	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ibuyambo HIV & AIDS Forum	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Icebolethu Women in Support HIV/AIDS Organization	N	\$6,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ikageng Kromhoek	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Imizamo Community Project	N	\$9,800
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Inhlakanipho Day Care & Drop In Centre	N	\$4,700
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Inkhanyezi Child and Family Welfare Society	N	\$7,200
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Iteke o direle Sechaba	N	\$14,430
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Itekeng Disabled and OVC Centre	N	\$12,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Itireleng HBC	N	\$7,217

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Itshireletse Home Based Care	N	\$12,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Jongilanga HIV/AIDS HBC	N	\$15,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Kamogelong Ya Sechaba HIV & AIDS Home Based Care & Counseling	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Kgatelopele Women's Group	N	\$12,923
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Khulani Community Care	N	\$9,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Kwakhanya Community Home-Based Care	N	\$15,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Kwaze-Kwasa	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Legae Community Home Based Care	N	\$15,723
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Lenkwane la Maphiri Drop-In Centre	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Lesedi Hospice	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Lina Community Development	N	\$3,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Love Ministry	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Lusikisiki Paralegal Advice Centre	N	\$6,100
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Lusito Community Upliftment Project	N	\$11,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Luvuyolwethu Home-Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Magua Community Project	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Makotse WC	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Malulti Child Care Project (Harrismith)	N	\$19,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Maphumulo Life Centre	N	\$3,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Masakhanbe Youth Centre	N	\$12,565
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Mashashane Drop-In Center Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Mashau Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Masivuke Education & Training Center	N	\$15,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Maskey Health Services	N	\$6,800
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Mission Centre Development Association	N	\$5,800
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Mmorogong Community Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Moepathutse Children's Centre	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Musawenkosi Ministries, KwaMethethwas and Entoweni Areas	N	\$10,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Nelspoort Advice and Development/OVC and HBC	N	\$10,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Net HIV/AIDS Youth Project	N	\$12,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	New Life Rescue Mission	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Noluthando HBC Group	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Nosakhele AIDS Project	N	\$3,820
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ntshuxeko Drop-In Center	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Nuthuzelo Home Based Care and HIV/AIDS Support Group	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Nyandeni Community Health workers Association (Phelo Phepa Group)	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Okuhle Nomusa Community Empowerment	N	\$5,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ophondweni Youth Development Initiative	N	\$5,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Overberg Development and Empowerment Centre	N	\$14,142
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Patrice Motsepe Home-based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Pelonomi Home Based Care	N	\$8,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Phambili Community Development	N	\$2,850
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Port St Johns Community Legal Advice Centre	N	\$4,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Prosperity Youth Centre	N	\$15,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	PUSH Evangelical Lutheran Church Faith Based Organization	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Re A Soma Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Reach For Life	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Reduetswe HIV/AIDS Orphans & Vulnerable Children Support Group	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	RivLife Community Centre	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Samaritan Care Centre	N	\$6,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sediba Hope Center AIDS Programme	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sego Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sekusile Community Project	N	\$6,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sinosizo Community Health Centre	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sinosizo Home Based Care Project	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sinothando Action Against AIDS	N	\$12,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Siphuthando Faith Based Organization	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Siyankekela Community Development	N	\$8,500

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Siyaphambili Orphan Village	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Sizanani Home-Based Care	N	\$12,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	St. Anna and Joachim Roman Catholic Organization	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	St. Bartholomew HIV & AIDS Programme	N	\$6,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	St. John's Care Center	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Thandanani Home-Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Thandimpilo HBC Project	N	\$7,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Tholulwazi Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Thusanang Home Based Care	N	\$9,930
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Tiangmaatla Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Transkei Land Services Organization	N	\$9,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Tshepang Community Home Based Care	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Tsholofelo Early Learning Centre (OVC)	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Tshwaranang Northern Region HIV/AIDS and OVC Care Program	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ubuntu Crisis and Family Centre	N	\$5,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Ubuntu Hospice Mount Frere, Eastern Cape	N	\$16,200
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Umnini sinethemba HIV/AIDS & Health Crisis centre	N	\$14,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Umphakathi Wethu	N	\$7,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Umvoti AIDS Centre, Enhlalakahle, Umvoti Municipality	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Umzi Wethemba HIV/AIDS Home Based Care Project	N	\$10,500
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Uncedolwabantu Project	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Usizo Thuso Community Centre	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Vhatangandzeni Home Based Care and Orphanage Home	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Zimisele HIV/AIDS Care	N	\$7,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Zinokwenzeka Community Support Group	N	\$10,000
1235.09	9753	US Department of State	Department of State / African Affairs	GHCS (State)	Zwide Women for HIV & AIDS Care Program	N	\$15,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Be-Part	N	\$50,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Desmond Tutu HIV Foundation	N	\$1,365,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	HIV South Africa	N	\$930,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	KidzPositive	N	\$785,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	Stellenbosch Hospice	N	\$180,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	University of Cape Town, Infectious Disease Unit	N	\$195,000
1066.09	10256	Wits Health Consortium, Perinatal HIV Research Unit	U.S. Agency for International Development	GHCS (State)	University of Stellenbosch, South Africa	N	\$530,000
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	CHoiCe Trust	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Hospice and Palliative Care Assn. Of South Africa	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	HSBI	N	\$500,000
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Khauhelo Area Development Programme	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Mpofu Area Development Programme	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Thaba Nchu Area Development Programme	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Thusalushaka Area Development Programme	N	\$0
4103.09	9775	World Vision South Africa	U.S. Agency for International Development	GHCS (State)	Umzivumbu Area Development Programme	N	\$0
4763.09	9779	Xstrata Coal SA & Re-Action!	HHS/Centers for Disease Control & Prevention	GHCS (State)	Re!Action Consulting	N	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$36,782,154

Program Area Narrative:

PMTCT Program Area Narrative 2009

The South African “National HIV and Syphilis Prevalence Survey, 2007” shows a slight decrease in HIV prevalence in pregnant women over the last three years: 30.2% in 2005, 29.1% in 2006, and 28% in 2007. However, the prevalence is still relatively high compared to other countries in the region. There are approximately 908,000 new pregnancies per year, and based on the above HIV prevalence, approximately 254,000 HIV-infected pregnant women will need to be identified and provided antiretroviral (ARV) prophylaxis annually.

The South African National Department of Health (NDOH), with support from many partners including the United States government (USG), has successfully scaled up the national prevention of mother-to-child transmission (PMTCT) program from a pilot program in 2002 to a national program today. As of September 2008, PMTCT service delivery is available and accessible at all public hospitals and in about 90% of public clinics, community health centers, and mobile clinics. Despite the high coverage in terms of PMTCT service points, the national PMTCT cascade is relatively low. Data from the South African National District Health Information System (DHIS) shows that 92% of pregnant women attending antenatal care (ANC) facilities tested for HIV, 63% of HIV-infected pregnant women received ARV prophylaxis, and 61% of infants born to HIV-infected mothers received ARV prophylaxis in 2008. However, there are still challenges with data quality, given that the source of information is the DHIS. HIV rapid tests have been utilized nationally, and test results are returned to the women on the same day. CD4 tests and HIV polymerase chain reaction (PCR) testing is offered to all HIV-infected pregnant women and HIV-exposed infants nationally. The South African National Health Laboratory Service (NHLS) currently has over 50 laboratories providing CD4 tests in all nine provinces, with plans to expand CD4 testing capacity to each district. There are nine laboratories in five provinces that have the capacity to perform early infant diagnosis (PCR). Current PCR test utilization rates are between 60-65% of the NHLS's existing capacity (approximately (~)192,000 infants tested annually, total capacity of ~310,000 annually), indicating a shortfall of more than 100,000 of the national estimates out of a target of 300,000 for required testing. This results in challenges in the turn-around times, specimen collections, and result management within healthcare facilities, which contributes to difficulties in patient follow-up and treatment initiation. The NHLS use courier services to pick up and drop off specimen results, but this may not be adequate to meet the demands of clinics.

Since 2003, the USG has been supporting the NDOH through a range of 26 prime PMTCT partners that work directly at the facility level to facilitate the implementation of the PMTCT program. The support includes policy development; capacity building; implementation of early infant diagnosis; and integration of PMTCT into existing Maternal, Child, and Women's Health (MCWH) services. In FY 2008, to ensure that there is greater geographical and technical support for the national PMTCT program, the USG has been working in partnership with the NDOH and UNICEF to conduct a stakeholder analysis. This analysis will map all PMTCT stakeholder activities, identify gaps and overlaps in technical assistance, and provide recommendations to ensure better coordination among stakeholders. In addition, towards the end of 2008, the South African PMTCT program will be reviewed and recommendations will be incorporated in implementation plans for the upcoming financial year. This will provide strategic direction to both the national and the PEPFAR PMTCT programs. In addition, CDC is currently providing technical support to the NDOH for the review and update of the PMTCT and Infant Feeding Training Curriculum in line with the new policy and guidelines. PEPFAR partners have played key roles in facilitating readiness for implementation by (1) providing ongoing technical assistance to the provincial and local health structures to address operational challenges; (2) ensuring that all healthcare workers receive the necessary policy updates and training; and (3) strengthening linkages between antenatal care and HIV service delivery and social services.

With the support from the USG and its implementing partners, 834,396 women were counseled and tested in the PMTCT setting in South Africa in FY 2008 (exceeding the target of 700,000), and 129,636 received a complete course of antiretroviral prophylaxis in a PMTCT setting (106,112 through direct PEPFAR support).

The South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP) has set a target of decreasing the mother-to-child transmission rate for the national PMTCT program to 5%. In February 2008, the NDOH released a new national PMTCT policy that fully integrates PMTCT into comprehensive MCWH services. The new policy and guidelines include:

- Providing routine screening for sexually transmitted infections (STIs) and tuberculosis (TB);
- Offering voluntary counseling and testing (VCT) to all pregnant women and retesting at 32 weeks for those who initially test negative;
- Providing a dual ARV prophylaxis regimen (AZT from 28 weeks plus a single dose of nevirapine at labor), as well as highly active antiretroviral therapy (HAART) for eligible pregnant women and infants;
- Providing early infant diagnosis for HIV-exposed infants at six weeks, retesting six weeks after weaning, and providing cotrimoxazole prophylaxis to HIV-exposed infants; and

- Improving maternal nutrition and safe infant feeding for HIV-exposed infants

The NDOH is currently revising the adult treatment and pediatric guidelines, and is expected to implement these by the end of 2008 or early 2009. The revised guidelines will have significant impact on the PMTCT program, as pregnant women who are eligible for HAART will have early access to treatment initiation. Thus, the PMTCT program targets will be revised accordingly.

The primary objectives for the FY 2009 PEPFAR program in South Africa are to support the NDOH in (1) building local capacity to implement the 2008 National PMTCT policy effectively by increasing coverage of training and re-training for healthcare workers; (2) providing site-specific support through PEPFAR partners and the NDOH to implement and roll out the new PMTCT policy and guidelines; (3) building capacity for early infant diagnosis and follow-up for mother-baby pairs post delivery by improving linkages between PMTCT service points, MCWH, HIV pediatric care and treatment programs, and antiretroviral care and treatment for adults; and (4) improving the quality of the national PMTCT monitoring and evaluation systems.

In addition, in FY 2009, 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 healthcare providers and community healthcare workers; the promotion of routine offer of counseling and testing; strategies for follow-up for mother-baby pairs post delivery; quality improvement; management and prevention of STIs, TB, and other opportunistic infections; community outreach and referral to wellness and treatment programs for HIV-infected mothers and exposed infants; and scale-up of early infant diagnosis services. Furthermore, activities addressing cultural attitudes to infant feeding, male involvement in PMTCT and increased uptake of services will also be supported. The USG will support the NDOH in facilitating quarterly meetings with all partners who are working on PMTCT programs in South Africa. These meetings will provide an opportunity for partners to share lessons learned and to prevent the duplication of tool and curriculum development. The quarterly meetings will ensure greater coordination among partners and government, particularly with respect to capacity building and training. All partners are required to use the NDOH curriculum as a generic training guide.

With the implementation of the new PMTCT policy and guidelines and the continued partnership with the NDOH, the South Africa USG team is optimistic that there will be an increase in the uptake of PMTCT services and a decrease in the rate of vertical transmission in FY 2009.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 190.09	Mechanism: N/A
Prime Partner: Aurum Health Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 13689.22603.09	Planned Funds: \$235,444
Activity System ID: 22603	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Aurum Institute for Health Research (Aurum) will increase support for the public sector sites and decrease support for non-governmental organization and general practitioner (GP) programs in FY 2009. In FY 2008 Aurum amended its policy in line with the new South African PMTCT guidelines of dual therapy, and this will continue in FY 2009. A focus on couple counseling and integration of a family-centered approach will be undertaken. This will include integration of other services at the community health center and primary health care levels such as linkages to family planning services, prevention with positives, and increased linkage with the community.

The prevention of mother-to-child transmission (PMTCT) support will be provided to eight of the Aurum down-referral sites that have antenatal services in Ekurhuleni Northern district (Gauteng province), the current GP project, the currently supported public sector sites including Tshepong hospital and Orkney clinic in the North West, Chris Hani Bara hospital, Tembisa hospital, Tembisa main clinic in Gauteng, and Madwaleni hospital in the Eastern Cape. The Aurum-supported PMTCT sites will be provided with a nurse and/or lay counselor as required from individual sites and training is to be conducted for each of the geographical areas. The program will also include routine counseling and testing; strengthening the tracing of the babies from the PMTCT program in collaboration with the existing home-based care system; strengthening of TB screening amongst expectant mothers; and staging and provision of highly active antiretroviral therapy (HAART) to those women eligible. Training will be given for couple counseling, prevention with positives, and engagement of the male partner for health staff in the clinical setting of PMTCT.

The program will also link with the integrated management of childhood illnesses (IMCI) and the expanded program on immunization programs and include them in the trainings for better follow-up of children. Emphasis will also be on the early screening of HIV-exposed babies by polymerase chain reaction testing and provision of cotrimoxazole.

Training is to be provided to lay counselors on sexuality, including empowering pregnant women to use condoms consistently during their pregnancy and lactation periods to avoid new and reinfection.

Another gender activity is to encourage the involvement of fathers during the antenatal period, promote HIV testing among fathers, and provide advice on the use of condoms during pregnancy. Specific training and mentoring of health staff in prevention with positives, couple counseling and testing and gender issues will target these issues. A gender module will be developed for health-care staff, patients and their partners that will seek to identify and prevent gender-based violence.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13689

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13689	13689.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$242,500

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$121,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 416.09

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 13700.22613.09

Planned Funds: \$800,511

Activity System ID: 22613

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In late 2006, BroadReach Healthcare (BRHC) began capacity-building work with South African government (SAG) sites, initially with four hospital systems in KwaZulu-Natal. As of June 2008, BRHC was reporting data from 110 sites, including 11 hospitals, 62 private General Practitioner (GP) practices and 37 SAG clinics. Almost 20,000 patients are receiving treatment, care and support services at BRHC-supported sites as of 30 June 2008. At the request of a district Department of Health (DOH), BRHC has committed to continued expansion and plans to be supporting 19 complete hospital systems by September 2009. With FY 2009 funds, BRHC expects to be active at 250 sites, including 25 SAG hospital systems.

In FY 2009 BRHC will focus on the following enhancements:

SCALE UP OF DUAL THERAPY PMTCT: In FY 2009 BRHC will aim to scale up PMTCT significantly by working with provincial and district DOH in line with the revised PMTCT policy (dual therapy). Dual therapy has only been recently introduced in South Africa based on revised policy and guidelines. BRHC was one of the first partner agencies asked to roll out training on dual therapy and training has been done in one sub-district of Gauteng province for 92 health workers, primarily doctors and nurses.

ROUTINE OFFER OF COUNSELING AND TESTING, INFANT PCR AND IMPROVED LINKAGE AND REFERRAL: BRHC will continue to support the offering of group education sessions and routine offer of counseling and rapid testing at the nearly 200 SAG sites supported by the organization. BRHC will also support the roll out of re-testing of women who tested negative earlier in their pregnancy at 32 weeks. Partner testing is encouraged and BRHC uses a number of health education modalities centered on a family model of care to promote this (e.g., educational videos in local language, flip chart tools for small group presentations, counseling sessions and community mobilization model).

An additional critical area of focus will be to increase coverage of infant polymerase chain reaction (PCR) testing where currently the major bottleneck is training of nurses to perform the test. A key weakness of the current system is that women are tested with relatively good coverage, however, there remains a systematic gap in follow up and tracking between the hospitals (where delivery occurs) and the originating clinics that referred them. For example, almost all HIV-infected women who deliver, receive a CD4 test at the hospital, but the results tend to arrive after they have been discharged. These results typically accumulate at the hospital and are not returned to the originating clinic which the mother will visit for subsequent follow up maternal-child health (MCH) services and immunization. Furthermore, in addition to sub-optimal levels of infant PCR (due to lack of training), it is systematically difficult to link a child born to an exposed mother to the mother's medical record. Currently policy does not allow the mother's status to be reflected on the baby's road-to-health card, which would allow the child to be identified as at risk and monitored during other interactions with the health system like well-baby visits and immunization. BRHC, under its data management initiative, will work to ensure that the mothers' and children's data is linked between hospitals and clinics to effective referral both ways and subsequent follow-up of mothers and children in their local clinics and communities. Treatment eligible women will be fast tracked into antiretroviral therapy (ART) at whatever point in the patient flow that they are identified or captured.

CARE AND TREATMENT FOR WOMEN AND CHILDREN: A major area that BRHC is supporting is the scale up of ART and care at hospitals and supporting clinics (through a down referral model). Within this scale up, pregnant women and children are prioritized. This includes the provision of highly active antiretroviral therapy (HAART) per national and new WHO guidelines for children, opportunistic infections management, treatment of TB co-infection, cotrimoxazole prophylaxis, support for optimal feeding options (promoting replacement feeding if acceptable, feasible, affordable, sustainable and safe (AFASS) or exclusive breast-feeding) and improved linkages and referral to other child survival interventions such as the Expanded Program on Immunization and nutritional and micro-nutrient support.

PREVENTION: BRHC has always emphasized prevention with HIV-infected clients and views treatment, care and prevention as an inextricably linked and integrated package of services. Patient and client health education will continue to be provided through the BRHC Information, Education and Communication program (an area of key distinction for BRHC having developed the first treatment-related integrated messaging to support HAART rollout in Botswana). This package includes education to encourage testing for HIV, TB and sexually transmitted infections (STIs) (individual and partner testing), appropriate condom use (male and female), importance of avoiding re-infection, provision of psychosocial support via facility-based staff and community-based support groups and linkage/referral to and from services such as family planning, STI clinic services and other MCH and primary care programs (e.g. IMCI).

COMMUNITY LINKAGES: BRHC is developing a signature community mobilization program through which a large array of community- and home-based services will be delivered, monitored and reported. In each geographical area where BRHC works, the community mobilization program will be the vehicle through which the defined care package will be delivered and home- and community-based follow-up and patient tracking and monitoring accomplished. The aim of this model will be to ensure that every single patient can be reached reproducibly through defined and stereotyped channels. This will involve non-governmental and community, local leader and traditional healer partnerships. BRHC has already pioneered a model whereby Community Support Organizations such as churches are formally capacitated to serve as an extension of the care team and to assist in monitoring and provision of support for patients at community and home level. BRHC will be extending this model across new high potential partners to provide comprehensive community coverage. A critical function of the community model will be to provide referral and linkage services to and from other critical social welfare services (e.g., Department of Social Development programs, income generation projects, gender and legal support services, etc.).

HEALTH SYSTEMS STRENGTHENING: As mentioned, BRHC approaches prevention, treatment and care in an integrated fashion. In this regard, BRHC has been strengthening health systems through key initiatives such as augmenting Department of Health staff and infrastructure (across all cadres), training (didactic and mentorship, including training on rapid tests and infant PCR), strengthening data management and

Activity Narrative: monitoring, evaluation and reporting systems, and providing management and leadership training at national, provincial, district and health facility level. BRHC is also leading the development of a centralized disease control and monitoring hub for the country of South Africa (and ultimately the region) through a separate project with Virgin Unite and the National Department of Health.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13700

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13700	13700.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$824,500

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,711

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,884

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 2797.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 13736.22747.09

Planned Funds: \$1,327,797

Activity System ID: 22747

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: PMTCT at Clinics and Maternity Obstetric Units

The International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University will support implementation of rapid screening for antiretroviral treatment (ART) eligibility through continuous mentoring for health-care professionals, regular patient file reviews, and monitoring and evaluation (M&E) activities. Program feedback will be provided to the sites and improvements be monitored. This will have a direct impact on pregnant women's access to care and CD4 testing within a month of diagnosis.

Challenges identified during FY 2008 will be addressed through training health facility staff, provision of essential equipment, and psychosocial support. In addition, regular multidisciplinary team meetings and program feedback sessions will be instituted to ensure service gap identification and corrective strategies.

Site-specific interventions will be implemented to fast track ART-eligible women to receive highly active antiretroviral therapy (HAART). The interventions include improved communication and feedback between the antenatal care (ANC) and ART sites, and prioritizing ART-eligible mothers for timely prevention of mother-to-child transmission (PMTCT) services.

Routine counseling and testing (CT) of all pregnant women on first visit will be expanded to all supported sites. Additional health-care workers will be trained on routine CT using the opt-out approach. M&E activities will focus on measuring the numbers of women counseled and tested on first visit, proportion that receive test results and get CD4 done. Program information will be routinely fed back to the providers. Partner testing will be encouraged for both HIV-infected and negative women.

All women who test HIV negative during their first visit will undergo a repeat test at 32 weeks of pregnancy. Prevention counseling for HIV negative mums will be intensified.

Cotrimoxazole (CTX) prophylaxis will be ensured based on the National Department of Health guidelines. A monitoring system will be implemented for the CTX uptake in pregnant women.

Tuberculosis (TB) screening for all women at the PMTCT site will be conducted at every visit, followed by sputum exam and culture for those suspected with TB disease. Through collaboration with the TB treatment sites, all TB infected pregnant women will be treated. Routine mentorship will be conducted to ensure appropriate TB/HIV collaboration activities with PMTCT.

HIV-infected women will be provided with other routine ANC services including sexually transmitted infections screening, multivitamin supplementation, infant feeding counseling and nutritional support.

Routine CT for women with unknown HIV status in labor and post-natal clinics will be instituted using lay counselors deployed in the hospitals and postnatal clinics. All these activities will be monitored using the registers currently under review by the Eastern Cape Department of Health (ECDOH). Women found to be HIV infected during labor will be provided with appropriate interventions and enrolled into care and treatment prior to discharge from the hospital.

ACTIVITY 2: Provide HIV Care, Treatment and Support

ICAP will ensure the extension of services beyond PMTCT include partner/couple counseling and testing using standard operating procedures, provision of comprehensive care and treatment during pregnancy, post delivery and ongoing care and treatment for the woman and her family. Care and treatment will include screening for opportunistic infections, ART for eligible mothers, monitoring for toxicity, nutritional counseling and support, family planning post delivery, HIV prevention with positives and psychosocial support.

ACTIVITY 3: Provide Early Diagnosis, Care, Treatment and Support to Infants and Children who are Exposed or Infected

ICAP will review the systems for early diagnosis of the HIV exposed and infected infant (HEI) to increase the uptake at 4 - 6 weeks and to ensure testing using rapid tests at 12 - 18 months facilitated by the registers currently under review at the ECDOH. The site support teams will continue mentor the health-care workers on the management of HEI. Infants who are HIV infected will be fast tracked to start HAART.

Enhanced counseling in antenatal and maternity settings will be promoted to minimize loss to follow-up (LTFU). LTFU will be analyzed and interventions planned and implemented for consistency of messages and effectiveness of delivery messages.

ICAP will enhance the use of partners and family members as infant feeding supporters. HIV-infected pregnant women will be encouraged to disclose their status and to be accompanied by infant feeding supporters during their ANC visits to promote adherence to infant feeding choices. ICAP will provide adequate information that will enable mothers make an appropriate feeding choice. Health-care workers will be trained on infant feeding using National Department of Health guidelines.

Postnatal clinics will be revived and integrated with the integrated management of childhood illness (IMCI) clinics to ensure infant follow-up and continuity of care. This activity will include counseling on infant feeding. Health-care providers will be trained and mentored to ensure that the CTX prophylaxis for HEI, growth monitoring, developmental and TB screening, immunizations and vitamin A supplementation will be provided at every visit.

SUMMARY:

ICAP will support implementation and expansion of comprehensive prevention of mother to child

Activity Narrative: transmission and linkages with treatment, care and support. 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:

ICAP 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. ICAP's geographical coverage includes the Eastern Cape (EC) and KwaZulu-Natal (KZN) provinces. FY 2008 funding will ensure expansion to the Free State (FS). ICAP'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:

ICAP'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

ICAP 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

ICAP 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

ICAP 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. ICAP will hire a laboratory adviser and support staff for technical expertise and mentoring on early infant diagnosis. With FY 2008 reprogramming funding, ICAP will strengthen support in Free State, including strengthening early infant diagnosis and additional

Activity Narrative: space in some facilities.

ACTIVITY 4: Promote linkages to community-based services and psychosocial support for comprehensive family care

ICAP will establish formal links with community resources through ICAP'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

ICAP 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

ICAP 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

ICAP will focus attention on the quality of PMTCT services provided in each of the facilities. 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 by: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13736

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13736	13736.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$1,387,087

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6156.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 12237.22754.09

Planned Funds: \$1,081,588

Activity System ID: 22754

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The South to South Partnership for Comprehensive Pediatric HIV Care and Treatment Initiative (S2S) will adopt a dynamic and contextualized strategy to support each implementing partner to implement programs with a family-centered approach at the site level. The site support will be dynamic and continuously customized to address site attributes and existing resources. While the support and program area emphasis will vary, all designated sites will benefit from the following activities:

Systems will be implemented to ensure that all pregnant and post-partum women and those of child-bearing age that visit the antenatal care (ANC), maternity and maternal and child health (MCH) facilities will be routinely offered an HIV test with same day results (with routine CD4 testing, if positive). HIV testing and counseling will be reframed to ensure informed consent via group pre-test information sessions, and in-depth support and individual counseling post-test. Disclosure support and testing will also be offered to partners and other family members (including children).

Partner testing will be strengthened to integrate the family into PMTCT. Staff will be trained to address gender issues and their impact on PMTCT and the family. Women will be encouraged and empowered to bring partners to ANC and follow-up visits to participate in pregnancy or child care; learn about HIV, pre- and post-natal care, support for males and couples; test for HIV; link to services for HIV men and children; learn about prevention services for HIV negative men in discordant couples.

MCH services will be enhanced to address the needs of HIV-infected pregnant women. Services include primary HIV prevention; STI screening and syndromic management; maternal cotrimoxazole per South African government (SAG) policy; safer sex practices; nutrition; malaria screening, prophylaxis and treatment; TB screening; immunizations; family planning; delivery preparedness; and community-based support services/linkages.

All HIV-infected women enrolled in the PMTCT program will be evaluated for clinical and immunologic status. CD4 count and WHO clinical staging will be used to determine eligibility for highly active antiretroviral therapy (HAART) during pregnancy. Women who do not meet national eligibility criteria will receive multidrug ARV prophylaxis, according to national guidelines, and be enrolled in HIV care services for close monitoring. Women who present in labor without documented HIV status will receive rapid HIV testing and counseling (if positive and in the first stage of labor, ART will be administered, per national policy). Women presenting in labor will be referred to HIV care services for a full evaluation post partum.

PMTCT sites will provide quality labor and delivery services to help reduce the risk of MTCT. This includes implementing safe obstetric practices and standards; reducing invasive procedures; taking universal precautions; implementing biosafety; following up and referrals post-partum; and linking to care and treatment services.

Infant feeding education, counseling and support will be initiated at the point of diagnosis (ideally in the antenatal period) and continued throughout the postnatal period. This support will be routinely integrated into all visits as part of the continuum of care. S2S will work with site staff to improve the quality of infant feeding counseling and assessment whether it is acceptable, feasible, affordable, sustainable and safe (AFASS) so that women can make informed choices to support exclusive infant feeding. Infant feeding support will be offered at every encounter including after an HIV-positive test result but before delivery; within the first 10 days after delivery; during the time of early infant diagnosis; at 6 months; and whenever the mother plans to change her feeding practice.

S2S will use site information to improve programmatic activities and provide training to clinic staff to enhance effectiveness of existing client tracking systems and, when needed, supplement with additional systems to improve clinic management and client care.

S2S aims to decrease the morbidity and mortality among HIV-infected mothers, their partners and children by engaging infected/affected people into care and treatment services. PMTCT sites will establish functional referral mechanisms to care and treatment services. This will include routine CD4 testing at point of HIV diagnosis so eligible women can begin HAART as early as possible in their pregnancies, thus reducing viral load and significantly reducing the risk of transmission. Women not eligible for HAART will be provided with appropriate multi-drug ARV prophylaxis and will be referred to HIV care and treatment services for long-term and aggressive follow-up care.

S2S will ensure that there are dynamic systems within a facility and between hospitals and clinic facilities to offer HIV care and treatment to all eligible HIV-infected pregnant women, post-natal women and women of childbearing age. This will vary by site but can include offering comprehensive ART services at the ANC/MCH facility, conducting initial ART assessment at the clinics and referring to ART services, or offering HIV care at the MCH facility with strong referral and follow-up systems to ensure the pregnant woman and her family access and are retained in treatment services at the ART facility.

Based on the tenets of the MTCT-Plus model of care, S2S will work closely with implementing partners to provide all HIV services with a family focus. This will be comprised of HIV care, including access to standardized antiretroviral options, for HIV-infected women and children identified in PMTCT programs, and for their infected partners and other family members. The model of care will include engaging more women and families in long-term care including regular follow-up visits, regular immunological and clinical monitoring, OI prophylaxis when needed, counseling and psychosocial support and referrals to community resources and support groups; and early identification of women who need ART during pregnancy at all points of entry.

S2S will ensure that all HIV-infected pregnant women are assessed for treatment eligibility. Eligible women will be fast-tracked to treatment regardless of ANC progress and point of entry. Women accessing MCH at hospital facilities will initiate treatment at the nearest ART site with coordinated visits to ensure that both her

Activity Narrative: MCH and HIV needs are met. Women accessing MCH at sites with no ART services will either be referred to the nearest ART facility for rapid initiation of treatment and (as much as possible) managed and monitored at the MCH facility, or, be initiated on ART and managed directly at the MCH facility.

S2S will support the initiation and management of coordinated and comprehensive HIV care services for families in accordance with SAG policy. This can include, depending on available resources, conducting rapid ART eligibility assessment of the HIV-infected pregnant woman, HIV staging, OI screening and when feasible OI management, OI and cotrimoxazole prophylaxis, immune monitoring, psychosocial and adherence support, active referrals (and referral follow-up), pain management, alcohol and substance abuse referral and support, and communication with the local ART clinic. S2S may adapt/develop an appropriate package of HIV care and the development of simple HIV care information systems (client card, registers, and referral tools) at MCH and/or clinic level.

Because of the rapid roll out of HIV services, there is a large population of HIV-infected women that know their status and are enrolled in HIV care and treatment services. To ensure that women of reproductive age are supported to make safe and informed contraception, family planning and reproductive health decisions in the context of their HIV infection S2S can sensitize site staff to the sexual and reproductive health rights and needs of all people living with HIV, particularly those of reproductive age.

S2S will work with implementing partners to foster linkages with other resources, programs, and partners to ensure that resources and expertise are properly leveraged within the context of the USG and country national plans. In this way, expertise is maximized to reduce duplication of efforts and to optimize existing resources.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13739

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13739	12237.08	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6590	6156.08		\$550,000
12237	12237.07	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6156	6156.07		\$550,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$891,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$111,400

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$111,400

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 7969.22763.09

Activity System ID: 22763

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$2,839,896

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) plans to increase prevention of mother-to-child HIV transmission (PMTCT) coverage in the supported provinces. The following activities are prioritized:

- With the introduction of the new PMTCT guidelines in February 2008 (i.e., dual therapy) EGPAF has had to scale up training of Department of Health (DOH) staff on the new guidelines and will continue to do so in FY 2009 to ensure that PMTCT services are in line with the new guidelines.
- EGPAF will continue to participate in the review of the PMTCT indicators to ensure alignment with new PMTCT guidelines.
- Repeat HIV testing at 32 -34 weeks for initial negative status or testing in labor for unknown status is of high priority.
- Quality improvement (QI) activities will continue in an effort to ensure quality PMTCT services.
- A Chronic Care Model that emphasizes community linkages, self-patient management support, optimum service delivery system design, efficient health information and referral systems, is being rolled out in supported districts.
- Effective referrals to child survival interventions will be implemented. EGPAF plans to strengthen community integrated management of childhood illnesses (IMCI) in home- and community-based care.
- EGPAF will assist the DOH to improve follow-up of mother/infant pairs and polymerase chain reaction (PCR) testing six weeks post weaning. Women will be supported with their infant feeding options and it will be determined if it is acceptable, feasible, affordable, sustainable and safe (AFASS) for all mothers who choose to exclusively formula feed.
- Women and their partners will be screened for sexually transmitted infections (STI) in the PMTCT setting and referred to other sexual reproductive health service points (e.g., family planning, STI clinic) where required.
- TB infection control and the integration of TB/HIV services in the PMTCT setting is an area of focus in FY 2009. Women will be screened for TB at antenatal clinics.

As at 30 June 2008, EGPAF-SA is supporting 136 DOH PMTCT sites. A trained and motivated health workforce is essential for the sustainability of the PMTCT program. In an effort to address human resources (HR) gaps and in consultation with the DOH, EGPAF hires additional staff where required, at all levels of service delivery (i.e., site, district, provincial and national level). Categories of staff provided depend on the HR needs (e.g., nurses, counselors, data capturers, etc.). EGPAF adheres to DOH salary scales. Additional staff seconded to DOH has fixed term contracts of employment with EGPAF and where applicable, DOH absorbs them into the DOH payroll at the end of the contract. As a recruitment and retention strategy, DOH has recently introduced the Occupational Specific Dispensation (OSD).

In addition to human resources provision, EGPAF strengthens DOH human capacity development (HCD) efforts by providing training using various training methodologies, namely, didactic training, preceptorship, onsite mentoring, coaching and supportive supervision. Health-care workers are trained on comprehensive PMTCT, early infant diagnosis (including PCR testing), clinical staging in infants and children, infant feeding as well as community IMCI. To strengthen the monitoring and evaluation (M&E) capacity, staff is trained on basic M&E including data quality and analysis as well as encouraged to use data for quality improvement. EGPAF has and will continue to train health-care workers on the new PMTCT guidelines to ensure compliance and improve the quality of care.

PMTCT is an important entry point for gender programming. EGPAF will promote partner testing and male participation to improve PMTCT uptake. Support groups for HIV-infected pregnant women and mothers will be established or strengthened to provide psychosocial support as well as support for safe disclosure. As part of strengthening community linkages, EGPAF plans to work with communities to promote human rights, women rights in general, address gender-based violence, strengthen social cohesion and support the institution of the family, and promote male sexual health. Specific needs of pregnant women and children, including follow-up, infant feeding support and prevention with positives will be addressed.

EGPAF's overall PMTCT support is provided in line with the National DOH PMTCT policies and guidelines and the HIV & AIDS and STI Strategic Plan for South Africa, 2008-2011 (NSP). NSP Priority area 1, goal 3, is to reduce mother-to-child transmission of HIV. All EGPAF support is aimed at assisting DOH to scale up coverage and improve quality of PMTCT to reduce MTCT to less than 5%, as well as to broaden existing PMTCT services to include other related services and target groups (e.g., family planning and male involvement).

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 Health (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 province. 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

Activity Narrative: 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 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. With FY08 reprogramming funding, EGPAF will provide support to the National Department of Health and three 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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13763

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13763	7969.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6600	193.08		\$2,925,000
7969	7969.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		\$1,500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$780,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 274.09	Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 8049.22782.09	Planned Funds: \$48,545
Activity System ID: 22782	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Project Phidisa (Phidisa) is a clinical research project focused on the management and treatment of HIV infection in the uniformed members of the South African National Defence Force (SANDF) and their dependents. Phidisa no longer caters for pediatric cases, creating a huge need for specific pediatric training for clinicians and other health-care workers in all roll-out sites. This will include training health care workers on prevention of mother-to-child transmission (PMTCT) according to the revised South African national PMTCT guidelines, that includes provision of dual therapy and that must be implemented in all South African Military Health Service facilities.

Health-care professionals will be trained to implement the new policy in antenatal care, including provider-initiated testing and counseling, dual therapy to all HIV-infected pregnant mothers, partner testing, and antiretroviral therapy to newborns and other siblings. The PMTCT Policy guidelines also include polymerase chain reaction testing of all HIV-exposed babies at 6 weeks and 3 months later. According to the new WHO guidelines, early infant diagnosis is critical and the South African Department of Defence (SA DOD) will adopt a policy of placing all HIV-infected infants under 12 months on highly active antiretroviral therapy.

HIV-infected mothers who had, previously opted to exclusively bottle feed were responsible for the purchase of infant formula feed. The SA DOD, in line with National Department of Health Guidelines, has changed this policy to provide infant formula feed to mothers who choose to exclusively bottle feed. Both cotrimoxazole and INH prophylaxis is given where indicated and babies/children are referred to the pediatric department for further management. HIV-infected mothers are then referred to adult antiretroviral treatment clinics for further treatment and follow-up.

Information, education and communication material relevant to PMTCT is developed and distributed as part of the Corporate Communication Plan for the Masibambisane DOD prevention program.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 13822

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13822	8049.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$50,000
8049	8049.07	Department of Defense	South African Military Health Service	4419	274.07	Masibambisane 1	\$50,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9649.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22374.22732.09

Planned Funds: \$640,797

Activity System ID: 22732

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This University of KwaZulu-Natal project is committed to reducing all components of mother-to-child transmission, including in utero, intra partum and postnatal transmission. The activities described in COP 2008 focus principally on reducing in utero and intrapartum (i.e., peripartum) transmission via a process of system strengthening and resolving obstacles to service delivery in the antepartum period. These are the most accessible aspects of the prevention of mother-to-child transmission program and most likely to yield immediate benefits. Furthermore, the interventions to reduce peripartum transmission are very well described and currently available for intervention at scale.

In 2009, the project will aim to consolidate gains in system performance and the monitoring of outcomes and then, depending on progress in 2008, shift emphasis to postnatal transmission (i.e., optimizing infant feeding practices in order to reduce postnatal transmission of HIV and promote child survival). This will involve activities in the health system as well as in the communities that the facilities serve. The team is already starting to engage on the components of such interventions and to identify what formative work may be needed.

The project also aims to complete data collection in 2009 for a costing analysis of the main systems intervention over 2008-2009 to permit a cost effectiveness analysis in 2009-2010.

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's 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/and 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.

Activity Narrative: 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 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's 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22374

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22374	22374.08	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Natal University for Health	9649	9649.08		\$600,000

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$359,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 519.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9083.22733.09

Planned Funds: \$728,178

Activity System ID: 22733

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Using FY 2008 funding, the two existing Demonstration sites in KwaZulu-Natal (KZN) will be supported until December 2009 and an additional site established in the Ethekwini District of KZN and NOT in the Eastern Cape as proposed in the FY 2008 COP. Each of the three sites will develop a best practices model which can be rolled out by the provincial departments of health and social development to the province.

FY 2008 funding will also be used to provide ongoing technical assistance and support to KZN at the district level to ensure that program managers develop skills to conduct program level evaluations and can use these evaluations to strengthen existing prevention of mother-to-child transmission (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. A pilot program utilizing Maternal Health Carrier Books will also be implemented to ensure continuum of care of HIV-infected women. The Maternal Health Carrier Book issued to pregnant women at their first antenatal visit serves to communicate essential health information between health service providers at primary health clinics and hospitals and to assist primary health-care providers at primary health-care facilities to monitor antenatal and postnatal progress.

FY 2008 Activities Include:

ACTIVITY 1: Continued Support of Demonstration Project:

This activity will continue to be supported in two sites, (i.e., Umzinto Clinic and GJ Crookes Hospital in Ugu and Umlazi D Clinic and Prince Mshyeni Memorial Hospital in Ethekwini). The University of KwaZulu-Natal (UKZN) will continue to support the Department of Health in the Districts of Ugu and Ethekwini to improve the follow-up and continuum of care of women (HIV-infected and uninfected) and children in the PMTCT program. 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.

ACTIVITY 2: Expansion of Demonstration Project

This activity will be expanded in KZN to an additional site in the Ethekwini District. An assessment of current health and social systems in the community accessing care at the site will assist identification of suboptimal outputs of service delivery. A strategy of providing an integrated comprehensive HIV health and social service to women and children seeking care at the Newtown A Community Health Centre and the referral facility, Mahatma Gandhi Memorial Hospital will be developed.

ACTIVITY 3: Technical Assistance

Technical assistance to the province will ensure the facilitation of linkages between family planning, PMTCT, and treatment by supporting two districts in implementing a new patient-held information system for use at primary health clinics. This system will improve continuity of maternal care by having one health document that can be presented at different health facilities. The health book is patient-owned and is designed to incorporate most existing medical records. Currently, women seeking antenatal care at primary health clinics receive a Maternity Case Carrier Record (Record). This document is designed to obtain the following patient information during antenatal care and delivery: basic particulars relating to patient (e.g., name, ID number, marital status, date of birth, contact details and dates of hospital admission and discharge); details of current pregnancy (e.g., LMP, EDD, complaints); history of previous pregnancies; laboratory tests (e.g., RPR, PAP and Rh), risk factors and recommendations; record of antenatal attendances for the current pregnancy; clinical notes; record of labor; admission; labor history; a partogram; details of mode of delivery; summary of labor; postdelivery record during hospitalization; and record of maternal and infant condition during the puerperium period. Other information documented in the Record include HIV information such as a PMTCT stamp indicating HIV status of the patient. This stamp can be seen on the rear inner cover of the Record. Other information in the stamp would include the date of nevirapine issued, CD4 test done and results, and proposed infant feeding method. The Record serves to communicate essential information between health service providers at primary health clinics and hospitals and to assist primary health-care providers at antenatal clinics to monitor antenatal progress. Unfortunately, this communication of crucial patient information ends at the point of hospital discharge following delivery since all Records are retained in the hospital registries. Upon hospital discharge, women are given an Appointment Card for their scheduled postnatal visit and an infant Road to Health Chart for ongoing care and immunization. The above patient held-information system has major drawbacks in ensuring continued maternal care, while health services have previously focused only on infant health. These challenges have recognized, particularly when implementing HIV programs.

Technical assistance will also include the implementation of an integrated training strategy which addresses operational issues for the delivery of a comprehensive package of care for women and children. Training health teams from each of the facilities and their associated ART sites will be conducted in direct partnership with the district program managers. The training will establish and strengthen referral mechanisms and a multidisciplinary team approach, thus ensuring that women and children have easy access to continuum of care and ART. Three-day training courses will take place at the district level.

FY 2009 Activities:

ACTIVITY 1: Technical Assistance

UKZN will use FY 2009 funding to roll out the Maternal Health Book to all public health facilities in the districts of Ugu and Ethekwini and to monitor usage during a two month period.

ACTIVITY 2:

Activity Narrative: Technical assistance will ensure the linkages between family planning, PMTCT, and ART, including implementation of an integrated training strategy that will address operational issues for the delivery of a comprehensive package of care for women and children. In addition to the 3-day training course supported during FY 2008, an additional refresher training will occur over a 1-day period at 6 to 12 monthly intervals depending on need and performance indicators.

The UKZN PMTCT project aims to increase uptake of counseling and testing, 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.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13851

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13851	9083.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$750,000
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

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$14,440

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2787.09

Prime Partner: Absolute Return for Kids

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 13355.22553.09

Activity System ID: 22553

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,211,926

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Absolute Return for Kids (ARK) will use PEPFAR FY 2009 funds to co-fund new prevention of mother-to-child transmission (PMTCT) activities in the Eastern Cape (EC). ARK has been requested by the EC HIV and AIDS, STI and TB (HAST) directorate and the Nelson Mandela Metro to scale up support in this province. ARK has been supporting the province since 2006 and is currently working in 11 sites, delivering care and treatment in 10 sites and PMTCT services in 1 site.

PEPFAR funding for FY 2009 will support the implementation and scale up of the revised national PMTCT guidelines in the EC. The scale up in ARK-supported sites will ensure that women in the high HIV burden areas of the EC are reached with PMTCT services.

Modifications to FY 2008 activities are as follows:

ACTIVITY 1: Support to KwaZulu-Natal and Eastern Cape Departments of Health

Referral systems will be strengthened to ensure the easy, quick referral of patients between antiretroviral ARV, TB, PMTCT and pediatric ARV services to ensure that mothers and infants testing HIV positive will be referred for early care and treatment. Tracing of lab results for early infant diagnosis will be conducted proactively to ensure that bottlenecks in the system are addressed with the KwaZulu-Natal and Eastern Cape Departments of Health and the National Health Laboratory Services. Additional information management capacity will be added to sites including data capture and computers. All sites will have internet connectivity to facilitate information management activities. TB infection control practices are standard at ARK-supported sites, include well-ventilated waiting areas and consulting rooms, safe sputum collection, and patient and staff education on safe cough etiquette and hygiene. All HIV-infected pregnant women and HIV-exposed infants who have a TB contact will receive TB screening, prophylaxis and treatment if appropriate.

In those clinics where space is a bottleneck to service delivery, ARK will assist the facility with the provision of space in the form of temporary infrastructure, or renovating existing rooms to ensure efficient patient flow.

ACTIVITY 2: Treatment for HIV-infected Pregnant Women

All HIV-infected pregnant women will be screened for TB and referred for further diagnostics, prophylaxis and treatment as appropriate. Linkages to on-site family planning services will be established where available. Linkages will be established with other service providers who are providing prevention-focused support groups for HIV-infected pregnant women.

ACTIVITY 3: Pediatrics

ARK's program follows current National Department of Health guidelines for PMTCT prophylaxis, therefore mothers with a CD4 > 350 or between 250-350 with WHO Stage 1&2 will not be given Highly Active Antiretroviral Therapy (HAART), as anticipated in the FY 2008 plan. All babies will be tested 12 weeks post-weaning if breastfeeding, and all negative infants will be re-tested with an Elisa at 18 months.

The PMTCT program will link into the pediatric care component to allow for improved child survival activities with specific reference to improved diagnosis and treatment of TB, recommended Vitamin A supplementation, routine immunization and the integrated management of childhood diseases. All HIV-exposed infants will receive the basic preventative care package including infant feeding and nutrition, cotrimoxazole prophylaxis, early testing, and TB screening, prophylaxis and treatment.

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

Activity Narrative: ARK works with the KZNDH 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 KZNDH 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 captureurs. The data captureurs 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 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 Narrative: 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 KZNDH 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13355

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13355	13355.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$727,500

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$62,412

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2789.09

Mechanism: Capable Partners

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3285.22561.09

Activity System ID: 22561

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,699,083

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Academy for Educational Development / Capable Partners Program (AED/CAP) will use FY 2009 funds to continue building human capacity in the integration of maternal nutrition, infant and young child feeding and prevention of mother-to-child HIV transmission (PMTCT). The program is in line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 and aims to broaden the involvement of agencies, including non-governmental organizations and communities to strengthen key programs such as health education and behavior change communication, voluntary counseling and testing, PMTCT, antiretroviral therapy, and screening for sexually transmitted infections and TB. All these activities will contribute to the reduction of new infections among pregnant and lactating women. The organization will continue trainings aiming at improving the quality of service delivery, focusing on the minimum packages during antenatal, labor and delivery and postnatal care based on the Batho Pele principles of respect for human rights and confidentiality.

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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13361

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13361	3285.08	U.S. Agency for International Development	Academy for Educational Development	6450	2789.08	LINKAGES	\$1,750,000
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

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,750,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 397.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 7914.22567.09

Planned Funds: \$291,271

Activity System ID: 22567

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Provider-Initiated Testing and Counseling (PITC) was successfully piloted in one clinic during COP 2007. PITC will be rolled out to all the clinics during COP 2008 and COP 2009. The uptake for HIV testing among pregnant women is higher than 90% in the pilot site and all the other 15 clinics in the Hlabisa sub-district, but with PITC offered to all patients attending the clinic, Africa Centre anticipates an increase close to 100%. This routine offer of counseling and testing (CT) is aligned with the South African government's CT guidelines, and rapid testing is used. CT will be offered during the first antenatal clinic visit, and because of the high HIV incidence in the area, re-testing will be done in the last trimester. All 16 clinics are staffed with 2 or more counselors that ensure that all pregnant women are offered CT, and a PMTCT stamp with a sub-district specific code to indicate HIV status is placed in the woman's antenatal care (ANC) card. This stamp and the code assist in identifying women who were missed or those who refused to be tested, and thus make it easy to offer CT to women who have not tested in their subsequent ANC visits.

The Africa Centre dietician will develop appropriate nutrition-related curricula, adapted from international and national policy to suit the local, rural community. This curricula will be used in pre- and post-service training programs and to develop appropriate job aids for health-care workers. The dietician will train nurses, counselors, home-based caregivers and support group members using the existing South African curriculum and the in-house curriculum, to enhance their ability to carry out nutritional assessment, counseling and support for pregnant women

Partner testing is routinely offered and systems will be set in place to make the service more male friendly.

Antiretroviral treatment (ART) and cotrimoxazole will be offered to all eligible women following South African Department of Health (DOH) guidelines. Women will receive optimum counseling on feeding options, cotrimoxazole prophylaxis, TB screening and treatment, and immunizations.

More and more HIV-exposed children are referred to the clinic. The pediatrician also works at the Hlabisa Hospital's pediatric unit, where she is able to down refer some of these children for follow up at the family clinic. Referrals of children who need to be followed or have missed their clinics are transferred to the home-based care nurses and the tracking nurse for follow up, and children who need other support services are referred appropriately, e.g. to the ART social worker.

Infant diagnosis is aligned with South African and WHO guidelines. Polymerase chain reaction (PCR) testing will be done at six weeks and again at six months, and at any point in time for children that were lost to follow-up. A system will be set in place to track all children lost to follow up: the tracking nurses, support group members and home based care workers will track the children. The Vitamin A Campaign (March and September) will also be used as a vehicle to identify all children lost to follow up and all HIV- exposed children within the sub-district.

Cotrimoxazole prophylaxis will be offered to all children from six weeks to one year or stopped sooner if confirmed HIV negative and the child has stopped breast-feeding. Efforts to increase sustainable infant feeding choices and early infant diagnosis will be strengthened. This will be done through follow up of mother and baby pairs postnatally.

Support groups will be strengthened during COP 2009 and will focus on pregnant women.

In COP 2007 the wellness program was started to strengthen and integrate PMTCT within maternal-child health by addressing sexually transmitted infections screening (STI). The wellness program will address STI screening, family planning and prevention with positives. Monitoring and evaluation of the program will be strengthened through standardizing the PEPFAR data collection tool to include South African government PMTCT indicators, and to ensure that all know efforts made in the program.

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

Activity Narrative: 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 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13367

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13367	7914.08	U.S. Agency for International Development	Africa Center for Health and Population Studies	6453	397.08		\$339,500
7914	7914.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		\$175,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Child Survival Activities

- * Family Planning

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$34,000

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4616.09

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 12243.22633.09

Activity System ID: 22633

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$71,371

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13701

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13701	12243.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$73,510
12243	12243.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	\$250,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9625.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22313.22672.09

Planned Funds: \$456,325

Activity System ID: 22672

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of the Western Cape (UWC) program is part of the University Technical Assistance Program aimed at strengthening human capacity development and ensuring sustainability in multiple program areas. The PMTCT focus is on improving the outcomes of HIV-infected women and their infants through multiple approaches, which address system strengthening and human resource development at the district and primary health-care levels. These activities center on monitoring and evaluation (M&E) and the integration of PMTCT services into routine maternal and child health (MCH) service delivery. The project focuses on improving the quality of Community Health Worker (CHW) programs, and increasing the capacity of nurse-midwives to implement integrated PMTCT and MCH in one district in the Western Cape. In addition, the program focuses on the development and implementation of a facility-based M&E system for integrated PMTCT/TB/HIV services in KwaZulu-Natal.

BACKGROUND:

In FY 2009, UWC will build on expertise obtained as a PEPFAR sub-partner to the Medical Research Council. Activities started in FY 2008 will be continued and expanded to KwaZulu-Natal.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Improving Quality of CHW Programs for Delivery of HIV and AIDS Services

The use of CHWs such as home-based caregivers, lay counselors, and adherence counselors, to support the delivery of HIV and AIDS care in communities, is becoming increasingly common in South Africa. CHWs are a key cadre of personnel in PMTCT activities as they can identify and refer women in the community for appropriate treatment and care, as well as provide a direct point of support. The National Department of Health (NDOH) introduced a National Community Health Worker Policy Framework in 2003 that regulates initiatives. Work conducted by UWC in 2007 indicated, however, that implementation of the Community Health Worker Policy Framework is not being monitored or evaluated; that standards for training and supervision are either not available or not being adhered to; that training materials are not available in local languages; and district and sub-district managers have not received sufficient training and guidance in the implementation of these programs. Working in close collaboration with the national and relevant provincial Departments of Health, emphasis will be placed on rolling out the M&E tools developed in FY 2008 to the entire Western Cape province. A training course will be developed for implementers of the framework. The course will be accredited with UWC and the Health Professions Council of South Africa and will train be used to train middle-level managers. Some of the data elements developed in the course of this evaluation will be inserted into the Human Resource Information System being developed in the activity described under the Health Systems Strengthening Component. It is anticipated that following the limited rollout of the evaluation tool in FY 2009 the tool will be revised again and a national audit conducted in FY 2010. The following sub-activities will be implemented to support this activity.

ACTIVITY 1A: Roll Out of the Audit Tool

The audit tool will be rolled out in the Western Cape. The rollout of the audit tool will be conducted in close collaboration with the national and provincial Departments of Health, with the aim of setting up a monitoring system for CHW programs. Fieldworkers and fieldwork coordinators will be appointed and trained in the Western Cape. The results of the audit will be written up and made available to national, provincial and district policy makers and managers.

ACTIVITY 1B: Training District and Sub-district Managers in the Implementation of CHW Programs

This project will develop a 5-day short course for 20 implementers of the CHW policy. The training course and materials will be developed in consultation with colleagues from UWC, and National Department of Health, and will then be offered to implementers as part of the School of Public Health's Winter School program and subsequently evaluated and revised.

ACTIVITY 2: Training Nurse-Midwives In Community-Based PMTCT, HIV Prevention And Management Skills And Competencies

The South African government is currently faced with a challenge of implementing a new national policy on PMTCT. The policy is based on the premise that health-care providers, specifically, nurses and midwives will be the key players in implementation, especially in areas where there are no medical doctors and in rural areas. The Western Cape developed a provincial PMTCT protocol in June 2008, thus indicating the need for specific competencies for those who will be providing services, especially in relation to integrating PMTCT and MCH services. This project seeks to develop the capacity of nurses and midwives, a crucial cadre of health care workers, as providers of integrated services as well as mentors for students in in-service training. UWC has a relationship with the Overberg Health District, Teewaterskloof (TWK) sub-district/municipality where students from the Community and Health Science faculty are exposed to rural health; thus providing a valuable relationship and opportunity to train midwives in a rural area. The six clinics in the TKW sub-district serve an impoverished population, including women on farms who have no access to health education.

The project will build capacity through training nurses and midwives in the prevention and management of HIV and AIDS, including integrating the PMTCT program into MCH services in the TWK district. The nurse-midwives will need skills and competencies including provision of PMTCT prophylaxis, AZT and nevirapine to pregnant women, prompt referral for HAART, and PCR for children. While the project, in this phase, focuses on improving the capacity of nurse-midwives to deliver effective services, in the long-term it builds them as mentors for students who will be placed in these facilities. Core competencies for nurse-midwives to implement integrated PMTCT and MCH services will be developed in consultation with the Western Cape Department of Health, and in alignment with the provincial protocol and the directorates of HIV and AIDS and Maternal & Child Health. A training package for rural clinic based midwives will then be developed, focusing on these core competencies as well as on mentoring undergraduate nurse-midwife trainees. The

Activity Narrative: training package will be in line with the national curriculum, but will be adapted for nurses and midwives in rural, minimally resourced settings, and will include components of how to train and mentor students who are placed with them. The development of the training package and training will be done concurrently through participatory reflective action approach, which uses the following steps: drawing experience from the participants and trainers, reflection, action and review. This method takes a form of a spiral where learning materials and content are developed together with participants and there is constant feedback until completion of a final product (training package). At least two nurse-midwives per health facility will be trained (12 in total). Monthly mentoring will also be provided by the UWC coordinators. Feedback on the training will also be provided to the district and provincial managers. The effectiveness of the training will be evaluated by participants, and the outcomes of the training by monitoring the indicators of targets reached in relation to the provincial PMTCT protocol, for example, the number of pregnant women undertaking HIV testing.

Activity 3: Building Capacity to Monitor and Evaluate HIV Care in KwaZulu-Natal

KwaZulu-Natal has a population of 10 million people (20.9% of South Africa's population). The antenatal HIV seroprevalence in 2006 was 39.1%, the highest of any province. KwaZulu-Natal also had the greatest number of reported TB cases (34,928 cases registered in 2006) and the lowest cure rate (45.2% for cases registered in 2005). The majority of TB cases in the province are co-infected with HIV (64.4%). The province is divided into three administrative areas and 11 districts. The School of Public Health at UWC has been implementing and evaluating interventions to reduce MTCT of HIV through a project call Good Start in 2 sites in KwaZulu-Natal (Umzimkulu and Umlazi). The PEPFAR-funded Good Start facility-based project developed and piloted an HIV/PMTCT/TB M&E system that has now been finalized and accepted for implementation throughout the province. UWC has been requested to assist the province in implementing the new system. The project will help KwaZulu-Natal implement an M&E system for integrated PMTCT/HIV/TB care at facility and community level.

The project will employ three HIV M&E trainers who would report to the provincial HIV M&E officer. Each trainer will be responsible for one area of the province and the districts that fall within that area. The trainers will train district information officers and district HAST coordinators on the new HIV M&E system, including the patient-held card, clinical chart, pre-ART register and ART register. They will also train on the existing M&E systems for voluntary counseling and testing, PMTCT and TB. The trainers will assist the districts in training staff in all primary care health facilities and all ART sites on the new and existing systems. There will be at least 2 training workshops in each of the 11 districts (22 in total). The first workshop will focus on data collection tools and the second workshop will focus on monthly and quarterly reporting. The trainers will maintain close contact with the district coordinators and assist them with facility-level support visits. They will collect and collate monthly and quarterly reports and provide feedback to the districts. They will encourage and support regular district meetings at which indicators for integrated HIV/TB/PMTCT will be presented, discussed and used to assess program performance and address deficiencies. There are currently long delays in printing and distribution of some stationery used by the Department of Health. The project will assist the province to establish systems to ensure an uninterrupted supply of stationery for integrated HIV/TB/PMTCT care, including printing and distribution when required. The large numbers of people in HIV care in KwaZulu-Natal make the long-term follow up of patients in HIV care difficult using a paper-based system. There is therefore a need to develop and train relevant staff on an electronic HIV M&E system. The program will be assessed in several ways, including a review of the completeness and accuracy of recording and reporting for the new HIV M&E system 6 months and 12 months after implementation in the 11 districts. Subsequent training will be provided to address problems found during the reviews.

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:

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

Activity Narrative: 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 and child deaths in the country, this puts a challenge onto the already depleting MCH health services and to health 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22313

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22313	22313.08	HHS/Centers for Disease Control & Prevention	University of the Western Cape	9625	9625.08		\$470,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$311,151

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 500.09

Mechanism: In Support - CDC

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3564.22845.09

Planned Funds: \$1,153,236

Activity System ID: 22845

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National Department of Health's ACTIVITY 3 is no longer being funded under this program area but has been moved to the CARE Umbrella Grants Mechanism. This will be replaced with an activity aimed at the district levels to strengthen monitoring and evaluation of the entire prevention of mother-to-child transmission (PMTCT) program. A consultant will be employed to monitor the worst reporting districts in terms of PMTCT data submission. The consultant will travel to the districts, conduct a data audit, and identify problems with data collection. Based on the findings of the assessment, interventions to improve the data quality and the data collection will be implemented. Activities will be implemented in the worst performing PMTCT districts first. By the end of the financial year, it is anticipated that approximately half of the health districts will be covered, hence strengthening reporting in the national PMTCT program.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14057

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14057	3564.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$1,475,813
7369	3564.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	\$2,351,665
3564	3564.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	\$150,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4756.09

Mechanism: N/A

Prime Partner: Program for Appropriate
Technology in Health

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 8248.22888.09

Planned Funds: \$3,013,688

Activity System ID: 22888

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

To create an inclusive identity, PATH changed its name to Khusela Project (Khusela), which means in isiXhosa, to prevent, to protect, and to handle with care. Khusela will scale up the revised PMTCT policy in all its facilities, including adoption of dual therapy; routine offer of counseling and testing; CD4 testing; enabling women to make, and adhere to informed infant feeding choices; linking women to comprehensive care and treatment programs; assuring infant diagnosis and treatment as necessary; and integrating reproductive health and family planning services.

Khusela was unable to begin work in the Cacadu district (Eastern Cape) as projected in COP 2008, due to change of plans by Eastern Cape Department of Health (ECDOH). Instead, work was moved to three sub-districts in the Eastern Cape: Mbashe and Mquma in Amatole District and King Sabata Dalindyebo in OR Tambo District. Khusela works in 40 facilities (50%) in the sub-districts. In FY 2009, the project will add 40 new facilities using a phased approach. Training and supervision will continue in the existing 40 sites, which will require two additional full-time training and supervision advisors. The ECDOH has requested that Khusela expand services to Amalathi sub-district, because of the great need in the area.

ACTIVITY 4 was modified. The systems assessment to assist the transition to dual therapy will be completed in FY 2008, and will be implemented in Khusela's sites.

ACTIVITY 5 has been modified to include development, production and dissemination of nutrition and informed infant feeding materials by the end of FY 2008 pending permission from the National Department of Health.

ACTIVITY 6: The two activities evaluating linkages between reproductive health and PMTCT will continue into FY 2009 due the multiple Institutional Review Board requirements.

Khusela will continue to support the Midwives Alliance and implementation of advocacy strategies that emerge from FY 2008 activities. If successful, the pilot nevirapine pouch for homebirths will be rolled out to additional locations.

Training will be provided to existing and new sites, including training on basic PMTCT, refresher training on PMTCT, and training on infant feeding. Nurses, clinical supervisors lay counselors, and traditional birth attendants will be trained. Classroom and on-site training to improve M&E will be implemented among district data information officers, data capturers and managers.

Khusela will improve referral systems to care and treatment sites and pediatric centers. Milk registers will be revised so that all babies can be traced. By FY 2009 all parallel reporting systems will be eliminated.

Community engagement in promoting, supporting and utilizing PMTCT service will be enhanced. This includes reducing stigma, generating demand for services, working with partners and families of HIV-infected women, developing community networks for client follow-up, and strengthening tangible links between the community and the facility. Community interventions will include start-up activities including hiring additional field staff, facility assessments, mapping and zoning, community focus group discussions, revision of communication strategy, NGO/CBO capacity assessment, training new field staff, and implementation of project interventions as described above.

Field staff will continue to work with designated NGOs to expand the Magnet Theatre, a participatory community theatre that inspires critical reflection using incomplete enactments of community dilemmas. Facility-based Closed Support Groups will be managed by facility staff, who will help community members to form support groups, identify group leaders, arrange for support group facilitation skills training (through MANEPHA), and monitor ongoing support groups. Historically these groups have been short-lived (six weeks) but with improved facilitation, there should be deeper discussion, greater support, and potential for greater sustainability.

Field staff will continue to oversee the heterogeneous Dialogue Groups, in communities near health facilities. These are voluntary (fixed and committed membership) groups that meet regularly to participate in facilitated discussions on HIV and PMTCT issues. The local Chief, community members and CBOs participate. Field staff will oversee the Open Dialogue Groups (ODG). These groups will emerge from local facility-based support groups and will be led by trained HIV-infected women. Grandmothers play a vital role in enabling mothers to realize comprehensive PMTCT interventions. These voluntary dialogue groups will include mothers (and mothers-in-law) and daughters to encourage discussion of PMTCT issues. The cross-generational interaction may have a huge impact PMTCT uptake.

Khusela aims to accredit the lay counselor curriculum and make this available to Khusela project sites, and eventually to all PEPFAR partners.

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

Activity Narrative: 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 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. **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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14261

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14261	8248.08	HHS/Centers for Disease Control & Prevention	Program for Appropriate Technology in Health	6757	4756.08		\$3,104,000
8248	8248.07	HHS/Centers for Disease Control & Prevention	Program for Appropriate Technology in Health	4756	4756.07	New APS 2006	\$2,010,008

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$491,225

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7300.09

Mechanism: N/A

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 15942.22892.09

Planned Funds: \$242,726

Activity System ID: 22892

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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. After discussions with CDC/Global AIDS Program South Africa and the National Department of Health (NDOH), it was decided that the project be piloted in four clinics in the Northern Cape. The project sites will be part of the NDOH's antiretroviral treatment (ART) sites, and not the Planned Parenthood Association of South Africa's youth-friendly service clinics as described in COP 2008. The sites will function as satellite ART clinics for young people. This means that the lengthy ART accreditation process for new clinics can be waived, and it will encourage provincial Department of Health to collaborate in the project. Finally, centers can be created more efficiently and faster using this method.

All the other activities in the 2008 COP will remain the same.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15942

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15942	15942.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7300	7300.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 257.09

Mechanism: N/A

Prime Partner: Medical Research Council of South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3550.22920.09

Activity System ID: 22920

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,041,295

Activity Narrative: ACTIVITY HAS MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 5 described in COP 2008 has been moved to the TB Care Association COP. TB Care will be the main partner on this project, working with the Medical Research Council to provide technical assistance where necessary.

There are no modifications to ACTIVITIES 1 through 4.

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 creating 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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14018

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14018	3550.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,072,500
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

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$120,000

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2790.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 22704.09

Activity System ID: 22704

Mechanism: N/A

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$269,614

Activity Narrative: SUMMARY:

Prevention of mother-to-child transmission (PMTCT) activities support the comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 24 field sites in 7 provinces in South Africa. The area of emphasis is the improvement of care and support to HIV-infected pregnant women in the program, ensuring the wellness of both mother and infant. The field sites target those in need of these services, who live in the catchment area of the site, and who cannot access the services in the public sector. The major emphasis area is to provide linkages with other sectors and initiatives, ensuring that pregnant women receive the much-needed care in line with national guidelines. These will include dual therapy for pregnant women with a CD4 above 200, fast tracking and provision of highly active antiretroviral therapy (HAART) for eligible pregnant women, testing of infants and other HIV-exposed children. All high-risk HIV-exposed children and their mothers in HIV care and support should be provided with related services for wellness, opportunistic infection (OI) and TB treatment and prevention and nutritional supplementation. Minor emphasis areas are partner involvement, nutritional counseling, community mobilization/participation, development of networks/linkages/referral systems, and human resources. The main target populations are HIV-infected pregnant women, HIV-exposed children and their families as well as caregivers.

BACKGROUND:

AIDSRelief (the Consortium led by CRS) received Track 1 funding in FY 2004 to scale up ART rapidly in nine countries, including South Africa. Since FY 2005, South Africa COP funding was received to supplement central funding, with continued funding applied for under COP 2009. The activity is implemented through two major in-country partners: the Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA).

Currently, two thirds of patients in the program are women, most of them of childbearing age. Many of the rural areas AIDSRelief serves are resource poor and antenatal care and PMTCT services are scarce due to the remote and rural nature of these locations. AIDSRelief is trying to address this by identifying pregnant women and HIV-exposed children while providing home-based care, as well as putting increased focus on family-centered voluntary counseling and testing. In addition, AIDSRelief will involve all cadres of health-care workers at selected sites to identify pregnant women and HIV-exposed children's needs. Where the AIDSRelief sites cannot provide the services, a functional referral system will be put into place.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY 2009, AIDSRelief will continue implementing activities in support of the South African National PMTCT program. Utilizing technical assistance from AIDSRelief's staff and South African experts, support and guidance will be provided to sites in the form of appropriate medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

Although the majority of the AIDSRelief sites cannot provide a comprehensive antenatal, intrapartum and baby wellness care packages, the sites will focus on strengthening and establishing clear mechanisms of tracking and follow-up of mother and HIV-exposed children, and by providing support services where needed. The AIDSRelief sites will provide the following services where needed: routine offer of counseling and testing to women, their partners and their HIV-exposed children, support to enable mothers to safely disclose their HIV status, provision of dual therapy or highly active antiretroviral therapy (HAART) to pregnant mothers in line with the South African National PMTCT program in cases where the patient does not have access to ARV prophylaxis, provision of essential care for pregnant women in care with an emphasis on OI prevention and treatment, maternal and pediatric cotrimoxazole and provision of nutritional supplements according to South African guidelines (and PEPFAR guidance), provision of essential care for all HIV-exposed children and infant feeding and nutritional support by supporting and informing mothers to make and adhere to safe feeding choices. Another emphasis will be on involving partners with PMTCT activities and establishing support groups for pregnant women and mothers.

Home-based caregivers 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 health departments pay stipends to their caregivers. Home-based caregivers within the CRS network tend to pay their caregivers the same stipend that the Department of Health (DOH) pays theirs, as the training that they undergo is the same, as well as 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.

Some of the AIDSRelief sites also receive PEPFAR and other funding through different sources for the provision of orphans and vulnerable children (OVC) care. The provision of these services gives OVC access to both care and treatment services provided under the program.

The program will involve partners (through increased partner testing, male support, prevention and interventions in regards to gender-based violence) with PMTCT activities, including support groups for HIV-infected pregnant women and mothers. Other activities, where applicable, will include programs targeting partners of pregnant women and providing information to men on PMTCT, counseling and testing, prevention and other health issues, and encouraging couple counseling and testing in an attempt to increase men's involvement in HIV and AIDS treatment and care programs and to reduce stigma and violence against women. The approaches will include couple counseling and testing at CT and PMTCT sites with the view of promoting testing of men as well as building their support for their female partners, where possible. Efforts will be made to include health worker trainings to recognize signs of gender-based violence, to provide appropriate counseling and referral services to social, legal, and community-based support groups, as well as training and employment of women as health-care providers to increase the confidentiality and comfort of women and girls seeking treatment for HIV.

Activity Narrative: 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. All activities will be implemented in close collaboration with the South African government's (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 PMTCT program 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. This activity will directly contribute towards the goals of reaching 80% of HIV-infected pregnant women with prophylaxis and reducing new infant infections by 50%. This support will be in line with OGAC and SAG guidance and standards on PMTCT.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$690,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$115,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$175,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4746.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 13865.22709.09

Planned Funds: \$131,906

Activity System ID: 22709

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Desmond Tutu TB Centre (DTTC) has revised the scope of the intervention initially planned by reducing work in six antenatal facilities to two facilities and from work in six well-baby clinics to five well-baby clinics linked to these antenatal facilities. The challenges presented in these facilities are substantial and after discussion with government partners, a decision was taken to provide in-depth support and to create best-practice models at two sites rather than to spread resources (particularly human resources) too thinly.

In addition to the specific support provided to the two sites, however, program level support will be provided to the whole prevention of mother-to-child transmission (PMTCT) program through a general assessment of gaps in PMTCT and through working with government partners to improve and standardize systems to address the gaps identified. This is considered to be of particular importance at present as the obstetric facilities are not integrated into the District Health System and systems are not integrated among the different health authorities running the services. The best practice models created will be shared regionally, with the Western Cape province and with the National Department of Health in an effort to help improve PMTCT services.

The reduction in this component of the project has to be viewed within the context of the increased support requested by government partners in other areas of the PEPFAR TB-HIV Integration Project. These activities and the targets relating to the activities have expanded substantially (specifically objectives related to improving TB and HIV care through various health system strengthening initiatives). The details for these expanded activities are provided in the Care component of this COP.

In consultation with, and on advice of government partners, two antenatal facilities in Khayelitsha (Site B and Michael Mapongwane Midwife Obstetric Units) have been selected for the intervention as 22% of HIV-infected pregnant women in Cape Town book at these facilities. A substantial number of women would thus still be reached through the in-depth PMTCT support provided to these facilities. An effective service to pregnant women requires linkages between PMTCT, TB and HIV services. These currently fall under different South African health authorities and departments resulting in fragmented services being delivered to pregnant women. In addition, maternal services are not linked to infant services. Special attention will be paid to integrating the PMTCT and child health services. These will all be linked with the TB and HIV services, with an aim of improving the quality of services.

The types of activities being undertaken however remain the same as in the COP 2008. For each of the activities listed below, particular emphasis will be placed on the following issues:

ACTIVITY 1: Increase Access and Improve Quality PMTCT Services at Antenatal and Delivery Sites Through Improvement of Health Systems

The maternal and child health (MCH) client records are not yet standardized in Cape Town. In addition, PMTCT records are poorly integrated into the MCH records. A specific area of support requested from government partners is to review and recommend changes to these records to enable standardized recording of client information and improved source information for the PMTCT intervention aimed both at ensuring good continuity of clinical care and at improving program management through improved data quality. There are currently no standardized records available nationally that meet these requirements. All tools developed will be shared with the National Department of Health once they have been piloted and shown to improve record keeping.

ACTIVITY 2: Provision of Adequate HIV, STI and TB Care Antenatally

Staff at antenatal facilities will be trained on National Department of Health infection control guidelines. Particular emphasis will also be placed on ensuring that clients diagnosed with TB access appropriate treatment through improved referral system and specific follow-up of all clients referred for TB treatment. Similar processes of referral and feedback will be used to track access to highly active antiretroviral therapy (HAART) for clients requiring HAART. Support will also be provided to improve the diagnosis and management of sexually transmitted infections (STIs) in antenatal facilities as this has been identified as an important gap in the services. Resources and time will be allocated to integrate these services (TB, HIV and STI).

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

Emphasis will be placed on improving the retention of clients on the PMTCT program. Although resources do not allow for community-based follow-up of clients, efforts will be made to increase retention of clients through intensified and ongoing counseling.

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:

Activity Narrative: 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 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

Activity Narrative: 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 of 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13865	13865.08	HHS/Centers for Disease Control & Prevention	University of Stellenbosch, South Africa	6636	4746.08	Desmond Tutu TB Centre	\$194,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$101,981

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9626.09	Mechanism: N/A
Prime Partner: Walter Sisulu University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 22718.09	Planned Funds: \$242,726

Activity System ID: 22718

Activity Narrative: SUMMARY:

The Eastern Cape Regional Training Center (RTC) was established in 2003 by the Eastern Cape Department of Health (ECDOH) to create a center of excellence for HIV care, management and treatment. The initial focus of the RTC was to coordinate HIV and AIDS training for health workers across the province, but has since expanded (with PEPFAR funding) to develop model HIV care and treatment programs in facilities around Mthatha. RTC is located at the Walter Sisulu University in Mthatha. RTC will focus on the provision of training health-care workers on PMTCT guidelines in this program area.

BACKGROUND:

The Minister of Health approved the revised national prevention of mother-to-child transmission (PMTCT) Policy and Guidelines on 12 February 2008. These new national guidelines include dual therapy for pregnant HIV-infected women. All public health facilities are required to implement these new guidelines. RTC will use FY 2009 PMTCT funds to assist the Eastern Cape in the training of health-care providers on these new national guidelines. The implementation of the revised national PMTCT policies and guidelines will be one of the most important interventions during this financial year.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Updating Training Module and Procedures Manual

The ECDOH has asked RTC to ensure that the current PMTCT training module and procedures manual is updated to include the dual therapy, infant feeding, and the data management aspects of the program. Sections relevant to nutrition, laboratory services, counseling and testing, drug stock management, etc. will be covered in the curriculum.

ACTIVITY 2: Training

RTC will conduct a brief skills audit of nurses already trained in PMTCT, per facility. This will also inform site selection, as well as prioritization for 'top-up' training. RTC will facilitate the 'top-up' training for 1,600 nurses that have already been trained on PMTCT.

RTC will also facilitate the cascading of the train-the-trainer program that was initially facilitated by the National Department of Health, and that aimed at reaching non-governmental organizations, including the AIDS Training Information and Counselling Centres (ATICCs) in the province.

RTC will package PMTCT and Health Information system modules (already developed) to form part of certificate courses offered by the Walter Sisulu University.

ACTIVITY 3: Reporting

RTC will facilitate the review of registers currently used to monitor the PMTCT program in the province. These registers include voluntary counseling and testing, PMTCT, antenatal care and Milk registers.

RTC will use PEPFAR funds to continue to employ members of a PMTCT dedicated team, consisting of one medical doctor, one trainer, one laboratory technologist, and one nurse clinician. Funds will also be used to support the administration of and logistics of the team to accomplish the above tasks.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7316.09

Mechanism: CARE UGM

Prime Partner: Wits Health Consortium, NHLS

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16023.22721.09

Planned Funds: \$160,137

Activity System ID: 22721

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Technical Assistance and Scale-up of Early Infant Diagnosis

Using FY 2009 funding, The Wits Pediatric HIV Clinics (WPHC) and National Health Laboratory Service (NHLS) aim to assess the implementation challenges and develop guidelines to scale up early infant diagnosis for infants born in prevention of mother-to-child transmission (PMTCT) programs. Technical assistance will be provided to the provinces (and other countries on request) to help escalate the rollout of early infant diagnosis services. This project was specifically requested by Gauteng's Department of Health (DOH), with strong support from the National Department of Health and its PMTCT Early Diagnosis Committee. Technical assistance for the introduction of the new automated Taqman assay to replace the HIV DNA polymerase chain reaction (PCR) assay will be provided. In particular, monitoring the performance of this new assay in the field will be done in relation to the new dual therapy PMTCT program; the age of the infant and the ability to use the assay for viral load monitoring on dried blood spots; monthly PCR test statistics for monitoring the progress of the program will be provided to HIV program managers in Gauteng and the monitoring database will be upgraded to a national level (except for KZN data); incorporation of rapid HIV tests for infants and children; updating of diagnostic algorithms for children in an evidence-based manner; and establishing a system for feedback from clinics for central monitoring (e.g., service issues, quality control, etc.). A program that increases peripartum HIV testing of women to improve identification of HIV-exposed infants is being assessed. All women are offered HIV testing in the peripartum period, newly diagnosed HIV-infected women's babies are given post-exposure prophylaxis and infants are followed to 6-weeks of age for PCR testing. Monitoring of the accuracy of the rapid tests supplied by DOH is done using "Determine" as a gold standard test because health-care worker confidence in these tests that are frequently changed is low.

ACTIVITY 2: Capacity Building

In FY 2009, WPHC and NHLS will continue to facilitate training clinic health-care workers including nurses, doctors and lab technician in the area of early infant diagnosis. Training content will be updated 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 3,500 to 4,500 per month in the Johannesburg laboratory. Serum panels from infants and children will be prospectively stored for testing rapid HIV tests. The latter are currently evaluated only on adult samples.

ACTIVITY 3: Linking the Expanded Program for Immunizations at Primary Health-care Clinics with Early Infant Diagnosis

In FY 2009, WPHC and NHLS will continue to explore systems to ensure primary health-care 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.

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

Activity Narrative: 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, WPHC 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16023	16023.08	HHS/Centers for Disease Control & Prevention	Wits Health Consortium, NHLS	7316	7316.08	CARE UGM	\$183,262

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9627.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22314.22727.09

Planned Funds: \$0

Activity System ID: 22727

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds and is included here to provide complete information for reviewers. FY 2008 funds were used to fund the development of a revised national training manual for PMTCT and Infant Feeding. This activity has been completed using FY 2008 funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22314	22314.08	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	9627	9627.08		\$150,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4760.09

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 12240.22798.09

Planned Funds: \$471,613

Activity System ID: 22798

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities started in FY 2008 will continue in FY 2009. This includes the implementation of the new dual therapy South African National PMTCT Guidelines, started in FY 2008 when the new policy was instituted.

Modifications Plans to Activity 3 in FY 2009:

There will be a focus on creating stronger referral links and support between St. Mary's Hospital and the referral community clinics. The groundwork for this has already commenced as the hospital has initiated partnerships with various non-governmental organizations (NGOs) and community-based organizations (CBOs) and counselors in the community. This focus will also encourage mothers to attend antenatal clinic support before or by 20 weeks. The hospital will make use of current therapeutic counselors and links with NGOs and CBOs, and the school nurse in the community to achieve this objective. Antiretroviral treatment (ART) for treatment-eligible pregnant women will be emphasized at community clinic level and if possible, these patients will be referred to the hospital as soon as possible. It is important for the pregnant woman to receive at least 4 to 6 weeks of treatment prior to delivery. This will be addressed in the training modules for PMTCT staff at the hospital and the referral clinics. Education to encourage mother-to-mother support and integrated management of childhood illnesses (IMCI) health education will be addressed at clinic referral level. Greater emphasis will be placed on provider-initiated testing and counseling (PITC) to all mothers attending the antenatal clinic at St. Mary's Hospital as well as in the referral clinics to increase the number of pregnant HIV-infected mothers choosing dual therapy. A greater emphasis will be placed on nutrition and micronutrient supplementation, at all referral clinics and at hospital level.

Human Capacity Development:

Funding will be allocated in FY 2009 to train PMTCT staff at referral clinic level to encourage mother-to-mother support and peer group counseling. There will be a focus on nutrition, partner testing and counseling, routine PITC, but more specifically health education in IMCI for therapeutic counselors and the Department of Health community health-care workers. The objective will be for these trained counselors to encourage health management of children in the community. St. Mary's has five nurses who are IMCI trained and these nurses will be used in this capacity training.

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

Activity Narrative: 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 directly from counseling and support within the hospital environment as well as within the community setting during home visits.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13831

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13831	12240.08	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	6626	4760.08		\$388,000
12240	12240.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	\$300,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$7,143

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,857

Economic Strengthening**Education****Water**

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 9624.09

Mechanism: N/A

Prime Partner: Nozizwe Consulting

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 22309.22871.09

Planned Funds: \$273,753

Activity System ID: 22871

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Using FY 2007-2008 funding a monitoring and evaluation (M&E) system for early infant diagnosis (EID) has been developed and is being piloted in various sites in Gauteng (PAIT II & III Projects). The package emphasizes four specific areas of EID M&E: 1) implementation (i.e., identifying at-risk infants and tracking the management of blood samples and relationship between testing facilities (primary health clinics) and the National Health Laboratory Service (NHLS); 2) adherence to early infant testing, diagnosis and follow-up care; 3) psychosocial support for clients (mother-infant pairs); and 4) evaluation of EID training by WHC/ECHO staff. One of Nosizwe Consulting's (Nosizwe) aims in constructing the M&E package was to make it adaptable for use in varied health-care facilities; so that EID M&E activities could take place in well-supplied and staffed gold standard facilities and in basic forms in silver- and bronze-standard health-care environments. FY 2007 monies were used for the initial planning, tool construction, process mapping and preliminary testing at Coronation Hospital, a tertiary care facility considered a gold standard (i.e., highly resourced, well-staffed) environment. FY 2008 (PAIT III Project) funds have been used to test and refine the M&E package, and to adapt and roll out into more diverse clinic settings, the silver standard (mid-level resourced and staffed) environments. FY 2009 (PAIT IV) funding will be used to further refine and test the M&E package for use in bronze standard health-care environments. Of the three levels, this final bronze level clinic environment is the most challenging and important. Not only does this standard represent the most poorly resourced and staffed facility profile but it is the most common type of health-care facility in the South African public health system.

Using FY 2007 (PAIT II) funding, Nosizwe completed a community survey in Ekurhuleni (Gauteng East Rand Township). The results of this work showed high levels of ignorance of PMTCT in general and EID in particular in all age and both sex groups. Further, HIV-related stigma and gender dynamics (for example, partners blaming mothers for causing vertical HIV infection) are key factors that act as obstacles to mothers' and families' ability to adhere to PMTCT recommendations, including early infant HIV testing, diagnosis, and treatment. In FY 2008, Nosizwe used these data as the basis for the initial design of psychosocial support and education materials for at risk infants' mothers and families. The main theme was male involvement. FY 2009 funds will be used for facility-based testing of these materials in Gauteng and, if possible, in selected sites in North West Province.

Expected results in FY 2009 include development of a draft M&E package that will be tested in bronze standard facilities. Additional results will include a work-plan/expansion plan for scaling up use of the tested psychosocial support materials. These activities will contribute to PEPFAR goals by facilitating a process where mothers of at-risk infants are encouraged to undertake timely HIV testing and where HIV-infected infants can be identified early and referred to antiretroviral therapy (ART) facilities for appropriate monitoring, care and treatment. In addition, the focus on mother-family psychosocial support will provide an important step in breaking down social barriers to early infant diagnosis and care.

BACKGROUND:

South Africa does not have a national system to monitor early infant diagnosis. Moreover, most clinics offering EID do not provide routine psychosocial support or education materials to mothers and their families. Prevention of mother-to-child transmission (PMTCT), especially EID is routinely under-emphasized or even overlooked in public health education and advocacy campaigns surrounding HIV and AIDS. Thus, the activities of this project will help encourage the smooth functioning of under-resourced early infant HIV testing and diagnoses services, and help establish psychosocial support and educational resources for mothers of at-risk infants and their families. FY 2009 funds will be used to complete the three-tiered gold-silver-bronze M&E package by focusing on the final bronze level. It will be used to develop psychosocial support materials by rigorously testing them among the target populations.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Refinement and Roll Out of Monitoring and Evaluation Package (Bronze Level)

In FY 2009, Nosizwe will build on the results of FY 2007-2008 activities by refining the draft M&E package produced under PAIT II and III Projects and rolling it out for use in bronze level clinical settings within the Gauteng public health system. This will allow further assessment of the feasibility of implementing the package in a new health facility environment and identification of the M&E limitations inherent in this clinical context. This activity will provide the data necessary to design the final M&E package to accommodate very low resource clinic environments offering EID. As in FY 2008, two different M&E system implementation models for bronze level will be tested: one in which clinic staff take the lead in implementing and managing the system and the other in which external personnel (i.e., individuals who are not part of the clinic system and operate independently of the clinic) are in charge of implementation and management. Nosizwe will train staff on how to use the package and develop training protocols for each implementation model.

ACTIVITY 2: Psychosocial Support and Education Materials for Mother-Infant Pairs

Results of FY 2006-2008 activities have provided insight into social and cultural factors that act as potential barriers to HIV-infected mothers' ability to follow through with PMTCT recommendations, including early infant diagnosis, treatment and care. In FY 2008, Nosizwe focused on one theme in terms of developing support strategies and materials: partner involvement. FY 2009 funds will further test and refine these materials, and explore possibilities for adding additional themes, including development of counseling and support guidelines for counselors and health care workers. In order to take these materials beyond their current scope or scale, Nosizwe will work with organizations that focus on development of public health support and education materials, such as the non-governmental organization, Regional Psycho-Social Support Initiative (REPSSI).

ACTIVITY 3: Materials Testing in New Geographic Areas (North West Province)

Nosizwe will explore strategies and models for expanding the use of support and educational materials beyond the Gauteng public sector clinical environment. In FY 2009 Nosizwe will explore options for testing and using our support and education strategies in selected public sector antenatal and PMTCT clinical environments in North West Province. At the end of FY 2009, a detailed action plan for community outreach and education that could be put into practice at a later stage (i.e. for implementation and further scale up)

Activity Narrative: will be developed.

ACTIVITY 4: Advocacy and Dissemination

Using FY 2009 funds Nosizwe will engage in a variety of advocacy and information dissemination activities with stakeholders, members of the health system and other interested parties to showcase project findings, garner interest in further roll out of the M&E package and to promote the concept of facility-based M&E for early infant HIV testing and diagnosis. These findings may be presented at regular meetings (such as the PMTCT Steering Committee Meeting) as well as at convened meetings, for instance with members of the participating clinics. It is anticipated that these meetings will take place on at least three levels of the health system: local/municipal, provincial and national. Where appropriate, Nosizwe will share results with representatives of other provincial health systems.

In close collaboration with the Gauteng Provincial Department of Health (GPDOH), Nosizwe 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. Nosizwe 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 Nosizwe 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 Nosizwe 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.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22309	22309.08	HHS/Centers for Disease Control & Prevention	Nozizwe Consulting	9624	9624.08		\$281,957

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 262.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 15939.22854.09

Planned Funds: \$0

Activity System ID: 22854

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15939

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15939	15939.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$0

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4624.09	Mechanism: N/A
Prime Partner: Medical Care Development International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 7903.22914.09	Planned Funds: \$184,860
Activity System ID: 22914	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Medical Care Development International - South Africa (MCDI-SA) has modified ACTIVITY 1 in the following way: All PMTCT training will be based on the new 2008 National Department of Health prevention of mother-to-child (PMTCT) guidelines, including the protocols for dual therapy.

ACTIVITY 2 has been modified in the following way: Pre- and post-natal support through HIV-infected mothers' support groups and Birth Companions programs will be continued as a child survival and safe motherhood wraparound program funded by UNICEF. PEPFAR funds originally allocated for these activities will be used to focus solely on facility-based support for improved PMTCT service delivery and referral. This activity will include training and refresher training of nurses on (a) the new South African PMTCT guidelines, including the dual therapy protocol; (b) routine offering of counseling and testing; (c) routine voluntary referral to TB screening, family planning and ANC services; (d) correct data recording and reporting; (e) effective patient communication; and (f) referral to available PMTCT support groups and Family Companions. Training will be followed with one-on-one mentoring and an annual quality and service assessment, including an annual client satisfaction survey and targeted one-on-one mentoring of facilities with poor indicator results as determined by service assessment results. Two nurses will be hired to train and mentor facility nurses on PMTCT, based on the current PMTCT protocol developed in consultation with the KwaZulu-Natal Department of Health. These MCDI-SA staffers will also be responsible for regular collection of PMTCT statistics from health facilities.

To increase health service uptake and community linkages, MCDI-SA will continue training and refresher training of community health workers, home-based caregivers, traditional health practitioners and other community leaders on community PMTCT. Training messages will include support for adherence to PMTCT infant feeding choices, basics of dual therapy; the need for TB screening; anti-stigma advocacy; involvement of men in care; and how to provide psychosocial support and promote adherence to treatment. This will include a particular focus on training of traditional health practitioners in the rural and deep rural areas, a previously neglected yet highly influential group of health workers, and will emphasize referral and linkage of these practitioners with South African government health facility services and personnel.

In setting target numbers for training, MCDI-SA has expanded the definition of health worker from facility nurses to include traditional health practitioners (THP). To date, 25 THPs have been trained. MCDI-SA will therefore expand the 2009 target to 660, including 2 nurses in each of 30 facilities (60), 10 community health facilitators, 400 community health workers, 50 THPs, and 120 home-based caregivers.

ADDITIONAL ACTIVITY: MCDI-SA will use PEPFAR funds to pilot Infant Feeding Corners (IFC) in five health facilities. The primary purpose of the IFCs is to introduce the sipping cup as a method of formula feeding that replaces the risks affiliated with bottle-feeding, and that is endorsed by the World Health Organization and UNICEF. Staffed by trained Family Companions, IFCs will be offered as a service to all pregnant women to provide thorough, individualized training and to assist pregnant women to make an informed infant feeding choice that decreases and removes the risk of transmission and supports the health of mother and child. PEPFAR funds will cover IFC materials and the transport needs of Corner staff. (Family Companions will be given a regular stipend from UNICEF funds for their time staffing the IFC.)

ADDITIONAL ACTIVITY: MCDI-SA will purchase and pilot the use of the LifeStraw Family Instant Microbiological Purifier (a low-cost household water purifying system approved for use in PEPFAR projects) in households of PMTCT clients, piloting the effort with women who are participating in PMTCT support groups co-facilitated by MCDI-SA (a wraparound program funded by UNICEF). The majority of households in deep rural areas of Maphumulo, Mandeni and Ndwedwe sub-districts rely on often contaminated surface water from local streams and rivers for their regular drinking water supply, leading to child and adult diarrhea and other water-borne illnesses, especially among those who are immuno-suppressed. MCDI-SA will select the households based on agreed-upon criteria with the Department of Health, train household members on proper use and maintenance of the LifeStraw device, and provide follow-up supervision and data collection to measure any implied effect on reducing diarrhea incidence among household members.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14015

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14015	7903.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$224,000
7903	7903.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery**

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,200

Food and Nutrition: Commodities**Economic Strengthening****Education****Water**

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 224.09

Mechanism: CTR

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 2929.22947.09

Planned Funds: \$402,610

Activity System ID: 22947

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Capacity Building

At the request of the provincial departments of health, Family Health International (FHI) activities will build on COP 2008 and previous years' work with a focus on training health service providers in rural areas of Western Cape, Limpopo, Free State and North West Departments of Health (DOH). Furthermore, all trainings will be conducted using the revised National Department of Health (NDOH) prevention of mother-to-child transmission (PMTCT) manual that includes the new guidelines on dual therapy, and that was signed by the Minister of Health in December 2007. FHI will cease PMTCT support to the Northern Cape in COP 2009 as sufficient PMTCT capacity has been built in the Northern Cape Department of Health over the past three years, and the province will be ready, in FY 2009, to continue without ongoing support from FHI. In 2008, FHI will work with the province to develop and implement an exit strategy to ensure that the current gains because of FHI support are sustained. FHI developed an interactive tutorial with FY 2007 funds, and this was saved on a CD-ROM. This CD-ROM was used for training and had been distributed in FY 2008, and so will not be a component of activities in FY 2009.

Furthermore, in FY 2009 the FHI PMTCT program will support the national roll out of the revised PMTCT policy through training health-care workers on the policy. FHI will work directly with the provincial departments of health to disseminate and train providers at the facilities on the policy. FHI will also support departments of health with training and methods to increase partner testing; implement prevention among positives activities such as the counseling and provision of family planning; diagnose and manage sexually transmitted infections; strengthen infant follow-up activities to assist with early infant diagnosis (this will also support the FHI activities under pediatric care); strengthen systems; and integrate PMTCT within Maternal and Child Health (MCH) services and programs.

A major part of the support to the DOH under this activity is the institutionalization of voluntary, age appropriate referral for family planning as a routine part of the PMTCT MCH services. FHI will actively encourage the DOH to ensure that protocols, staffing, supply chain and monitoring systems are optimally integrated with family planning services and the broader health system. FHI will further work with the DOH to ensure that as part of the multi-disciplinary HIV care services that access to family planning is increased through the provision of family planning counseling and active referrals.

ACTIVITY 2: Technical Assistance

At the request of the provincial DOH, new sites will be selected for the provision of technical assistance (TA), including mentoring and coaching in FY 2009. Furthermore, onsite mentoring and coaching will be increased to enhance implementation of learnt skills. A PMTCT checklist, based on national and international PMTCT standards, will be used on site visits to assure quality of services.

FHI will conduct an assessment of project progress in FY 2009 to provide information on current PMTCT practices in selected sites and to document achievements made through all the previous years of FHI training and TA support. This assessment will build on a similar assessment done by FHI and the DOH in 2005. Synthesis of information gathered through both assessments will document successes and lessons learned since 2005 and will be used to inform selection of COP 2009 sites as well as identify priorities for enhanced onsite mentoring and TA.

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).

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13722

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29299	29299.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$195,600
29298	29298.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$230,401
29297	29297.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$40,500
29296	29296.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$138,775
29295	29295.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$104,975
29294	29294.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$40,000
29293	29293.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$10,000
29292	29292.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5620	4115.07		\$64,468
29291	29291.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5620	4115.07		\$16,117
29290	29290.07	HHS/Centers for Disease Control & Prevention	Project Concern International	5620	4115.07		\$81,700
13722	2929.08	U.S. Agency for International Development	Family Health International	6583	224.08	CTR	\$436,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$96,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2813.09	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: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 3553.23159.09	Planned Funds: \$1,200,766
Activity System ID: 23159	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2009 funds will be used to expand prevention of mother-to-child (PMTCT) program-strengthening activities to the Ehlanzeni district of Mpumalanga.

ACTIVITY 1: Program Strengthening in Ehlanzeni District, Mpumalanga

The Human Sciences Research Council (HSRC) will promote the use of health facilities for delivery among pregnant women and their families. All pregnant women attending the 120 antenatal clinics in the Ehlanzeni district will be encouraged to undergo confidential counseling and testing (CT) for HIV infection during pregnancy. Women who test HIV positive will be referred to the nearest accredited antiretroviral treatment (ART) site for staging and initiation of ART, if indicated (according to the national ART guidelines) and will be referred to 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 provided with a complete course of dual antiretroviral prophylaxis in a PMTCT setting. HIV-exposed infants will be tested using polymerase chain reaction (PCR) at 6 weeks and at 6 months. HIV-infected infants will be referred to the local health services for follow-up, monitoring and initiation of treatment if eligible. Staff already employed by district health services will do most of the programmatic work.

Activities will also include PMTCT program integration with family planning, reproductive health, ART services, and positive prevention interventions for HIV-infected women in Ehlanzeni district.

FY 2009 PEPFAR funds will be used to employ additional staff to strengthen PMTCT programs in the Ehlanzeni district. The Mpumalanga Department of Health and Social Services has agreed to take over the funding of these positions after the initial phase of program strengthening.

ACTIVITY 2: Technical Assistance

HSRC will provide technical assistance to strengthen monitoring and evaluation (M&E) systems and will seek to coordinate the M&E and PEPFAR-related reporting activities with routine district health M&E activities in order 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 specialist, and a data manager. HSRC will mobilize community leaders, faith- and community-based organizations, district councils, traditional leaders and traditional birth attendants in the region to support PMTCT interventions. Training activities will include basic education about PMTCT and its benefits, infant feeding options (ensuring women make informed choices around infant feeding), risk-reduction counseling, the benefits of ART, disclosure counseling and encouraging partner testing, training to address HIV-related stigma, M&E, and positive prevention interventions.

Specific activities will include:

- a. Conducting PMTCT community awareness activities such as clinic days, training of clinic committees, etc.;
- b. Promoting disclosure of HIV status among women tested as part of PMTCT programs, and encouraging partner testing, thus increasing gender equity in HIV and AIDS programs;
- c. Training professional nurses on PMTCT and voluntary counseling and testing (VCT);
- d. Training lay counselors on VCT and PMTCT;
- e. Training traditional health practitioners and traditional birth attendants on HIV and PMTCT;
- f. Training professional staff on M & E;
- g. Training other professionals (nutritionists, pharmacists, social workers) on PMTCT;
- h. Establishing support groups for HIV-infected women; and
- i. Assisting with PMTCT program evaluation.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13968

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13968	3553.08	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	6671	2813.08	HSRC	\$1,649,000
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$247,350

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 242.09	Mechanism: ACCESS
Prime Partner: JHPIEGO	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 21086.23176.09	Planned Funds: \$446,616
Activity System ID: 23176	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to strengthening the implementation of prevention of mother-to-child transmission (PMTCT) dual therapy, JHPIEGO endeavors to increase the uptake of PMTCT in the North West Province and Northern Cape through Provider-Initiated Testing and Counseling (PITC). JHPIEGO proposes to strengthen PITC through material adaptation, training providers and trainers using the onsite training approach at current and PMTCT service provider sites to be added in the future.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21086

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21086	21086.08	U.S. Agency for International Development	JHPIEGO	6605	242.08	ACCESS	\$491,750

Emphasis Areas

Gender

* Increasing women's legal rights

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$35,110

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4625.09

Mechanism: N/A

Prime Partner: McCord Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 7906.23184.09

Planned Funds: \$489,336

Activity System ID: 23184

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

McCord Hospital Zoe-Life (ZL) and McCord Hospital (MH), in FY 2008, aimed to introduce a second test for women who test negative at 36 weeks. This will be modified according to current KwaZuluNatal Department of Health (DOH) guideline of repeat testing at 34 weeks.

ZL/MH will focus on pharmacy systems development to support initiating eligible pregnant women on antiretroviral treatment (ART) at the clinic sites. This is currently not possible due to legislation and municipal policy, which prohibit initiation of ART at clinics. In addition, the municipality pharmacy does not receive drugs from the DOH's Provincial Medical Supply Centre (PMSC). Assisting the Municipality and the DOH to develop a linked pharmacy system to procure ARV drugs from PMSC for the municipality pharmacy and clinics will be a sustainability priority in COP 2009.

Strengthening follow-up of children will include ongoing support to mothers on infant feeding; careful infant diagnosis processes which will begin at 6 weeks (PCR) and end at cessation of breastfeeding at 12-15 months; cotrimoxazole provision to HIV-exposed children from 6 weeks; TB screening of infants in follow-up; and integration of child survival interventions linked to integrated management of childhood illness (IMCI) including immunization and vitamin A provision.

NEW ACTIVITY: Linkages with community health workers to assist with tracking of pregnant women, mother-child pairs, and implementation of community integrated management of childhood illness (CIMCI) will be prioritized. Additional funding will be sought to implement a CIMCI & IMCI electronic data tool using a personal digital assistant (PDA). This will simplify use in the community clinics, strengthen M&E, and tracking mother-child pairs. Clinics do not use the IMCI system due to lack of relevant paper forms, but a PDA will overcome this challenge, and it can be used for other program areas. A PDA electronic device can be used as a clinical tool to guide diagnosis and treatment, and as an M&E tool in an integrated setting, minimizing the need for many paper forms for many program areas.

MODIFIED ACTIVITY: Strengthening M&E will include developing a patient-linked health management information system (HMIS) for mother-child pairs. This will assist with tracking and retention of mother-child pairs, and strengthen the integration of the pairs into care and treatment programs. If the IMCI PDA system works well, this may be expanded to the PMTCT services.

NEW ACTIVITIES:

1. ZL/MH will explore strengthening PMTCT in the private sector. Most private facilities do not offer a strong PMTCT component and often do not follow best practices, even though clients often have the financial resources. By offering technical support, resources, and training to obstetricians and midwives at a private hospital in Durban, ZL/MH seeks to ensure that private sector PMTCT services are aligned with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP), use best practices, and offer comprehensive services, including psychosocial support and referral to appropriate providers for the mother/infant post-delivery. In addition, obstetricians and midwives will be trained to provide pre-conception and discordant couple counseling, and to encourage services to HIV-infected couples who would like to have children (e.g., sperm washing and in vitro fertilization). Private pediatricians will be trained on the diagnosis, care, and follow up of infected infants. This is an exploratory new activity and may not generate excessive targets in the first year. However, it will provide a picture of the needs in the 'paying community' of HIV-infected women, who do not generally use public health facilities, and may be a larger than expected target group that is not receiving much technical assistance.
2. Increased partner testing and participation of partners to help manage maternal child pairs will address male norms. Health-care workers will be trained in couple counseling, family-centered service provision and active case finding. A focus group assessment will ascertain barriers to partner involvement in management of maternal child couples. Results will be used to develop interventions to address male norms.
3. Women will receive support to prevent secondary infections during pregnancy and breastfeeding through focused outcomes-based support groups, which will also address sexual coercion/ violence.
4. Linkages with schools will be strengthened to encourage healthy sexual choices, address sexual coercion in young women, and increase access to PMTCT services for pregnant school-going women.
5. To date, MH's focus has been the reduction of HIV transmission 6 weeks postpartum with no assessment on transmission after 6 weeks postpartum or clinical/health outcomes for mother/child. There has been no assessment of infant feeding adherence post discharge. To address the high rates of postnatal lost to follow up (LTFU), a follow up mother and baby wellness clinic was established to offer primary health-care services and HIV-related care and treatment. This clinic will be evaluated to determine whether it is successful in addressing LTFU. Concurrently the long-term clinical and health outcomes of the PMTCT program intervention will also be evaluated.

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) 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.

Activity Narrative: 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 eThekweni (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 (eThekweni Municipality) at the four clinics to optimize current PMTCT services.

ACTIVITIES 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14006

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14006	7906.08	HHS/Centers for Disease Control & Prevention	McCord Hospital	6683	4625.08		\$649,640
7906	7906.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	\$317,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$26,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 271.09	Mechanism: N/A
Prime Partner: Right To Care, South Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 22979.09	Planned Funds: \$493,190
Activity System ID: 22979	

Activity Narrative: SUMMARY:

The success of Right to Care's (RTC) delivery of the antiretroviral treatment (ART) program activities and particularly with down referral has led the Department of Health to request support for implementation of prevention of mother-to-child transmission (PMTCT) activities at all RTC-supported sites. These sites include government, non-governmental and private sector ART programs that operate in partnership with primary care providers and workplace programs. RTC will use FY 2009 funds to accelerate the implementation of the South African government's national Comprehensive Care Management and Treatment (CCMT) program at government sites in partnership with the provincial Departments of Health (DOH). This includes the scale up of prevention and PMTCT services at 16 sites in 5 provinces, namely Gauteng, Mpumalanga, Northern Cape, Limpopo and Free State. PMTCT activity at these sites will be integrated into existing prevention education, counseling and testing, and ART activities. Emphasis will be placed on child survival, increasing gender equity, family planning and TB screening. Target populations will include women, infants, family planning clients, and people living with HIV.

BACKGROUND:

RTC has not been funded for PMTCT programs prior to FY 2008. It subsequently applied for funding because the organization upholds the importance that successful ART programs be integrated with prevention, and especially PMTCT programs. A recent change in the National Department of Health PMTCT guidelines, including the guidelines on dual therapy, has necessitated additional support to sites at which these guidelines must be implemented.

RTC will focus on expanding PMTCT services using family-centered models developed in FY 2008 at all supported sites. Since this is a new area of focus for RTC, a lot of training and implementation advice will be sought from other PEPFAR partners who are already providing this service (e.g., Perinatal HIV Research Unit, Mothers to Mothers and South to South). The major areas of focus as requested by the provincial HIV & AIDS and STI and TB directorates are human resources and training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: PMTCT Coordinator and National PMTCT Guidelines

RTC is appointing a PMTCT Coordinator in COP 2008 to support a family-centered model of PMTCT according to the national guidelines. The Coordinator would provide technical assistance, coordinating infrastructure support in the form of renovations to buildings (may be necessary for the pharmacies to store AZT), training and quality assurance. This post will be filled by an experienced senior registered nurse, with expertise and experience to conduct site evaluations and to identify training and technical support needs for PMTCT. During FY 2008 and extending into FY 2009, the Coordinator will be responsible for the implementation of national PMTCT guidelines and policy-specific training program for PMTCT. Currently a one-day training program aimed at the development and enhancement of effective and successful implementation of the current South African national PMTCT policy and guidelines is being conducted and will be expanded in FY 2008 and FY 2009. RTC will establish a provincial team in each province to conduct site assessment, monitoring evaluation and continuous quality assurance, particularly as the program grows. Technical assistance will be provided to sites to address any limitations that hamper scale up of the program. In some sites, the lack of qualified personnel may be addressed through the hiring and secondment of personnel, particularly for rural underserved sites and populations.

ACTIVITY 2: Quality Assessment

The aim of the PMTCT program in FY 2009 is to consolidate the work done in FY 2008. The PMTCT Coordinator will continue to implement the PMTCT training program; this will be done together with training coordinators for the districts as well as in partnership with the regional training centers. Continuous quality assurance is a priority in order to assess the standards of PMTCT at each RTC-supported site and to provide continuous quality improvements where necessary. Program quality assurance will focus on the provision of dual therapy, supply chain management, implementation of the guidelines, quality of counseling, proportion of pregnant women taking up PMTCT (target >80%) and incidence of new pediatric infection (reduced to <5%). Additional staff may be deployed to provide expert on-site training and mentoring. Community education, mobilization and improved access to health-care will be supported. Community organizations may be supported to provide lay counseling, in an adapted model, similar to Mothers to Mothers.

ACTIVITY 3: PMTCT Program

Essential activities using FY 2009 funds to scale up of the PMTCT program at all levels of care, especially primary health care, include:

- a. Integration of the PMTCT program with on-site provider-initiated HIV testing and counseling, aimed at providing all pregnant women with HIV testing at their first antenatal care (ANC) appointment. As RTC only operates in high prevalence sites (15-33% ANC HIV prevalence) in the public sector, repeat testing will be provided in the third trimester and at the time of delivery. Women presenting in labor who have not been tested during the ANC period will be tested at time of labor and will receive single dose nevirapine and post-partum AZT. All women will be encouraged to know her status prior to delivery but she will have the right to refuse the test. Women attending ANC will be encouraged to come with their partners and couple counseling will be available. Postpartum voluntary counseling and testing will also be available in the post delivery wards.
- b. All counseling and testing activities will be linked to prevention in the context of pregnancy through ongoing risk reduction sexual behavior education, the provision of condoms and referral to family planning clinics. Partners of pregnant women will be invited to test. There will also be a strong focus on tracking and tracing for transition to care to minimize missed opportunities for prophylaxis and treatment.
- c. Early and fast track referral of all pregnant women either for PMTCT with dual therapy or if the CD4 <200

Activity Narrative: for the initiation of highly active antiretroviral therapy (HAART), in accordance with the national guidelines will be provided. As the program grows, HAART initiations may be conducted as part of the ANC service.

- d. Patients will be screening for TB, with health-care workers using with symptom questionnaires. This may result in increased case detection, and the provision of prophylaxis for opportunistic infections and TB to HIV-infected pregnant women. Women will be linked to nutritional support services that will improve maternal health.
- e. Infant diagnosis using polymerase chain reaction testing will be used to ensure early ART of infants born HIV positive. RTC will encourage exclusive breast-feeding for infants who are confirmed HIV positive, and will continue to provide prophylaxis for infants found to be HIV positive. A major focus of the 2009 COP will on the support of sustained infant feeding choices.
- f. Linkages to family planning programs will be established at each of the sites.
- g. Through the support of RTC an overall strengthening of the Maternal and Child Health services is anticipated, this will encourage women to bring children from previous pregnancies for testing. These services will also provide advice on safe disclosures, which help to reduce gender-based violence.
- h. Community Engagement in PMTCT will be promoted.
- i. RTC's PMTCT program will address maternal nutritional support, to reduce the maternal death rate during breast-feeding by approximately 10%, and the provision of information to enable informed choice support for either exclusive breast-feeding or infant formula feeding. Emphasis will be placed on lactating women and those with a BMI <16.5.
- j. RTC will establish the required monitoring and evaluation (M&E) and quality assurance program to enable reporting of PEPFAR and South African Department of Health targets, as well as to provide continuous assessment and technical assistance to sites. The M&E system will be implemented in FY 2009.

RTC is responsible for supporting more than 20 government treatment district and referral hospitals sites in three provinces. Initially, PMTCT activities will be supported at 8 of these sites in FY 2008 and this number will increase to 16 in FY 2009. At each of these 16 sites, targets will be set at 80% uptake of counseling and testing, and for HIV-infected women, an 80% uptake of PMTCT to reduce the infant infection rate to less than 5%. Improved maternal and child health service quality and better integration of PMTCT into existing HIV services will be an outcome of FY 2009 RTC activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Family Planning

- * Safe Motherhood

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,970

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$130,624

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,234

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 4754.09

Prime Partner: Mothers 2 Mothers

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8236.22980.09

Activity System ID: 22980

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$6,577,879

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Human Capacity Development and Training

mothers2mothers (m2m) training has been revised in light of new South African prevention of mother-to-child transmission (PMTCT) policy guidelines, and will be significantly improved and expanded to include new topics and tools for m2m staff to use with clients. m2m staff training on voluntary, age appropriate family planning has been expanded through a privately funded project with Engender Health (financially supported by Packard Foundation). Staff will be trained on infant feeding, HIV and AIDS basics, partner counseling, prevention with positives, post-delivery care and other PMTCT topics to ensure knowledge transfer to clients.

ACTIVITY 2: Service and Mentoring

m2m will actively seek to expand task-shifting opportunities at all facilities. In facilities where Mentor Mothers can provide pre-test counseling for pregnant women, nurses and counselors will have more time to provide critical services for PMTCT. m2m will continue to provide the critical education and support services for pregnant women and new mothers so that they receive the full package of PMTCT care and services before and after delivery. The program will strengthen efforts to link women and children to medical services for follow-up and continuing care and treatment. The program will work in collaboration with PEPFAR partners providing antiretroviral treatment (ART), including Foundation for Professional Development, Perinatal HIV Research Unit, and Right to Care, to ensure that all HIV-infected women and HIV-exposed infants are referred to appropriate care.

ACTIVITY 3: Counseling & Testing

m2m will expand its reach by encouraging HIV counseling and testing within PMTCT settings. The program already works within labor and delivery wards to encourage pregnant and newly delivered women to test or re-test for HIV. The program will also enhance testing opportunities for male partners of pregnant women to prevent new HIV infections or re-infection during pregnancy and to encourage HIV-infected men to enroll in HIV care programs. m2m will encourage mothers to bring all children from previous pregnancies for HIV testing to ensure that those who are positive can be referred to care and treatment services. m2m will also collaborate with PEPFAR partners to improve services through sharing of data and best practices.

NEW ACTIVITIES IN COP 2009:

ACTIVITY 4: Prevention

m2m mentors and site coordinators will receive enhanced training on HIV prevention during pregnancy. Program staff will expand activities to include information sessions with all pregnant women to ensure that those who test HIV-negative at a first antenatal visit understand the risks of infection during pregnancy, the importance of partner testing and retesting during pregnancy, as well as how to protect themselves from HIV infection. Program staff will continue ongoing prevention with positives activities, including education on family planning, STIs and prevention.

ACTIVITY 5: Couples Support

The m2m model of care will be expanded to focus on engaging male partners by encouraging women to bring male partners for HIV testing and then providing education and support for concordant HIV-infected and discordant couples. Staff will educate couples about how to prevent infection or re-infection during pregnancy through mutual fidelity and condom use, as well as how male partners can support partners to take medications, seek care, and practice safe infant feeding.

ACTIVITY 6: Infant Feeding

m2m will enhance and improve its post-delivery program to focus on safer infant feeding to reduce post-natal transmission. Enhanced training for Mentor Mothers on infant feeding and targeted program activities for new mothers will be added to provide intensive education and support for women (and their male partners) on how to maintain a chosen method of infant feeding.

ACTIVITY 7: Improved Monitoring, Evaluation, Patient Tracking and Follow-up

m2m will improve program monitoring to collect data to measure program activities and client outcomes more effectively. m2m will implement systems for patient tracking and follow-up to ensure that clients receive critical care and support needed for optimal PMTCT outcomes. The systems will allow m2m to measure outcomes of program participants in the following areas: CD4 test results; ARV prophylaxis uptake; ART for eligible women; post-delivery and ongoing care for mothers and babies, including receipt of cotrimoxazole; support for, selection of, and adherence to an exclusive method of infant feeding; early infant testing and enrollments of infected infants in care; and uptake of age appropriate voluntary family planning. The client tracking system will allow Mentors to follow up clients who have been lost from care. The new methods of patient tracking will be piloted at the m2m Innovation Center-10 healthcare facilities where new ideas and strategies for service provision, monitoring and patient tracking will be tested. The program will also use the Innovation Center to develop a system of quality assurance. The program aims to share patient outcome data with facility managers and district/provincial PMTCT managers and other Department of Health staff in order to contribute to healthcare systems strengthening.

ACTIVITY 8: TB Education

m2m will expand activities to include educating pregnant women and new mothers about TB diagnosis, care and treatment. All site staff will be trained to use a simple screening tool that will help identify women in

Activity Narrative: need of referrals for diagnosis/care services. Women screened by m2m and identified with risk factors or clinical indication of TB will be referred to medical services for definitive diagnosis and to start TB treatment.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14025

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14025	8236.08	U.S. Agency for International Development	Mothers 2 Mothers	6687	4754.08		\$6,775,000
8236	8236.07	U.S. Agency for International Development	Mothers 2 Mothers	4754	4754.07	New APS 2006	\$2,635,000

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$623,830

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$453,384

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 268.09

Prime Partner: Population Council SA

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 2971.23030.09

Activity System ID: 23030

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$979,157

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Due to Population Council's (PC) strategic planning and consideration of the PEPFAR South Africa technical considerations, counseling and testing (CT) activities, which focuses on integrating HIV prevention and CT into family planning (FP) services, have been moved to the PMTCT program area.

ACTIVITY 1: Development and Implementation of Integrated Antenatal and Postnatal Care Policy and Guidelines for KwaZulu-Natal

This activity from COP FY 2008 has been modified to include support to services and to assess the effectiveness of implementation of the comprehensive PMTCT policy and guidelines. This modification was made because the National Department of Health (NDOH) has drafted national PMTCT guidelines and has requested PC to conduct a service-driven assessment of the implementation. Due to the release of the new national PMTCT guidelines, the final review of the antenatal and postnatal care (ANC/PNC) policy and guidelines was extended to ensure that the documents are harmonized. There was also a change in the KwaZulu-Natal Department of Health (DOH KZN) Maternal Child and Women's Health's (MCWH) management team, resulting in changes in the implementation of policy and guidelines. Instead of initial plans, the DOH KZN decided to pilot the integrated policy and guidelines in eight facilities in the uMgungundlovu district prior to provincial rollout. The launch of the integrated ANCC/PNC policy and guidelines was delayed and will be supported in FY 2009.

PC will continue to provide technical assistance (TA) to the KZN DOH at their request in ensuring that the integrated ANC/PNC policy and guidelines that were developed and finalized in FY2007 using PEPFAR funding are implemented within the province. These guidelines integrate PMTCT into antenatal and postnatal care and are harmonized with the new national PMTCT guidelines. In order to scale up the implementation of the ANC/PNC policy and guidelines to all 11 districts within KwaZulu-Natal, training manuals and job aids will be adapted to close any gaps and address weaknesses that may be identified based on the integration experiences of the uMgungundlovu pilot district implementation. PEPFAR funds will be used to print the training manuals and job aids and to fund a consultant who will adapt the training manuals and job aids.

Program assessment and monitoring will be conducted in collaboration with the KZN DOH. The ANC/PNC policy and guidelines include indicators that should be collected to ensure that the implementation of integrated HIV and maternal health services is effective. PC will assist the province in the adaptation of monitoring and evaluation (M&E) tools to include indicators in the policy. PC will conduct quarterly provincial and site visits to collect the information from the district reports and District Health Information Systems (DHIS), and will monitor and support the implementation of the policy and guidelines. Site visits will be conducted with the provincial and district managers/coordinators. The KZN DOH will be encouraged to include the policy and guideline indicators in the routine DHIS and clinic supervision tools for district managers.

In order to ensure that the integrated ANC/PNC policy and guidelines are extended to other provinces, a feedback session will be held by the PC in collaboration with the KZN DOH to ensure that the integrated ANC/PNC policy and guidelines, training materials and job aids as well as the experiences of implementing the integrated package are presented to the NDOH and representatives of the other provinces. PEPFAR funds will be used to host the session. Situational analysis (i.e., review of current ANC/PNC policy) will be conducted in one district each in Limpopo and Gauteng (Gauteng has already shown interest in having an integrated policy) to ensure that these provinces are also implementing the ANC/PNC policy and guidelines that integrate PMTCT into maternal health.

ACTIVITY 2 : Integration of Counseling and Testing into Family Planning Services

In the past years, PC has developed expertise in developing strategies and interventions focused on preventing HIV transmission, through activities like the promotion of counseling and testing. This activity, which is co-funded by the NDOH, seeks to implement the South African government policy and the national contraceptive guidelines by increasing CT uptake by 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. This program had focused on training FP health providers in HIV and FP integration, development of network/linkages /referral systems, creating conditions for scale-up and capacity building and continued partnership with the national and provincial government.

In FY 2009, PC will continue to provide technical assistance to the North West province, and will scale up support to Gauteng, Eastern Cape and another district in North West province.

ACTIVITY 3: Integration of FP into ART Services

Due to Population Council's (PC) strategic planning and consideration of the PEPFAR South Africa technical considerations, integration of antiretroviral treatment (ART) services, have been moved from the Adult Treatment to the PMTCT program area. The integration of CT into FP services undertaken in North West province, resulted in the realization that it is necessary to integrate FP into ART services in order to address unwanted pregnancies, fertility intentions and reproductive needs of people living with HIV . This activity focus on providing access to FP and ART services by training providers on integrated services and strengthening referral systems within the two services. In FY 2009 information, education and communication (IEC) materials on integrated reproductive health and HIV services will be developed for clients as booklets and posters. These will be distributed to facilities within the district and provinces. Key messages will be communicated on dual protection, reproductive intentions and options for people infected with HIV, routine counseling and testing, male involvement in RH, and use of hormonal contraceptives and ART. Messages for the IEC materials will be developed in collaboration with the health providers, and clients' community representative group discussions will be conducted with clients and providers to assess

Activity Narrative: needs and develop key themes and issues to be addressed in the IEC. These materials will be translated into isiZulu, the local language used in KwaZulu-Natal, and then printed and shared with facilities and districts.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14269	2971.08	U.S. Agency for International Development	Population Council SA	6759	268.08		\$291,000
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

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$83,162

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7338.09	Mechanism: UGM
Prime Partner: Family Health International SA	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 23053.09	Planned Funds: \$46,872
Activity System ID: 23053	

Activity Narrative: SUMMARY:

USAID/South Africa (USAID/SA) supports institutional capacity building of indigenous organizations that implement PEPFAR programs, including prevention of mother-to-child transmission (PMTCT) programs, through three competitively selected Umbrella Grants Management (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 PMTCT 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, faith-based, and community-based organizations. The current UGM with FHI will support ten sub-partners. The activity described below refers only to the USAID/SA UGM PMTCT 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 U.S. Mission has obligated funds to many partners and sub-partners in South Africa, who play valuable roles in the response to HIV and AIDS, including organizations that provide comprehensive services for PMTCT. 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 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 USAID supports one international private voluntary organization: Medical Care Development International - South Africa (MCDI-SA) that provides PMTCT services to communities in KwaZulu-Natal. MCDI-SA seeks to prevent mother-to-child transmission (MTCT) through a comprehensive training and support program. The grant to this PMTCT partner supports a range of locally driven best practices for MTCT services consistent with the South African Government's mission of preventing the spread of HIV. Activities in this area will provide the means to empower women of reproductive age in general to protect their health and well-being of their children, and will provide pregnant women and HIV-infected pregnant women and mothers expanded access to counseling and testing (CT), PMTCT and antiretroviral (ARV) services. 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 2009, USAID will continue to support the current PMTCT partner through this UGM with FHI. Funds budgeted under this narrative will support costs for administering and managing the PMTCT sub-partner. Separate COP entries describe the PMTCT activities implemented by the 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 PEPFAR's Annual Program Statement, a competitive process to recruit new partners. The current PMTCT sub-partner is MCDI-SA. This activity involves an array of activities including award and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor the PMTCT 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 umbrella mechanism will support institutional capacity building of indigenous organizations; this is 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 partner will support activities that improve the financial management, program management, quality assurance, strategic information, monitoring and evaluation (M&E) and reporting, and leadership and coordination of partner organizations implementing PMTCT activities.

FHI will also provide technical assistance to the USAID partners, as needed, to improve technical approaches used for PMTCT 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 that enable better implementation of care activities. FHI will conduct PMTCT quality assessments to identify issues and allow partners to address issues related to training, counseling, adherence to ART and infant feeding, maternal-child health (MCH) care and linkages to PMTCT care services. FHI will further assist the partner to support the scale up of the revised national PMTCT policy through training provided by FHI.

Activity Narrative: FHI will also work with the sub-partner to develop and strengthen referral networks. Referral is necessary for comprehensive service provision (e.g., linkages with MCH, sexually transmitted infections services, family planning and other prevention-with-positives initiatives). FHI will ensure that the PMTCT program includes a prevention component, specifically to encourage partner testing and disclosure support. FHI will also work with sub-partners to promote and motivate increased infant follow-up of HIV-exposed infants.

ACTIVITY 3: Monitoring and Evaluation (& Reporting)

The umbrella grants mechanism will provide support to USAID's PMTCT partners in M&E, in order to strengthen measurement of the implementation and impact of PMTCT program activities, and eventual achievement of PEPFAR goals. M&E support of PMTCT partners include 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. FHI will follow up on some of the findings that were made during the sub-partner quarterly reviews and ensure that these are factored into the workplans that sub-partners will develop with the assistance of FHI.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,173

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 328.09	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: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 13965.23074.09	Planned Funds: \$776,724
Activity System ID: 23074	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Johns Hopkins University/Center for Communication Programs (JHU/CCP) will ensure that all activities relating to pregnant women and HIV will address issues relating to sexually transmitted infections, TB screening, treatment and referral, family planning, antiretroviral services, counseling and testing, and ensuring that exposed infants are tested for HIV.

Owing to changes at the Department of Correctional Facilities as well as a change in emphasis in programming by JHU/CCP, it is not foreseen that any activities will take place with the Department of Correctional Services in FY 2009.

ACTIVITY 1: The Turntable Trust

The Turntable Trust (TTT) is based in KwaZulu-Natal in the Sisonke District. TTT works with clinical staff, peer educators and community outreach workers to reach community members in schools, at workplaces, including farms, at the TTT youth drop-in center, at health facilities and at community gatherings. TTT will target pregnant women and their partners through household visits, community mobilization to educate pregnant women and their partners on PMTCT, sexually transmitted infections; TB screening, family planning and to refer them to local health facilities to get tested and to access PMTCT and related services.

ACTIVITY 2: Mass Media

JHU/CCP has initiated the Scrutinize Campaign together with Matchboxology, and new partners Mediology and CellLife, that will encourage young South African men and women aged 18 -32 to take action to prevent mother-to-child transmission and safe feeding practices.

CellLife will support the mass media outreach of all communication partners in South Africa with free short message service technology to encourage pregnant women to be tested for HIV.

In FY 2009, a new campaign will be created, targeting adult men on HIV prevention, and using male celebrities (including footballers, to capitalize on the 2010 Football World Cup) that will address male involvement in pregnancy. This campaign will bring together organizations working on men and HIV in South Africa to launch a concerted national effort to address the sexual behaviors that place men and their partners at risk of HIV infection. Behaviors that will be addressed include multiple and concurrent partners, correct and consistent condom usage, alcohol, sex and HIV, counseling and testing, male wellness, male sexually transmitted infections, family planning and prevention of mother-to-child transmission.

Trailblazers, which was co-produced with the SABC, has been fully absorbed into the programming of SABC Education, which will enable these resources to be directed to the further development of the Circles Drama Series, the Scrutinize Campaign and the new campaign to be initiated in FY 2008 targeting adult men.

ACTIVITY 3: Advocacy

JHU/CCP has formed a strategic partnership with Health-e to support in-depth media reporting on the key drivers of the epidemic in South Africa, including PMTCT.

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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY1: Community Mobilization

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13965

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13965	13965.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$970,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4640.09

Mechanism: N/A

Prime Partner: Kagiso Media, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 7944.23085.09

Planned Funds: \$873,154

Activity System ID: 23085

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Conducting Workshops

In FY 2009, The Kagiso Educational Television and Communications (Kagiso) will continue to train male facilitators and provide refresher training periodically. The national accreditation board has accredited the 2008 training curriculum, and now Master Trainers and Community Facilitators have established one key stepping-stone on the road to sustainability. Identifying community workers, volunteers or community health workers that are already trained in PMTCT and offering them accredited community-based male involvement training will continue capacity-building efforts of FY 2008. This will extend the partnership between PEPFAR and the South African National Department of Health to a grassroots level. Using FY 2009 funding, Kagiso also seeks to deepen productive relationships with national and provincial department of health initiatives such as Men in Partnership Against AIDS and Women in Partnership Against AIDS as well as those relationships established at a district and regional level.

ACTIVITY 2: Media Campaign Rollout

FY 2009 funds will be used to support a campaign entitled "Real Men Talking to Real Men". This campaign will draw on the successes of previous years' case studies documented for television, and will be complemented by a community radio campaign driven by the real life stories of the men in the project. The campaign will also leverage the Soccer World Cup in South Africa, 2010, to develop stories for a range of media organizations focusing on South Africa's challenges and successes. The media campaign will operate at two levels. Firstly, the mass media campaign will be opportunistic, securing airtime with the South African public broadcaster, leveraging its commitment to public education and to a world alliance of media organizations supporting the prevention of the spread of HIV. The second level is aimed at deepening the relationship with community radio and newspapers with specific messages drawing on the idea of Fathers-to-Fathers or Men-to-Men, thus 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 as platforms to provide skills and work opportunities for young men and women. Master Trainers and Community Facilitators will be trained in media skills to create opportunities for themselves, the campaign and the communities they support. Community radio supports indigenous languages and the campaign will develop an innovative crossover between the traditionally English mainstream commercial media and the hugely popular vernacular media.

ACTIVITY 3: Men's Clubs

Building on the findings of previous years, FY 2009 funding will be used to strengthen the male networks and support structures identified in FY 2008. As the campaign has shown, men are interested in playing a role in their community and are interested in the information and knowledge it brings for them. Men usually do not attend support groups and so a different approach is used to reach men, driven by the Master Trainers and Community Facilitators. Men's group meetings take place outside of the health facility, at places in which they are comfortable, including sports grounds, faith-based organizations, and informal stokvels (gatherings) or taverns. Master Trainers and Community Facilitators will take these messages to the workplace in FY 2009. Community radio will be used to promote these monthly meetings under the banner of, for example, a burial society or a soccer club.

Kagiso will continue to encourage men to attend antenatal care clinics with their partners and to accept couple counseling and testing. Men who want to be tested but who do not want to visit the clinic are referred to alternative sites. These sessions aim to encourage the development of support networks (however informal) 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.

ACTIVITY 4: Consolidation

In FY 2009 Kagiso will consolidate the lessons learnt of all the training workshops and media campaign, to address weaknesses highlighted in FY 2008 and to build on strengths to ensure the Master Trainers and Community Facilitators continue to develop skills enabling them to function as trainers, entrepreneurs or even media professionals, thus generating further income for themselves and their families.

This activity increases awareness of HIV and AIDS and uptake of PMTCT, by 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. Increased male involvement and community support for PMTCT will improve uptake of PMTCT service delivery.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13980

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13980	7944.08	HHS/Centers for Disease Control & Prevention	Kagiso Media, South Africa	6673	4640.08		\$1,599,320
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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 2810.09

Mechanism: CARE UGM

Prime Partner: Leonie Selvan

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3338.23088.09

Planned Funds: \$0

Activity System ID: 23088

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. Due to constraints with working with the National Department of Health, Leonie Selvan's FY 2008 activities were only initiated in late September 2008. For this reason all FY 2008 funding is being carried over to FY 2009. Therefore there is no need to provide FY 2009 funds to this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13985

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13985	3338.08	HHS/Centers for Disease Control & Prevention	Leonie Selvan	6677	2810.08	CARE UGM	\$200,000
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	\$295,972

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 255.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 2952.23099.09

Planned Funds: \$0

Activity System ID: 23099

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to PMTCT through the Integrated Primary Health Care Project (IPHC), a collaborative project between the National Department of Health, the provincial Departments of Health in the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West provinces and the United States Agency for International Development (USAID) awarded in 2004 and extended until December 2010 to Management Sciences for Health (MSH). Since this project has a ceiling which cannot be exceeded, no further funding can be added since the contract has reached its ceiling. MSH will work with the DOH to ensure that activities are sustainable to the maximum extent possible. The PMTCT activities of MSH will be completed according to schedule in 2010. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13996

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29529	29529.05	Department of Health & Human Services	University Research Corporation, LLC	12084	12084.05	CDC VCT	\$300,936
29528	29528.07	U.S. Agency for International Development	To Be Determined	12082	12082.07	TACAIDS Communication Strategy	██████
29527	29527.07	U.S. Agency for International Development	To Be Determined	12082	12082.07	TACAIDS Communication Strategy	██████
29524	29524.07	U.S. Agency for International Development	To Be Determined	12081	12081.07	QED	██
29522	29522.05	Department of Health & Human Services	National Institute for Hygiene and Epidemiology	12077	12077.05	NIHE	\$240,000
29521	29521.08	U.S. Agency for International Development	Pan American Development Foundation	12119	12119.08	USAID/Haiti's Democracy and Governance Office/Psychosocial, Legal and Integrated Health Prevention	\$100,000
29520	29520.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	12004	12004.08	Umbrella	\$170,000
13996	2952.08	U.S. Agency for International Development	Management Sciences for Health	6681	255.08	TASC2: Intergrated Primary Health Care Project	\$194,000
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

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 588.09	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: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 7854.23104.09	Planned Funds: \$339,817
Activity System ID: 23104	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 Management Sciences for Health (MSH), Strengthening Pharmaceutical Systems (SPS) will focus on supporting the implementation of the new prevention of mother-to-child transmission (PMTCT) dual therapy guidelines through strengthening the integration within pharmaceutical services in the provinces and the metropolitan area. Specific activities include training of pharmacy and nursing personnel at sites as well as support for implementing logistics systems for PMTCT commodities.

a. PMTCT Training

Training is provided to pharmacy and nursing personnel on implementation of PMTCT services in relation to the new guidelines. An important focus of the training relates to the forecasting, procurement, storage, and distribution of PMTCT medicines and related supplies, HIV tests and related laboratory reagents and supplies for infection control and health worker safety. Participants are trained to identify critical issues in systems and policies that may either facilitate or hinder services and PMTCT commodity security. They are also trained to recognize areas that could be improved and provide alternative intervention options. The training program also focuses on safety monitoring in patients offered PMTCT regimens.

b. Technical Assistance to Counterparts

Technical support is being provided to provincial counterparts to support program implementation and to improve logistics management systems for PMTCT drugs and related supplies. A rapid assessment tool has been developed to assist counterparts to assess the logistics capacity and readiness of sites to expand PMTCT services and regimens in relation to new recommendations as well as to assess referral systems for ART initiation in pregnancy.

c. Cross Links with Other SPS Activities

The availability and use of cotrimoxazole, nevirapine, AZT, test kits and other supplies will be monitored using a routine information system (RxSolution), which is being deployed by SPS at selected sites. SPS has also developed a morbidity-based quantification model for PMTCT commodities that has been introduced during the National quarterly quantification workshops to assist the provinces in quantifying their requirements. The implementation of this model will be part of the overall support provided under Health Systems Strengthening.

SPS is also contributing to the review and promotion of the National Standard Treatment Guidelines for PMTCT.

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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14002

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14002	7854.08	U.S. Agency for International Development	Management Sciences for Health	6682	588.08	Strengthening Pharmaceutical Systems	\$349,200
7854	7854.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	\$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$84,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8708.09

Mechanism: N/A

Prime Partner: JHPIEGO SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 23527.09

Planned Funds: \$0

Activity System ID: 23527

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO anticipated will not be taking place and the funding mechanism will continue to be through field support. Therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under this program area are expected to continue under the FY 2009 COP and funds are being requested in the new COP entry. Therefore there is no need to continue funding this activity with FY 2009 COP funds in this COP entry.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1066.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 3103.23638.09

Planned Funds: \$1,962,099

Activity System ID: 23638

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Perinatal HIV Research Unit (PHRU) strives to continually improve the quality of prevention of mother-to-child transmission (PMTCT) services and has attained very high uptake in Soweto. One challenge, which is being worked on, is to strengthen links from these services to HIV care and treatment services. Male participation remains a concern. Quality improvement and linkages is a focus going forward.

The PHRU will continue to work in the government PMTCT program as described in COP 08, and will expand and enhance these services in the following ways:

Scale-up

The PHRU has received funding from Orange Babies (Netherlands) to enhance PMTCT services in rural Limpopo province, one of the poorest in South Africa. This complements PHRU's current PEPFAR-funded work in the district, which is vast and distances between clinics are extensive, making travel time and cost of public transportation to clinics difficult.

Routine Testing and Re-testing

Most sites routinely test women for HIV at their first antenatal visit. The PHRU will put this in place at all supported sites where permission is obtained from the Department of Health (DOH). Re-testing women, in accordance with South African Government (SAG) guidelines, will be scaled up. The re-testing of HIV-negative women helps reinforce counseling and testing (CT) and will help identify those women where primary infection occurs during pregnancy. Recent statistics show a five percent rate of infection.

Dual Therapy / Antiretroviral Treatment

Optimal antiretroviral treatment (ART) for pregnant women is critical to reduce transmission to infants. The PHRU works with the provincial DOH to implement dual therapy, which has been successfully implemented in PHRU sites in Western Cape and Gauteng. PHRU will support the switch from nevirapine to dual therapy at the other sites in partnership with DOH. Referral for ART is required because the services are not integrated, resulting results in mothers not getting onto triple therapy. The PHRU will strengthen these linkages so that more than 50% of eligible women get ART. Tracking women and following them through their pregnancy will be stepped up.

Opportunistic Infection Prevention and Treatment, TB Screening and Family Planning

Opportunistic Infection (OI) prevention and treatment is provided at antenatal care (ANC). Routine TB screening for all pregnant women is being introduced. Women suspected of having TB will be referred to the nearest TB treatment site since this is not provided at all clinics. Family planning and preventing HIV transmission to partners needs to be addressed at ANC, as seroconversion during pregnancy remains an issue. These HIV prevention and care issues will be enhanced and referral networks strengthened.

Early Infant Diagnosis, Treatment and Care

In 2007, PHRU participated in the National Institute of Allergy and Infectious Diseases' ground-breaking research, the Children with HIV Early Antiretroviral Therapy (CHER) study, regarding early treatment of children. The results of this study have now been incorporated into World Health Organization and U.S. guidelines. The PHRU will continue to test and follow HIV-exposed infants. Re-testing infants at one year will be scaled up. Tracking these children will be stepped up. Safe infant feeding methods and weaning will be emphasized to mothers opting to breastfeed.

Male Involvement

There are very few PMTCT programs that have successfully involved men at ANC, primarily because the atmosphere at ANC is not conducive for male involvement. Other services that are male friendly will be developed so that men and their partners will feel free to test, to participate in couple counseling, to discuss prevention, family planning and secondary transmission, and to develop strategies on issues of fatherhood. Through what is learned in through our sexual prevention work, PHRU will develop innovative ways to increase male involvement in issues related to child rearing and family responsibility.

Training

PHRU will expand training efforts on PMTCT to other provinces as needed through workshops and on-site training and mentoring. PHRU will develop and distribute appropriate materials to health-care workers and parents in an effort to improve the program.

PHRU has conducted three very successful "Priorities in AIDS Care and Treatment" (PACT) conferences which are targeted at public sector health-care workers (doctors, nurses and pharmacists) and program and facility managers. These conferences have had different themes and were very practical in nature. They were well received by participants who claimed that they were able to take away useful information and knowledge to improve the quality of care and treatment access at their facilities. PHRU has also used these conferences to disseminate its research findings and HIV prevention, care and treatment experiences, and, in addition, has invited other PEPFAR partners to share their experiences, knowledge and best practices. More than 800 people have attended these conferences.

SUMMARY:

The approach taken by the Perinatal HIV Research Unit (PHRU) is one of comprehensive, high quality care

Activity Narrative: 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 <200 cells/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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14262

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14262	3103.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$1,837,180
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,380,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5191.09

Mechanism: N/A

Prime Partner: Reproductive Health Research Unit, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 23608.09

Activity System ID: 23608

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$1,941,809

Activity Narrative: SUMMARY:

The Reproductive Health and HIV Research Unit (RHRU), as part of an outreach project in deprived inner city areas, and within the parameters of comprehensive and integrated HIV services, became a prevention of mother-to-child transmission (PMTCT) partner in late 2007, after the FY 2008 COP was submitted. For this reason, no targets were included in previous COP entries, even though some PMTCT work was being undertaken as part of antiretroviral treatment (ART) services provided to pregnant women. This program focuses on increasing gender awareness, child survival, safe motherhood and TB screening. Target populations are adults, pregnant women, HIV-infected infants, people living with HIV and their families.

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) rollout. RHRU was intrinsically involved with the development of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. The Executive Director of RHRU heads the Program Implementation Committee at the South African National AIDS Council, and two other senior members are represented on the Treatment Task Team. With 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 an inner-city program (Johannesburg), a district-wide program (Durban), and a discrete site-based provincial program (North-West Province) 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 produce findings from lessons learned and targeted evaluations to disseminate and share with others. It should be noted that the success of ART scale-up depends on the comprehensive approach described in other program areas. In particular, the strengthening of referral from other primary health-care programs such as tuberculosis (TB), family planning, and antenatal/postnatal and sexually transmitted infections services is critical. HIV prevention is an integral part of this system and RHRU will focus its prevention program on high-risk groups such as sex workers and their clients and people infected with HIV. RHRU will aim to reduce mother-to-child transmission, and will build capacity of health-care workers and community-based and non-governmental organizations 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, sex workers and their clients, and men.

ACTIVITIES AND EXPECTED RESULTS:

The accelerated access to ART programs, expansion of HIV counseling and testing at ANC services (including partner testing), and increased training of health-care providers will facilitate RHRU reaching PEPFAR targets.

ACTIVITY 1: Integration of Antenatal and Postnatal care with ART and Other Services

RHRU will focus on fast-tracking eligible HIV-infected pregnant women and newborns on to ART. Integral to the PMTCT program is the integration of antenatal care (ANC) and post-natal care with ART services to ensure continuum of care. Program specific counseling and support for maternal and infant nutrition, support to new sites providing dual therapy or scale-up of delivery of the dual therapy PMTCT program, and improving information sharing on adherence to dual therapy, infant feeding choice, access to cotrimoxazole and disclosure to expectant mothers through additional counseling support at antenatal services will be provided.

This will be achieved by (a) employing an additional two nurses and five counselors, (b) expanding treatment to two new clinics, (c) increasing the uptake of PMTCT services, (d) ensuring quality assurance and strengthening linkages and referrals to treatment, care and support services within 15 Johannesburg inner-city clinics providing ANC services, a large maternal health clinic in North-West supported by a large network of primary care clinics, and (e) direct training, staff and technical support within primary care clinics in Durban. HIV-infected pregnant women attending ANC and their children will be enrolled in longitudinal comprehensive HIV care including opportunistic infections and TB management. Appropriate nutritional interventions will be facilitated among HIV-infected pregnant women and their infants, using National Department of Health guidelines and resources, and through appropriate training and community mobilization. Effective referral linkages will be established to support postnatal follow-up of HIV-infected mothers and exposed infants. In line with RHRU's strategy to provide a family-centered approach to care and treatment services, programs will be developed to promote partner testing for PMTCT clients and for linking postnatal care with early infant diagnosis and testing.

RHRU is committed to strengthening integrated ANC and postnatal care with ART services to ensure continuity of care, and facilitate rapid access to appropriate levels of ART and PMTCT treatment for eligible women. Public sector health workers will be trained in the provision of ART and PMTCT services according to South African and international standards.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Safe Motherhood

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$7,610

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,240

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1201.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 3111.23888.09

Activity System ID: 23888

Mechanism: HCI

USG Agency: U.S. Agency for International Development

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$423,800

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Health Care Improvement (HCI) is a follow on to the organization known as University Research Co./Quality Assurance Project described in COP 2008. HCI will continue to focus on the activities described in COP 2008, but will expand them in 2009:

ACTIVITY 1: Establish Quality Improvement (QI) Teams at the Facility Level

By improving and institutionalizing QI teams at a facility and district level, HCI provides the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, specific to each area, due to the variable nature of the stakeholders and geographic location of HCI-supported sites.

ACTIVITY 2: Training

In FY 2009, HCI will develop accredited HIV and AIDS and home-based care training materials, including a comprehensive package of manuals, posters, flip charts and job aids. These materials will include modules on basic HIV, staging of HIV disease, care of HIV-infected individuals, PMTCT issues and challenges, infant feeding options, eligibility for antiretroviral treatment (ART), initiation of ART in HIV-infected pregnant women, disclosure, adherence issues, poly-pharmacy (addressing concomitant administration of medication), living positively with HIV, TB/HIV co-infection in PMTCT clients and provision of integrated management of childhood illness care to HIV-exposed infants and children.

HCI will revise existing quality assurance (QA) training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health-care staff, including informal staff such as community workers, lay counselors and home-based caregivers. This is particularly important at primary health-care facilities where HIV-infected pregnant women interact with a wide range of formal and informal health staff.

ACTIVITY 3: Human Capacity Development

HCI is recruiting and placing medical staff in health facilities, and these staff will be tasked to (a) provide clinical services to HIV-infected clients each day, and (b) train and mentor health facility staff on HIV and AIDS care, focusing on PMTCT treatment and care on a weekly and monthly basis. To ensure sustainability, HCI seeks to build capacity and develop local skills by providing training and support to DOH clinic staff (doctors, nurses, counselors, pharmacists, etc.) providing them with appropriate knowledge and skills to deliver quality PMTCT services to all clients. HCI and DOH staff meet regularly to share new knowledge on PMTCT treatment options and research findings.

ACTIVITY 4: Referrals and Linkages

Building on previous experiences, HCI can facilitate linkages between stakeholders within the health system by coordinating and providing leadership.

To improve existing referral networks, HCI will identify and strengthen linkages between PMTCT, CT and ART sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at PMTCT and CT sites will be responsible for referring HIV-infected mothers and their newborns for onward care, treatment and support, while staff at ART sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health-care system, ensuring compliance and adherence with treatment and an improved quality of life.

HCI will also ensure that health-care workers are capacitated to ensure appropriate infant care follow-up, opportunistic infection 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 PMTCT, TB or ART defaulters, including HIV-exposed babies who have been 'lost to follow-up'.

HCI plans to strengthen linkages between Orphans and Vulnerable Children (OVC) programs, routine maternal and child health services and ART services. 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 Systems

HCI has been extensively involved in revising the Clinic Supervision Manual for health-care facilities, and will continue to lead the implementation and monitoring of supervision systems by training district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of PMTCT and follow-up services.

ACTIVITY 6: Policy

URC/QAP will actively collaborate with national and provincial DOH staff, and contribute to the development, revision and implementation of the national PMTCT guidelines and PMTCT monitoring and evaluation framework to ensure long term sustainability of this program.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13871

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13871	3111.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$485,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$276,450

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6183.09

Mechanism: N/A

Prime Partner: Tuberculosis Care Association

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 13837.24471.09

Planned Funds: \$121,363

Activity System ID: 24471

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND: TB Care Association will coordinate this activity in FY 2009 and University of the Western Cape (not the Medical Research Council) will be the sub-partner.

ACTIVITY 1: Community TB/HIV Case Finding and Case Holding Among Women Participating in PMTCT

Rather than using community peer supporters, the project will train multi-skilled community health workers to identify suspected TB cases in the households of pregnant mothers and other households and refer them to the health services for TB diagnosis. They will encourage all community members, including 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. The impact of community support on integrated PMTCT/TB/HIV activities will be assessed by monitoring case finding and adherence. Through funding from the TB/HIV program area, community outreach teams will be hired with an enrolled nurse acting as a community health facilitator responsible for coordinating and supervising community health workers and linking the community and the facility.

ACTIVITY 2: Integration of PMTCT with TB/HIV and ART Services

Additional to the activities listed in the COP 2008, the site manager will provide support to 24 health facilities to implement provincially approved recording and reporting systems for voluntary counseling and testing, PMTCT, HIV care and ART. She will train health workers and district coordinators on the collection, analysis and quarterly reporting of key indicators for PMTCT/TB/HIV integrated activities.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13837

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13837	13837.08	HHS/Centers for Disease Control & Prevention	Tuberculosis Care Association	6628	6183.08		\$125,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$71,034

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 257.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29246.09

Planned Funds: \$434,715

Activity System ID: 29246

Activity Narrative: This is a new PHE for FY09 that has been approved for \$434,715.

PHE tracking number: ZA.09.0261

Title: PMTCT South African National Public Health Evaluation

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$434,715

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9633.09

Mechanism: N/A

Prime Partner: Institute for Youth Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29700.09

Planned Funds: \$69,575

Activity System ID: 29700

Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 4105.09

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: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 29707.09

Planned Funds: \$584,386

Activity System ID: 29707

Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$24,715,378

Program Area Narrative:

South Africa, with a population of 48.3 million, has a highly generalized AIDS epidemic; the estimated HIV prevalence at mid-2007 was 18.1% 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 28% in 2007, reflecting a small decline since 2005 after rising steadily since the early 1990s.

HIV infection rates vary greatly by age and sex. 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 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.

Prevalence varies greatly across geographic settings. Among provinces, KwaZulu-Natal had the highest antenatal care prevalence in 2007 at 37.4%. Mpumalanga has the highest incidence among all the provinces (2.4%) based on 2005 survey estimates. Recent data from the 2007 National HIV and Syphilis Prevalence Survey indicates that one or two districts in each province 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 high rates of multiple and concurrent partners and age mixing in sexual partnerships, early sexual debut, and low consistent condom use. 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. Frequent labor mobility, low marriage rates, and low rates of male circumcision further contribute to HIV transmission.

Basic knowledge and awareness of HIV and AIDS are almost universal, and exposure to mass media and interpersonal sources of information about HIV and AIDS is high. Yet personal risk perception is astonishingly low ; 66% of South Africans do not see themselves at risk of HIV, primarily because they do not understand the dangers of multiple and concurrent partnerships. In addition, high levels of HIV in the early stages of HIV infection while people do not know their status and do not take necessary precautions with sexual partners exacerbates rapid transmission among these dense sexual networks.

In 2007, the South African Government (SAG) issued the National Strategic Plan for HIV & AIDS and STI, 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 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 United States government (USG) supports a comprehensive, multisectoral, abstinence, be faithful, and consistent and correct condom use (ABC) approach to prevention. The USG's Five-Year Strategy emphasizes a full range of age-appropriate prevention messages and interventions to address the key drivers of the epidemic, especially multiple concurrent partners, low rates of consistent condom use, and early onset of sexual debut. With South Africa's high, generalized epidemic, the general population, and particularly adults, will increasingly be the focal point for mass media and community outreach efforts, while specific targeted interventions for other populations, including youth, most-at-risk populations (MARPs), migrants and disadvantaged populations living in informal settlements, and prevention with positives continue to be important activities. In addition, integrated prevention activities that link prevention with counseling, treatment and care, and support services will be reinforced.

Abstinence and Be Faithful (AB) funding was increased in FY 2008 to \$32,518,850 million for more than 50 partners with a target of 7 million people to be reached. As of March 2008, prevention efforts had reached 13,101,391 individuals with AB messages and 2,343,755 individuals with other prevention (OP) messages. A total of 981,425 individuals were reached with abstinence-only messages. The FY 2009 COP funding levels are approximately \$36,693,000 for AB and \$22,259,000 for OP. In FY 2009, based on recommendations from the Prevention Technical Working Group, FY 2008 COP reviews, and the recent PEPFAR South Africa Interagency Partner Evaluation, the USG proposes to take stock to assess the overall prevention program and to provide short- and mid-term recommendations for developing a strategic focus and enhancing program impact.

In FY 2009, the USG will encourage greater attention to the quality of interventions, particularly training and peer education. In addition, the USG will focus on the coordination of prevention activities to avoid duplication and to increase synergies. PEPFAR-funded partners are encouraged to align their activities to the NSP and to sign Memoranda of Understanding with relevant provincial governments in order to enhance sustainability and integrated programming. In addition, PEPFAR partners are encouraged to create linkages with partners working in the same areas and with other donor programs to ensure greater coordination and coverage. For example, a group of prevention partners meets monthly to share ideas and develop synergies with Soul City's "One Love" campaign (funded by the United Kingdom's Department for International Development) that addresses multiple concurrent partnerships.

USG assistance for HIV prevention complements support from other international donors, including the Global Fund, the Japanese, British and Irish governments, as well as the European Union. The Round 6 Global Fund grant provided support to several current USG prevention partners to expand their programs.

Ongoing prevention activities will continue to reinforce normative change and responsible sexual behavior through networks of community- and faith-based organizations (CBOs/FBOs) and traditional leaders and healers to help individuals internalize these norms in order to achieve sustainable behavior change. AB activities targeting adults will receive complementary funding for Condoms and Other Prevention activities; funding will be used to provide comprehensive prevention education for individuals who continue to engage in risky behavior. Linkages will be strengthened with counseling and testing partners and for those who test positive, referrals will be made for further management and prevention with positives programs. Prevention programs will continue to be integrated with PMTCT and care and treatment.

The USG will take a more balanced approach to address the drivers of the epidemic with increased focus on sexually active adolescents and adults. Activities will focus on increasing risk perception to reduce multiple and concurrent partners, intergenerational sex (primarily young women), and increase consistent condom use. For example, Johns Hopkins and Soul City, two mass media partners, have launched multi-level, multimedia campaigns 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. Radio, outdoor media advertising, and a cellular phone text messaging campaign will support the TV series. Campaign messages will draw on recent qualitative research on the drivers underlying multiple partnerships. The campaign will emphasize 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 media campaign features 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. 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 behaviors will be integrated into prevention education and disseminated to all audiences.

Media activities will be complemented by expanded community 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 NGOs. As a comprehensive activity, the mass media, linked to community outreach and grassroots social mobilization, should shape new community norms of responsible sexual behavior by working through local FBOs and CBOs. In addition, Population Concern International (PCI) will implement new workplace programs that 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. PCI will also address gender-based violence with a focus on changing male behavior and community and cultural norms.

The USG will support the National Department of Health (NDOH) to create and lead an HIV prevention consultative core action group (or "Action Tank"). The purpose of the Action Tank will be to help the South African government (SAG) accelerate the scale-up of HIV prevention through an inclusive, broad-based process to develop comprehensive, coordinated, evidence-based, target-driven national prevention implementation strategy. The group is slated as an "action tank" because in addition to providing expert advice and recommendations, its primary purpose is to facilitate large scale preventions action under NDOH leadership. The establishment of the Action Tank will be done through an active and participatory approach that will engage key stakeholders and facilitate the alignment of prevention actions based on understanding the SA HIV epidemic.

The USG will continue to support the Department of Education (DOE) 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. Messages focus on delayed onset of sexual activity for youth aged 10 -14 and improved risk perception of multiple concurrent partners among sexually active youth. Partners will address gender issues by, for example, tailoring curricula for girls and young women to enhance their self-esteem and to address the risks of transactional sex with older men. The USG will also provide skills-building assistance to promote best practices, focusing on a combination of curriculum-based HIV education, peer education, community mobilization, and parent interventions. Working with the DOE, the USG will support a rapid assessment of school-based HIV education to help develop a more strategic and systemic approach to prevention programming in schools.

With FY 2008 funding, the USG is adapting "Families Matter," an evidence-based intervention to engage adult family members in communicating with youth about HIV prevention, which also aims to create safer contexts for young women. Using FY 2009 funding, many youth partners will begin implementing "Family Matters" with older family members of youth that are currently participating in their programs. The USG continues to encourage linkages between AB and orphans and vulnerable children's programs to ensure that orphans and other at-risk youth receive HIV prevention education. Several partners, including Ubuntu,

Youth for Christ, and Salesian Missions, will work with higher risk youth in disadvantaged locales.

The USG will continue and reinforce work with MARPs. Humana People to People will continue to provide support to sex workers through door-to-door visits in townships. The Reproductive Health and Research Unit's comprehensive program addresses health care and supports needs of sex workers, including HIV testing. The services were evaluated last year and results of the survey will be used to re-orient the organization's services, including widening the reach of their program and strengthening referrals. The Human Sciences Research Council (HSRC) and the Joint Working Group for Gay, Lesbian, Bisexual and Transgender people will conduct research to identify gaps in programming for this vulnerable population. The findings will be used to expand targeted prevention interventions with men who have sex with men. CDC will conduct an assessment on sex workers and HIV to identify gaps and solutions to these gaps. The International Organization for Migration (IOM) will be working to reach migrant and mobile populations in Limpopo and Mpumalanga provinces with comprehensive prevention education. IOM will also target young women in their twenties in high transmission areas, including destination communities for migrants. The Medical Research Council (MRC) will continue with its bar-based intervention focusing on people frequenting taverns, a public-private partnership with the South African Breweries. MRC also links HIV treatment programs with prevention.

In FY 2009, the USG team will focus on the expansion of post-exposure prophylaxis (PEP) services and training on sexual assault. The MRC and the National Department of Health will roll out a comprehensive training program aimed at health-care workers and the judicial service to ensure better implementation of PEP services throughout the country.

The USG Prevention team has expanded and now includes 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.

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 224.09	Mechanism: CTR
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 29690.09	Planned Funds: \$0
Activity System ID: 29690	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Family Health International South Africa (FHI SA) worked with the University of the Western Cape (WC) on this program in FY 2005 and FY 2007 and will continue to work with them in FY 2008. In FY 2009, however, FHI SA will cease work with the University of the Western Cape as their capacity has been developed through the previous years' programming; reports indicate that their peer education system is now well established and is able to sustain itself through other sources of funding.

In FY 2009 FHI SA will work with the Universities of the Free State and Limpopo and will provide training to a new cadre of peer educators on these campuses. FHI SA will further provide refresher training to those peer educators who were trained before. FHI SA will continue to provide technical assistance to both the partners and universities to ensure proper implementation of the project. This will be accomplished through establishment of quality assurance mechanisms -- such as internal and external monitoring systems, use of program manager and peer educator checklists and job aids, and comprehensive documentation -- that ensure quality of implementation. Peer educators will be trained and provided with refresher workshops that continuously update them on new information and strengthen their skills. Equipping supervisors with skills to provide supportive supervision, mentoring and monitoring to the peer educators will also be included

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 relationships, 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

Activity Narrative: 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: (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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7568.09	Mechanism: NPI
Prime Partner: Genesis Trust	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 16849.24765.09	Planned Funds: \$0
Activity System ID: 24765	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Based on consultation and recommendations of the PEPFAR South Africa Interagency Partner Evaluation, Project Positive Ray has modified its abstinence and being faithful (AB) education program.

This year the program will aim to achieve a balance among the adult and youth target populations to address the gaps in prevention programming. Thirteen additional community workers who split their time between prevention and home-based care have been recruited to bring the total number of community educators to 26. This was done to add capacity and to improve the quality of the program, not to expand the geographic area or the targets.

The AB prevention programs will focus on meeting with families in homes in the eight communities (two consolidated communities from the previous nine communities as they form a single continuous community) to encourage parent-youth communication. The vital outcome measure monitored in the community education program will be the number of people knowing their status through referral to government voluntary counseling and testing (VCT) sites or testing in the newly established Ugu AIDS Alliance VCT program. Emphasis will be on encouraging partner reduction and mutual monogamy. Consistent and correct prevention messages that address the key drivers of the epidemic will be adapted and distributed. The new FY 2009 target for number reached through the community education program will be 14,820.

Two full time school educators will present the AB prevention program in schools. The program will be expanded to four high schools utilizing the GOLD (Generation Of Leaders Discovered) program. It is believed that the leadership development and mentoring aspect of this program will assist with converting knowledge to meaningful behavior change among youth. The school education program will focus on delaying onset of sexual debut, especially in young women and on reducing the number of sexual partners in those who are already sexually active. The project will implement tools to measure outcomes in terms of age of onset of sexual activity or number of sexual partners in the students enrolled in the program at each of the schools. The program will reach 1680 learners through the school education program in FY 2009.

Two community workers will present the AB prevention program in workplaces, which will be closely linked to the implementation of workplace VCT through the Ugu AIDS Alliance's newly established VCT program.

Project Positive Ray has hired two professional nurses. During the first half of FY 2009, the nurses will provide VCT at the six factories where the prevention education program has been implemented during FY 2008. During the first part of FY 2009, the AB prevention program will be expanded to three additional factories and one clinic, which will be linked with the VCT program in the last half of the year. With these changes in the program, the new FY 2009 target for the number reached through the workplace program will be 1600. More than 80% of those reached in the factories are women. Consistent and accurate prevention messages that address the key drivers of the epidemic, (e.g., multiple and concurrent partnership and low condom use) will be highlighted.

Finally, the AB education program in the prison will be emphasized in FY 2009. It could not be implemented as planned in FY 2008 because the Department of Corrections did not allow access to the cellblocks. Negotiations, however, are ongoing and fruitful and Project Positive Ray anticipates that the program will be implemented in 2009. The new FY 2009 target for number reached through the prison education program will be 150. Nearly all of the people reached will be men and the messages will be tailored to address male norms of behavior and to reduce violence and coercion in sexual relationships.

The new FY 2009 target for total number reached will be 18,250 for the combined efforts of the four activities described above.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16849	16849.08	U.S. Agency for International Development	Genesis Trust	7568	7568.08	NPI	\$0

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10470.09

Prime Partner: Sophumelela

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 24479.09

Activity System ID: 24479

Mechanism: NPI

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: SUMMARY:

The Sophumelela Clinic Incorporated (SCI) has just received funds under the New Partnership Initiative. Activities only commenced in September 2008. SCI has been a PEPFAR sub-partner under the Catholic Relief Services (CRS) Track 1 award for the past four years. Additional funds are being used to support HIV prevention activities not covered under the current award with CRS. Through this program, SCI will increase the quality of life for the terminal patients and their families and as SCI assists with the care for the dying and helping families through the bereavement process.

BACKGROUND:

SCI is a non-profit faith-based organization that was formed by the First City Baptist Church, Buffalo City, Eastern Cape in 2005. SCI exists to provide comprehensive clinical, social and spiritual care to HIV affected people and their families in a faith-based environment within the greater Buffalo City Metropolis. SCI began as, and is currently, an antiretroviral (ARV) rollout sub-contractor under the AIDS Relief PEPFAR Track 1 Treatment and Care grant to Catholic Relief Services. Soon after opening the ARV clinic, the decision was made to form a non-governmental organization (NGO). This was done because of the recognition that the simple provision of ARVs to patients attending the existing clinic did not address the many individual needs and social problems in the community. From its inception, the vision of SCI was to provide comprehensive and holistic care services to people infected and affected by HIV. SCI will deliver HIV awareness and prevention education in Port Elizabeth (Eastern Cape) through schools, churches, small businesses, partner NGOs, and through the education program in SCI's ARV clinic.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: HIV Prevention in the ARV Clinic**

SCI's program presently consists of ongoing lifestyle and HIV prevention education among the patients visiting SCI and the education of staff members in a few local small businesses. The on-site education is done by SCI's professional nurses and adherence staff for the patients in the waiting room. The education at local businesses is conducted by SCI's chief professional nurse.

ACTIVITY 2: Community Outreach

SCI will train a team of educators consisting of a professional nurse and at least eight community educators. SCI is in the process of establishing a formal partnership with Focus on the Family, which has been appointed by the South African Department of Education to present an abstinence, be faithful, and correct and consistent condom use (ABC) program in all public schools in the Eastern Cape. When Focus on the Family present in schools, SCI will implement the program to churches and youth groups in the same area. This would have the dual effect of reinforcing the message presented by educating pastors, community leaders and parents as those the pupils receive in the school-based program. In addition, the message will be reinforced by repetition in the schools and churches. SCI would not be limited to working with Focus on the Family, as First City Baptist Church, on whose premises the clinic is situated, have extensive partnerships with churches and schools. Through this network, SCI will have access in areas not covered by Focus on The Family. The church program will be carried out by a team of community and peer educators. SCI will use the same model for the appointment of these educators as it does for the recruitment, training and deployment of its adherence monitors.

ACTIVITY 3: Small Business Outreach

Many of the larger companies in Port Elizabeth run effective lifestyle and prevention education for their employees; this, however, is not the case with the many hundreds of small businesses in the area. They simply do not have the capacity to run such programs. Through the local Chamber of Commerce and partnership with a number of these businesses, SCI will initiate an HIV prevention program. SCI will offer free/low cost education programs to the workforce of small businesses and manufacturing concerns. The program will be headed by a professional nurse who will conduct two training courses a week at different company premises. Each company visited will be followed up by field educators on a six monthly basis. Any individuals who respond will be referred for HIV counseling and testing and will then be followed up through the existing clinic operation. The material to be used will be tailored for the work environment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10341.09

Prime Partner: CompreCare

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3292.24067.09

Activity System ID: 24067

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities will stay the same, but the program content (e.g., illustrations, case studies, role plays and exercises) will be adapted to recommendations from PEPFAR Interagency Partner Evaluation.

Multiple Concurrent Sexual Partnerships: The training manual, workbook and handbook will explore the cultural and social norms relating to traditional gender roles and power imbalances within relationships, as these are key to multiple concurrent partnerships and cross-generational and informal transactional sex, thus contributing to disproportionately high infection rates among females. Choose Life, using a range of exercises, case studies and role plays, based on values frameworks, will explore appropriate social norms, and develop skills that will lead to partner reduction. Emphasis in FY 2009 will be on specific behaviors resulting from the values of respect, responsibility, and integrity. The skills of assertiveness, decision-making and negotiation will be practiced and translated into specific behaviors.

Cross-generational and informal transactional sex will be addressed among youth. Choose Life will build skills to support behavior change, through in-depth exploration of the risk behaviors, contrasted with a life style based on responsible values and choices. Self-image, life skills will be highlighted.

Gender Roles and Power Imbalances: The faith-based community creates a environment that helps empower women to avoid or reduce risk behaviors, and to change harmful gender norms that place women and men at increased risk.

Promotion of Mutual Monogamy: The choice for mutual monogamy will be motivated based on the value frameworks and practical values. A choice for, and adherence to values like responsibility, love and service, should lead to a commitment to testing to determine one's own and one's partner's HIV status.

Using Additional Fora: The Choose Life program will engage leaders, peers, family members, local organizations, and the media to facilitate the widespread adoption and maintenance of safer behaviors. Religious and community leaders, are particularly influential in reaching a wider audience.

Supporting Behavior Change: Behavior change is an ongoing process. The mentoring program will be expanded to extend activities beyond single contacts with key target groups. Regular and ongoing contact and support of participants will ensure a sustainable and effective community program.

Promotion of Counseling and Testing (CT): In FY 2009, community- and faith-based leaders will be asked to promote CT. CT in each community will be explored and promoted via referral systems to other organizations.

Geographic Expansion: In cooperation with the Baptist Union, an area coordinator for the Eastern Cape will be appointed to expand the program to East London and Mthatha.

Choose Life supports the prevention goals of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) (i.e., reduce vulnerability to HIV infection, and reduce sexual transmission of HIV) Choose Life aims to strengthen social cohesion in communities and to support the institution of the family. Other activities include identifying the origin of values; appreciating, choosing and supporting values that promote spiritual and physical well being; making decisions guided by values; managing needs, desires and relationships in a value-based way; understanding basic facts about HIV and AIDS; and committing to a personal program of action.

The Choose Life program supports the NSP by promoting personal responsibility so that people commit to protecting themselves and others from HIV infection; empowering leadership to promote HIV prevention and responsible behavior change; ensuring that interventions are informed and owned by communities and leaders; supporting organizations to address gender-based violence; encouraging HIV testing; empowering organizations and leadership to build AIDS competent communities; creating awareness and strengthening behavior change programs for vulnerable and high-risk groups; implementing prevention interventions targeting young people, especially women; promoting equality for women and girls by prioritizing interventions focusing on gender inequality; facilitating life skills development; increasing open discussion of HIV and sexuality among parents and children; facilitating greater involvement of people living with HIV; challenging stigma; identifying and contributing to the removal of legal, policy, religious and cultural barriers to effective HIV prevention; and developing and promoting research on behavior change and the long-term impact of programs.

The Choose Life curriculum currently includes, (as recommended by the NSP) abstinence, especially delaying first sex; safer sex practices; provision of information about HIV risk of different sexual practices and concurrency; gender relations and gender-based violence; coercive and intergenerational sex.

Through experiential exercises, men are encouraged to be responsible in their sexual behavior, to respect women, and to be involved in family life. Choose Life aims to reduce sexual violence and coercion, number of sexual partners, and cross-generational and transactional sex. The positive roles that men can play in the health and well-being of their partners are demonstrated and practiced. Gender inequality and stigmatization are still prevalent in faith-based communities. Often power is vested in male leadership and submission of women is seen as necessary. Choose Life promotes gender-appropriate behaviors and life-style choices.

Women are empowered through understanding, and practice and implementation of life skills, particularly assertiveness and negotiation. Faith-based communities are encouraged to implement programs that highlight the plight of women and children, reduce stigma, promote gender equality, and support healthy permanent relationships through conflict resolution. Talks and enrichment programs for couples, life-skills training for teenagers, promoting responsible behavior towards women and children in church services, and informational materials support this in a congregational context.

Activity Narrative: Young people, especially women, have shown leadership resulting from the Choose Life program. They have initiated peer-based programs, motivating other young girls to be tested for HIV. Girls have also taken a stance on gender issues and stigmatization.

Community Outreach: Kurima, implementing the Know Your Neighborhood program, is no longer part of the overall program. The program will be done by Hospivision facilitators and care workers.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13758

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13758	3292.08	U.S. Agency for International Development	CompreCare	6597	2798.08		\$500,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 10472.09

Prime Partner: Woord en Daad

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 24488.09

Activity System ID: 24488

Mechanism: NPI

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: SUMMARY:

Mfesane will employ and train three peer education facilitators to reach a 900 in-school youth, aged 10-14 years. This is done in cooperation with the High Five program (non-USAID). Mfesane will focus on abstinence until marriage and delay of sexual debut for younger youth and sexually abstinence for older youth as well as encourage sexually active youth and adults to be faithful by practicing mutual monogamy and reducing number of sexual partners. Mfesane will adapt and distribute consistent and correct prevention messages addressing the key drivers of the epidemic. Creative strategies are used to reach youth with messages on HIV and AIDS but also on gender stereotypes, self-awareness, and other life skills. This is done in cooperation with the schools in the Western Cape and the Eastern Cape, and Scripture Union (a PEPFAR partner) will provide training and prevention materials.

BACKGROUND:

Woord en Daad, a Dutch faith-based organization, works through its long-standing South African partner organization, Mfesane, to provide quality prevention, HIV counseling and testing, and care services to members of communities in two distinct municipalities: Saldanha Bay in the Western Cape, and Nelson Mandela Bay in the Eastern Cape. These areas are semi-urban, informal settlements and underserved communities with a high incidence of HIV.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Recruiting and Training Peer Education Facilitators

Four additional peer education facilitators will be hired in addition to the existing three facilitators. The peer education facilitators providing abstinence and being faithful (AB) messages are young adults who can give the 10-14 years old some guidance on relevant topics.

At the end of 2009, the new peer education facilitators will be sent for training at Scripture Union. Training will take place for a period of one week. The training includes 27 modules. Pre-course and post-course evaluation forms part of the curriculum whereby the impact of the program can be measured. Specific focus is on building the capacity of facilitators to improve their skills for working with youth. Another focus is on having a comprehensive and integrated HIV prevention approach.

ACTIVITY 2: Adaptation of Education Materials

Mfesane will adapt education materials. By the end of 2009, the materials will have been adapted and will be available for distribution.

ACTIVITY 3: Selection of Schools

Mfesane will select relevant schools in cooperation with the District Department of Education in the project area. When the district education department has identified schools in which Mfesane can work, the organization will approach at least six schools, and collaboratively plan to implement the peer education program with them.

ACTIVITY 4: Implement Peer Education

Each peer educator will work with 30 students every month. Peer education will take place in small groups of 10 students. Peer educators will run four sessions with each group within a month. Different strategies will be explored, like groups of only girls or boys, or, different ways of imparting messages to young people. Prevention messages to delay sexual debut until marriage or to begin practicing secondary abstinence for youth who are sexually active, will be an integral part of the information sessions that aim to prevent HIV, sexually transmitted infections, and pregnancy among unmarried youth. The "Be Faithful" approach will focus on enforcing partner reduction and mutual monogamy. Learners will be given comprehensive information on consistent and correct use of condoms to assist them to transition properly at a later stage. The importance of abstaining from alcohol and drugs will also be widely highlighted to reduce risk behaviors. Modules will include information on HIV and AIDS, and on gender-based violence, male norms and values, human and child rights, gender stereotypes, and self-development. All participants will receive a journal to record their experiences. The program is geared to make a real impact on the students' behavior to prevent further HIV infections among the youth. There will be a follow up session to reinforce the prevention messages and to encourage behavior change four to six months after the end of these four sessions. The students will go home with written information and reference telephone numbers that can be used to access HIV services (e.g., counseling and testing centers). A pre- and post-session evaluation will be done to evaluate the effects of the sessions and to determine future content.

Mfesane establishes links with schools by creating working partnerships with school management and other personnel like school psychologists and Life Orientation teachers. In this way Mfesane can have easy access to the target groups during school hours, thus benefiting the pupils.

The HIV and AIDS sessions are combined with activities of a partner organization, High Five. Mfesane sponsors some of High Five's activities, which hikes and other fun activities to encourage healthy and responsible lifestyles among the youth. This program provides a service to the Safe Schools Program of the Education Department in the West Coast/Winlands area.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 1071.09**Prime Partner:** US Peace Corps**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 24467.09**Activity System ID:** 24467**Mechanism:** N/A**USG Agency:** Peace Corps**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$265,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND: The following is added to this section: In FY 2009 Peace Corps will contract with individuals and organizations specializing in training and conducting outreach in Abstinence and Being Faithful (AB) activities. Priority will be given to contracting with those individuals and organizations that have already received PEPFAR capacity development support. This will (a) strengthen and build upon previous PEPFAR investment and (b) provide training and outreach in the communities where Peace Corps Volunteers (PCV) live and work, allowing the PCVs to provide follow-up and document results.

Modifications to ACTIVITY 1: In FY 2009, approximately 80 PCVs and 80 counterparts will receive training in HIV prevention. In addition to using the Peace Corps Life Skills Manual, PCVs and counterparts will be trained to address male norms and behaviors and gender equality based on the EngenderHealth program, Men as Partners.

Modifications to ACTIVITY 2: Approximately 80 PCVs and 80 counterparts will attend Peace Corps Project Design and management training.

ACTIVITY 3: The COP 2008 ACTIVITY 3 has been deleted and replaced with the following activity. Approximately 80 PCVs and 80 counterparts will attend Grant Proposal Writing, and Monitoring and Evaluation training to enable them to prepare Volunteer Activity Support and Training (VAST) proposals for PEPFAR and Small Grant proposals for the U.S. Embassy. The training will also support the development and use of appropriate monitoring, reporting and evaluation tools with their host schools and civil society organizations. This training will take place in the context of the AB prevention training and will find application across all program areas.

ACTIVITY 5 in COP 2008 is now ACTIVITY 4 in COP 2009. The following changes have been made: (1) Approximately 80 PCVs and 80 counterparts will deliver life skills sessions in schools and communities, using and developing peer educators in the process; and (2) 4,000 individuals will be reached through community outreach that promotes HIV prevention; 250 peer educators and other service providers will be trained to promote HIV prevention.

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 SCRPCVs 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. SCRPCVs 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 SCRPCVs 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 (SCRPC) and the (now) Community HIV/AIDS Outreach Project (CHOP) were significantly revised in FY 2007 so that all CHOP and SCRPCVs 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 TrainingIn 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 TrainingApproximately 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 TrainingApproximately 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 TrainingApproximately 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 SessionsApproximately 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

Activity Narrative: 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 SCRIP 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 268.09

Prime Partner: Population Council SA

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 23766.09

Activity System ID: 23766

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Abstinence and Being Faithful Life Skills

Population Council (PC) will continue to provide activities described in FY 2008, but the role of PC will change. In FY 2009, PC will work with the Mpumalanga Department of Education and help them take over the implementation of the program. As an exit strategy, and to ensure sustainability, PC will ensure that a model has been adapted, and that this program is completely integrated to the existing Life Skills Program; and that the recipients have developed a sense of ownership. The Council will provide assistance with training, work plan development, and program monitoring and management, and other technical issues as needed.

ACTIVITY 2: Faith-Based Organizations and Mutual Monogamy

The program will remain the same in FY 2009; however, the role of PC will change. In FY 2009, PC will work with the South African Council of Churches and Eastern Cape Provincial Council of Churches (ECPCC) to take over the implementation of the program. As an exit strategy and to ensure sustainability, PC will ensure that a model has been adapted, and that this program is completely integrated in the existing faith-based organization (FBO) and church activities, and that the recipients have developed a great sense of ownership. The Council will provide technical assistance with training, work plan development, and program monitoring and management, and other technical issues as needed.

ACTIVITY 3:

Due to the Population Council's strategic planning and the PEPFAR South Africa's technical considerations the activities and budget for this project have been moved from APS to AB Prevention.

This activity is linked to Activities 1 and 2. The main objective is to sustain, strengthen and work beyond the existing interventions aimed at reaching school learners with AB life skills messages, and building the capacity of FBOs to carry out HIV prevention messages to church members. This program will reach out-of-school youth, which the existing two projects miss, with a structured and balanced ABC strategy that addresses three key behaviors recommended to prevent the likelihood of sexual transmission of HIV, (i.e., abstinence from sexual intercourse; being faithful to one sexual partner; and correct and consistent use of condoms). The proposed program will be implemented in two provinces (i.e., Eastern Cape and Mpumalanga) in collaboration with the ECPCC and Mpumalanga Provincial Council of Churches [MPC]. These two provincial FBOs have strong linkages with PC.

In FY 2008, this program will be piloted in two communities, one district in Eastern Cape [Amathole District] and one in Mpumalanga [Nelspruit]. During FY 2009, PC will scale up this program by identifying two additional districts in each of the two provinces. This strategy is meant to provide an opportunity for a phase-out scale-up approach, which will also give the partners their own opportunity to develop and test relevant interventions, apply lessons learnt and program the results in the new sites, while strengthening activities in the pilot sites with technical assistance from Population Council.

During FY 2009, this program will focus on consolidating relevant, effective interventions in the communities reached in FY 2008, developing and facilitating sustainability plans for these sites. Secondly, the program will rapidly expand into two additional districts in each of the two provinces, drawing on lessons from year one. During this scale-up phase, the following activities will be reinforced: 1) building synergy among the three activities; 2) mobilizing youth and different stakeholders; 3) building service delivery capacity, and fostering linkages and networks in new sites; 4) facilitating and fostering sustainability interventions, including community leadership/ownership, and developing management and resource mobilization skills; 5) monitoring key indicators and outcomes and documenting results and program lessons; and 6) disseminating results widely and facilitating utilization by different stakeholders engaged in prevention programs for youth.

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 existing 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

Activity Narrative: 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 teachers 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. 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 couple 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.

New/Continuing Activity: New Activity

Continuing 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

Estimated amount of funding that is planned for Human Capacity Development \$85,800

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$5,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8709.09	Mechanism: N/A
Prime Partner: Montefiore Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 23745.09	Planned Funds: \$0
Activity System ID: 23745	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

ACTS (Advise, Consent, Test, Support) is an innovative system for implementing routine HIV testing. It was developed by the Adolescent AIDS Program at the Children's Hospital at Montefiore Medical Center in New York and has been proven in both the US and South Africa to help providers more routinely offer HIV counseling and testing to their patients.

BACKGROUND:

This is a new activity funded in last quarter FY 2008. Montefiore Hospital implements youth-focused prevention programs that seek to educate and empower youth to delay the onset of sexual activity, abstain from sex and/or reduce the number of concurrent sex partners in line with the goals of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. Prevention programming will foster female youth empowerment with a goal of improving self-esteem and reducing high-risk behaviors, and programming will also emphasize being faithful to young men in an effort to reduce the practice of multiple concurrent partners.

ACTIVITIES AND EXPECTED RESULTS:

In late FY 2008, Montefiore's Youth Program looked to provincial youth peer education programs to open doors to implementing ACTS (Advise, Consent, Test, Support) in other provinces. In addition, Montefiore was asked to assist these youth programs by providing training on routinely offered voluntary counseling and testing and by providing sexual prevention messages.

In FY 2009, \$122,000 will go toward abstinence and being faithful (AB) programs. South Africa in general has a high teenage pregnancy rate with every one in three girls having had a baby by the age of 20 (LoveLife Report). In many instances, the first sexual experience of girls is through coercion. Other reported factors that contribute to teenage pregnancy include health-care professionals' attitudes about youth and sex (presenting barriers to accessing contraception), social pressures and self affirmation (pregnancy proves fertility and, therefore, womanhood; multiple concurrent partners proves virility and, therefore, manhood) and low socio-economic conditions (lack of education and employment opportunities). To address these issues in the context of HIV prevention, the ACTS Project proposes partnering on a new program that engages small youth-serving non-governmental organizations to offer peer-delivered prevention programs in three new provinces: Limpopo, Mpumalanga and KwaZulu-Natal.

Strong linkages will be sought with youth peer education programs that can engage in-school and out-of-school youth to delay sexual debut (especially youth in high transmission and rural areas) and reduce risk among sexually active youth by promoting the idea of being faithful and reducing the practice of having multiple concurrent partners. The ACTS program leadership will work with the appropriate provincial and district department of health offices to coordinate these new sub-partner efforts with sexual prevention as well as counseling and testing activities in their service areas. Successful applicants will receive small to medium sized grants to educate and empower youth to delay the onset of sexual activity, abstain from sex and/or reduce the number of concurrent sex partners.

Due to the high risk nature of their sexual relationships, it is of utmost importance that both young men and women are equipped with the necessary knowledge to make informed decisions about their sexual and reproductive health, and services to address their sexual and reproductive health needs are accessible and efficient. The programs will also educate youth about HIV and AIDS, provide HIV counseling and testing and emphasize other key prevention messages in line with the goals set forth by the South African government. The new sub-partners will be provided with an evidence-based prevention curriculum such as "Family Matters" that they can adapt for their local youth populations. Grantees will also receive ACTS collateral materials including HIV prevention and education videos; standard operating procedures for HIV testing and prevention programmes, work plans with measurable objectives and timelines within which they must meet their targets. The evaluation of these sub-partners will take place as continuing quality improvement activities recorded on a quarterly basis.

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 providing 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

Activity Narrative: 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 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. 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 FY 2008, 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2810.09	Mechanism: CARE UGM
Prime Partner: Leonie Selvan	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 13986.23089.09	Planned Funds: \$0

Activity Narrative: Funds removed from AB
ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Leonie Selven Communication (LSC) will expand FY 2008 activities in FY 2009.

The youth-friendly training manual that will be piloted in at least three provinces during FY 2008 will be rolled out nationally during FY 2009.

A game, similar to Trivial Pursuit, will be developed to support training with the youth-friendly manual. This will be done in a fun, more interactive way, more appropriate to the target audience.

In conjunction with the provinces, possibly Mpumalanga and Eastern Cape initially, LSC will continue to hold focus group discussions with peer educators and a cross-section of urban and rural youth to determine what communication channels and media work best for them, so that the material developed is appropriate.

In addition, since self esteem is a major part of youth being able to say no, LSC will develop a peer educator/train the trainer program based on self-esteem. This course will explore bullying and aggression, gender issues, cultural issues, social norms, etc.

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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13986

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13986	13986.08	HHS/Centers for Disease Control & Prevention	Leonie Selvan	6677	2810.08	CARE UGM	\$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9691.09

Prime Partner: Lifeline Mafikeng

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 22508.23090.09

Activity System ID: 23090

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Activities conducted at identified sites include HIV counseling AND testing and concurrent HIV prevention and marketing activities. Trend Setters* will undertake the HIV prevention and marketing activities include placing banners, canvassing the area on foot, distributing pamphlets and invoking discussion with pedestrians, conducting information education sessions on HIV and AIDS, projecting culturally appropriate abstinence and be faithful (AB) messages, performing dramas about HIV and AIDS, establishing "post-test clubs" and condom demonstrations/distribution.

Teenager programs (13 -18 years) will focus mainly on abstinence or delayed sexual encounter and encourage those who are sexually active to pledge abstinence once again. In the programs for older youth and adults, focus will be on encouraging them to pledge faithfulness to monogamous relationships and to avoid cross-generational relationships.

BACKGROUND:

LifeLine Mafikeng 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 and HIV prevention activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Prevention with Traditional Leaders

LifeLine will work with traditional leaders and the community to transform male norms and behaviors in order to reduce violence and sexual coercion, which is rife in the community. Traditional Leaders will be utilized as participants in workshops, and in training with respect to traditional healing procedures and addressing cultural norms. They are an important sector and can assist with community mobilization and promote prevention activities such as condom distribution.

ACTIVITY 2: Prevention with Farm Workers and Sex Workers

Sex workers and farm workers are vulnerable populations who have little access to health care and information. These groups will be targeted with the mobile units and Trend Setters for HIV testing, referral and information. Programs will include prevention and living positively programs to promote maintaining a negative HIV status and living positively to ensure quality of life. Trendsetters will conduct regular meetings with each of these groups to discuss issues such access to health care and sexually transmitted infections, condom use and other prevention strategies. They may even be encouraged to form Post-Test Clubs to promote prevention strategies and positive living.

ACTIVITY 3: Post-Test Clubs

Post Test Clubs (PTC) is a model used in Uganda THAT help people living with HIV and AIDS to cope with infection, and in addition, helps HIV-infected 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). PTCs will be established at each of the partner community-based organizations. The PTC aims to address issues of HIV prevention, stigma reduction and positive living while also addressing issues of gender-based violence and cross-generational relationships. Multiple Wound Phenomena will be addressed in the PTC environment as a strategy to mobilize communities to effect behavioral change with respect to HIV and AIDS, domestic violence and-cross generational relationships.

HIV prevention activities emphasize fidelity, though these are balanced with abstinence messages, especially those 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.

ACTIVITY 4: Education and Marketing

Education and marketing is used to dispel myths and to 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.

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,

Activity Narrative: 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 programs (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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22508

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22508	22508.08	HHS/Centers for Disease Control & Prevention	Lifeline Mafikeng	9691	9691.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4753.09	Mechanism: N/A
Prime Partner: LifeLine North West - Rustenburg Centre	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02

Activity ID: 8271.23093.09

Planned Funds: \$0

Activity System ID: 23093

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

LifeLine Rustenburg will continue activities described in COP 2008, but in FY 2009 will focus on superior service delivery by ensuring competent personnel to provide education, motivation and training to individuals and communities; and continued update and enhancement of imaginative and effective training material to advance abstinence and be faithful (AB) prevention strategies and programs.

LifeLine will augment existing monitoring and evaluation activities with a state-of-the-art data management and reporting system. This will enhance monitoring and evaluating activities to ensure accurate and reliable data compilation, and to guide and improve programs, with the aim of implementing future research activities.

A further enhancement would be facilitating active involvement of the boy child in peer education and HIV prevention activities within the community. LifeLine will start targeting boys at school level with the aim of continued involvement and personal responsibility throughout life. The organization will aim at increasing the number of HIV negative students who graduate from high school. Ideally, these students would be equipped with the necessary knowledge and life skills to maintain a negative HIV status successfully, and to cope with adulthood effectively.

LifeLine will encourage participation of school governing bodies, parents and populations at higher risk in trainings and other activities that will promote prevention of HIV, sexually transmitted infections and other preventable diseases. The North West province has a large mining community and therefore emphasis on training and education for mobile and migrant populations will be amplified.

Another focus area is addressing the intergenerational sex problem and promoting the balance between youth and adult prevention activities in curbing the high HIV prevalence among young women and adult men. In life skills training sessions, girls and young women will be targeted with personal empowerment skills to help discourage them from entering into relationships with older men. For boys and men, training will emphasize moral responsibility with regard to partnerships with younger girls or women.

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 time slot 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 FY2007, 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13989

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13989	8271.08	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	6678	4753.08		\$200,000
8271	8271.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	\$108,500

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

Estimated amount of funding that is planned for Human Capacity Development \$17,361

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 481.09	Mechanism: N/A
Prime Partner: Living Hope	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 3024.23096.09	Planned Funds: \$0
Activity System ID: 23096	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Living Hope (LH) has modified its AB prevention program to address the needs of impoverished children living in informal settlements and townships. LH aims to develop a formal referral network with other NGO and government OVC programs where OVC identified in the AB program will be referred into social and medical services to receive holistic services.

LH's Life Skills Educators will be trained on how to identify OVC within the AB program (school or after school). This referral system will help fill the gaps between LH's effort to provide children with AB messaging and helping vulnerable children (including child-headed homes) receive psychosocial and medical support. Through interactions with the children during the AB activities, LH will also identify children with other needs (e.g., school uniforms and supplies), who will then be referred to partners who can address these needs. Through this referral system, children will access more services in line with their individual needs and to apply the principles and lessons learned from the AB program. The aim is to enable children to continue with their education and live in a more secure environment.

LH has started a new Wait4Me program that encourages pre-teens and teens to abstain from sexual activity before marriage. This program creates an atmosphere of security and choice for teens that are often pressured by peers to engage in sexual activity. The youth in the program sign a pact agreeing to abstain from sex until marriage; this message is popularized among peers by wearing an identifying bracelet and bandanas. The Wait4Me members routinely meet to discuss peer pressures, stigma, HIV risks and other norms and behaviors. The Life Skill Educators will visit parents and guardians at home to encourage them to support and reinforce the messages given to their children by the Life Skill Educators. Parents, guardians and other members of the family will also be invited to Parent Days and special outreach activities, and where necessary, referred to the basket of care offered by Living Hope or other partner organizations.

LH aims to reach 10,000 with AB message. The Life Skill Educators will conduct quarterly sessions using drama, music and teaching for teenagers in 11 high schools. The following schools will participate: Ocean View, Masiphumelele, Simon's Town, Muizenberg, Crestway, Lavender Hill, Steenberg, Grassy Park, Heathfield, Sibelesus and False Bay College. This program aims to encourage young people to make good choices, to delay sexual debut, and to access HIV counseling and testing and other health services. To support more children in the communities, LH will start additional Afternoon Clubs in Ocean View and Masiphumelele. These provide children with time to sing, play games and learn moral values via drama or a story, and small discussion groups. The Afternoon Clubs offer more time to help them with the making of good choices in their lives. It also enables the Life Skill Educators to assess the needs of the children so that they can ensure that the program is relevant, meaningful and dynamic.

LH works in partnership with South African government primary schools to provide Department of Education outcome objectives in Life Skills and attitude change towards HIV and AIDS. LH's focus on these skills-based sexuality and HIV education programs in schools are directly in line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The adult and adolescent programs is also in line with the NSP and South African government policy. LH is moving towards more programs that promote AB and delayed sexual debut messages.

The LH AB programs target 4-14 year olds in public schools and the same age group through its community-based Afternoon Clubs. It has been necessary to expand the afternoon programs to include more teens as the youth graduate from our program and enter high school. The resulting Girls and Boys clubs have been started to address gender related issues.

The Girls Clubs address issues such as understanding the menstrual cycle, mood changes, body changes at puberty, fashion, hygiene, deportment, pregnancy, abortion and motherhood. The girls are encouraged to understand themselves and to become more self-aware and to make positive choices with their lives. Through this program, LH became aware of the fact that many girls stayed away from school during their menstrual cycle due to not having sanitary ware, and in so doing missed 3-4 days a month of school, which resulted in loss of education as they fell behind in the syllabus. LH, through various private donors is now making sanitary ware available through the Girls Club, thus encouraging them to be better educated which will result in more employment opportunities and sustainability in adulthood.

The Boys Clubs include sporting activities such as soccer and surfing. Several good male role models in the Life Skills team seek to change the perception of males, and mentor and teach the boys the values of responsibility, teamwork, taking instructions, integrity, the value of women, as well as understanding their body changes, erections and the "breaking of their voices."

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.

Activity Narrative: 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/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.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13993

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13993	3024.08	U.S. Agency for International Development	Living Hope	6679	481.08		\$400,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 328.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 2988.23075.09	Planned Funds: \$4,825,396
Activity System ID: 23075	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Focus Areas: In COP 2008, emphasis was placed on working with young women aged 15 - 24, however, research has indicated the need to focus on young people (men and women) as a target audience. Johns Hopkins University/Center for Communication Programs (JHU/CCP) will shift the focus audience to 18 - 32 year olds who have a high incidence of HIV infections, thus indicating the need for a focused intervention emphasizing partner limitation. The shift to focus on young people recognizes that the norms and attitudes that may place young men at risk of infection in later lives must be raised among the youth to influence these norms and values as early as possible.

Interpersonal Communication: Turntable Trust works in the rural areas of KwaZulu-Natal, targeting youth 15 - 24, young people 18 - 32 and adult men with activities that promote male norms and values in relation to delay of sexual debut and partner reduction.

Correctional Services: Activities with the Department of Correctional Services will not be continued in FY 2009, due to changes in departmental staff, and a change in JHU's programming focus.

Mass Media: JHU has initiated the Scrutinize Campaign together with Matchboxology, and its new partners, Mediology and CellLife. The campaign aims to encourage young South Africans 18 -32 to assess their risk of HIV infection and to encourage delaying sexual debut and partner reduction. Scrutinize utilizes a variety of mass media tools, including the outdoor media and cellular technology. CellLife will support the mass media outreach of all communication partners in South Africa with free SMS technology to address multiple concurrent partners, male norms and behaviors. In FY 2009, JHU will scale up a new campaign targeting adult men by using male celebrities, including footballers. This campaign would include prevention messages, and aims to capitalize on the 2010 Football World Cup that will be held in South Africa.

Trailblazers, which was co-produced with the South African Broadcasting Service (SABC), has been fully absorbed into the programming of SABC Education. Resources originally used for this activity will be re-directed to the further development of the Circles Drama Series, the Scrutinize Campaign and the new campaign targeting adult men.

Advocacy: JHU has formed a strategic partnership with Health-e (a news agency that produces news and in-depth analysis for the print and electronic media) to support in-depth media reporting on the key drivers of the epidemic in South Africa including multiple and concurrent partners, delaying sexual debut and HIV. The University of the Witwatersrand's HIV and the Media Project will mobilize editors and journalists to focus on the key drivers of the epidemic, particularly targeting men, male behavior and multiple and concurrent partners.

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, and work place programs.

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. **ACTIVITIES 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 15-24Dance4Life (D4L), DramAIDE, TVT, Lesedi Lechable (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,

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13952

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13952	2988.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$5,639,250
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$710,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 466.09

Mechanism: HPI

Prime Partner: Health Policy Initiative

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3014.23062.09

Planned Funds: \$679,633

Activity System ID: 23062

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HPI will work with traditional faith-based organizations (FBOs) such as the Zion Christian Church and AMOS to develop and broadcast abstinence and being faithful messages in COP 2009.

ACTIVITY 1. National House of Traditional Leaders (NHTL)

In addition to activities described in 2008, HPI will assist the NHTL in finalizing its sector plan, which will be presented to the South African National AIDS Council. HPI will also assist the NHTL to develop a national plan for implementation throughout seven provinces of South Africa. HPI will focus on human and institutional capacity building activities to newly constituted district and local houses of traditional leaders (TLs) to expand, improve and implement HIV prevention activities. HPI aim to improve governance, accountability, and leadership, to widen partnerships and resources for HIV prevention within TL structures. HPI envisages that there will be increased community participation in HIV prevention activities.

ACTIVITY 2. Zion Christian Church

HPI will assist the National Council of the Zion Christian Church (ZCC) to develop a national HIV prevention strategy and an implementation plan to be carried out in all the affiliated churches. HPI will also support the provincial churches of the ZCC by developing and implementing AB prevention messages into the church activities. Thirty participants will be reached in each provincial workshop. HPI will encourage the ZCC to promote prevention messages, such as the reduction of concurrent sexual partners, delayed sexual debut for young people, being faithful to one sexual partner, the role of gender and gender-based violence, and prevention for positive individuals. This activity will reduce stigma and discrimination towards people living with HIV. Approximately 270 people will benefit from this activity. Each of the 270 participants will then conduct various activities at the church level to reach other members of the church and the community with AB prevention messages. Participants will develop action plans to disseminate AB prevention messages and conduct outreach within the church communities. HPI will follow up with support and supervision to a subset of those who participated in this activity to assess (1) the degree to which participants were able to implement their action plans; (2) the challenges and opportunities participants encounter in their community; and (3) to reinforce skills learned in the provincial implementation program to build a sustainable cadre of HIV Prevention Champions. Participants will be comprised of faith-based HIV committee leaders, members of the broader church community. IEC materials will follow the guidelines of the National Department of Health and the leadership of the church.

ACTIVITY 3: Digital Storytelling

HPI will engage Sonke Gender Justice and the Center for Digital Storytelling to develop HIV prevention messages and stories for TLs and farm workers. Men and women affected by violence and HIV and AIDS will share their stories through an intensive, participatory workshop process, and will bring people together to speak out in digital format. HPI hopes to deepen existing conversations about gender norms and the HIV epidemic by highlighting every-day voices of courage, survival, and action. Some stories are raw testimonials about survival; others challenge damaging myths, and misperceptions among men about their sexuality and offer practical steps and interventions. This activity will also focus on restoring healthy relationships between men and women in order to make a distinctive contribution towards HIV prevention.

The stories will be distributed across South Africa, and will be used to educate local communities, training community, civic leaders, FBOs and TLs, and to promote sustained community action. This will be in keeping with the "Silence Speaks" methodology, which adapts principles from popular education, art therapy, trauma recovery and group process to ensure opportunities for personal and collective transformation.

ACTIVITY 4: AMOS

Amos is a nonprofit organization registered with the Health and Welfare Seta. AMOS's strength lies in its unique position and influence among the farming communities and its ability to engage with marginalized farming populations in South Africa. It has a 15-year track record of working with farm owners and workers in addressing the challenges posed by HIV. HPI will work with AMOS to implement an HIV prevention program targeting farm workers and owners. The farm workers are particularly hard to reach, highly mobile and live in isolated areas in the Northern Cape, Mpumalanga and KwaZulu-Natal. This effective prevention program will address life skills, accurate HIV prevention information and social mobilization of the farming community to counter gender injustice and stigma and discrimination.

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 TO1 is targeting behavior change and emphasizing what needs to happen at the personal level. HPI TO1 will be utilizing approaches that influence individual behavior as it relates to HIV prevention, using proven

Activity Narrative: 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 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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15073

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15073	3014.08	U.S. Agency for International Development	Health Policy Initiative	7034	466.08	HPI	\$944,750
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$38,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4755.09

Mechanism: N/A

Prime Partner: Mpilonhle

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 8238.22984.09

Planned Funds: \$203,890

Activity System ID: 22984

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Mpilonhle will continue activities described in COP 2008, but activities will be enhanced.

1. During Mpilonhle's Health Screening and Health Education activities its health counselors and health educators will continue to emphasize the value of reducing multiple and concurrent partnerships, as well as cross-generational and transactional sex. These issues are already addressed in Mpilonhle's COP 2008, but these will be strengthened in line with the FY 2009 COP Technical considerations.
2. Mpilonhle will encourage the participation of school governing boards and parents in its training sessions on HIV prevention, promotion of reproductive and general health, and care and support for people living with HIV and AIDS and orphans and vulnerable children.
3. Mpilonhle will continue to improve its referral systems for linking up participants in programs with community-based health facilities, support services, and support groups, particularly to access reproductive health services, and services for substance abuse.

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 PEPFAR 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 Narrative: 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/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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14026

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14026	8238.08	U.S. Agency for International Development	Mpilonhle	6688	4755.08		\$300,000
8238	8238.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$21,541

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$170,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 479.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 3020.23164.09	Planned Funds: \$615,068
Activity System ID: 23164	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

In South Africa, Humana People to People (Humana) has until now implemented eight Total Control of the Epidemic (TCE) areas in Mpumalanga and Limpopo provinces with 400 field officers working with PEPFAR funding. Humana has started 12 new TCE areas in four provinces with funding from the Global Fund to fight AIDS, TB and Malaria and thereby extended the total outreach to 2.5 million people in five provinces.

ACTIVITY 1 (Household-based Person-by-Person Campaign) has been modified as follows:

In FY 2009, Humana will start one new TCE area to take the place of a TCE area in Bushbuckridge Municipality that will close on the 30th September 2009. The total number of TCE areas will remain at 10.

ACTIVITY 2 (Human Capacity Building) will continue with training described in COP 2008, but FY 2009 funding will be used to send management and supervisory staff for further training at Frontline Institute in Zimbabwe and KwaZulu-Natal Experimental College. This will contribute to strengthening overall leadership of TCE activities as TCE continues to expand in South Africa.

ACTIVITY 3 (Linkages and Networking) will continue with these activities, but will enhance the activity by creating linkages with even more government, non-governmental organizations, and departments as the TCE program expands into new areas, and works with additional stakeholders. With the addition of the HOPE Humana projects started in FY 2007, many of the AB activities run by the Passionates, such as clubs and outreach to schools will be handed over to HOPE Humana Bushbuckridge following the closure of the TCE in Bushbuckridge. Hope Humana is an HIV and AIDS intervention run by Humana, and it was established in FY 2007 with PEPFAR funding to conduct counseling and testing and home-based care. Hope Humana in Bushbuckridge and Mopani work closely with TCE as long as TCE is in the area; Hope will continue in the area after the closure of TCE and will seek funding from other sources to sustain its activities in the future, hereunder the provincial Department of Health and Social Services.

ACTIVITY 4 (Monitoring & Evaluation) has been modified. Corps Commanders and Division Commanders will now meet as part of the leadership of TCE worldwide every two months at Humana's international headquarters in Zimbabwe, replacing the quarterly meeting mentioned in COP FY 2008. This has allowed the TCE Commanders to learn quickly from best practices used in other countries where TCE is operating and has, as a result, enabled TCE in South Africa to reach a much higher percentage of its goals.

Since TCE in South Africa has expanded, it has become necessary to increase the number of coordinating offices from one to three. This has led to the formation of a Corps Commander Forum (CCF), where the Corps Commanders and their Deputies meet and make sure that all TCE in South Africa is moving in the right direction. The CCF takes place over two days every month. One day is used for discussions about results, public relations and partnership, and the second day is used for producing materials such as pamphlets, manuals and newsletters. Humana will continue to use its tried and tested methods for monitoring and evaluation that have proven themselves efficient and easy to use as well as comprehensive. TCE will make improvements on monitoring and evaluation (M&E) tools based on experience in South Africa and in other countries. PEPFAR-funded TCE in South Africa have adapted some of its systems to capture the required indicators in AB and other program areas effectively and accurately.

Humana has also undergone a successful assessment of its data quality by Khulisa Management Services.

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 promote 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 Narrative: 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 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 & 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);

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13976

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13976	3020.08	U.S. Agency for International Development	Humana People to People in South Africa	6672	479.08		\$1,267,000
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

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

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$551,015

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$67,000

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4749.09

Mechanism: N/A

Prime Partner: Ingwavuma Orphan Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 13987.23168.09

Planned Funds: \$0

Activity System ID: 23168

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

ACTIVITY 1: This has linkages to the orphans and vulnerable children (OVC) and palliative care components of Ingwavuma Orphan Care (IOC). Clients will be targeted for prevention and care. The conceptual framework for this is that providing regular advice from knowledgeable adults and ongoing one to one or group counseling will provide an environment in which the OVC are more likely to abstain from sex or delay onset of sexual intercourse. Children in the OVC program will be educated about the benefits of abstaining from sex, dangers of indulging in sex for money, risks of concurrent partners, alcohol and drug abuse leading to inhibition, Teaching will be on a one to one basis or at group meetings. This intervention will be of particular benefit in reaching out-of-school youth.

Adults in the palliative care program will be taught about the risks of re-infection and the benefits of abstaining or remaining faithful to one partner while using condoms. Alcohol use and its effect on HIV spread will be discussed. This education will take place when caregivers visit clients at home and at support groups. As the educators have ongoing contact with their clients, there will be many opportunities to reinforce messages and discuss how the client can practice positive prevention in his/her context.

ACTIVITY 2: The conceptual framework for this activity is that by strengthening the churches and developing a church culture of promoting abstinence and faithfulness (AB), HIV will be reduced in church attendees. Church leaders (120) will continue to be taught and supported to talk about AB with their congregations. A review of available material will be made in order to find an appropriate curriculum to follow. The aim is to find a program that will allow for ongoing prevention messages coupled with activities that will produce an enabling environment. This should make such activities become part of the norm of church culture, thus promoting sustainability of the prevention program. The church leaders will target their programs at youth and also at adults both married and single. The voluntary counseling and testing (VCT) program will be available to provide services to churches whose congregations request it.

ACTIVITY 3: The conceptual framework of this activity is that strengthening families will lead to increased faithfulness in the marriages and so reduce the risk of HIV. Secondly, good family values will be passed on to the children in the family also reducing their risk of HIV infection. Family counseling will continue. The counseling provided will aim to challenge male and female norms, stressing the need for faithfulness by the husband and empowering the wife or wives in the relationship. This activity will be linked to the VCT program so that couples can easily access VCT and know their status.

ACTIVITY 4: Staff trained in giving prevention messages will be assessed in how the training has improved their work. Additional training needs will be identified and the training provided.

NEW ACTIVITY: The conceptual framework for this is to strengthen abstinence among youth attending school Christian unions. The youth who attend Christian unions follow a faith that believes in abstinence until marriage then faithfulness within marriage. However the youth lack skills and knowledge in how to put this into practice. School abstinence clubs will be set up. Selection criteria will be developed to screen potential Youth Club Facilitators and a review of available curricula and training materials will be made before the program starts. The facilitators will then be trained to use the chosen material and receive regular supervision during the program's duration. This activity uses a risk avoidance approach to sexual prevention that is appropriate for IOC's target group of youth 10 to 14 years of age. It uses peer groups to reinforce abstinence messages, geared at promoting abstinence and delaying sexual initiation. The involvement of schools help to expand the reach and scale of HIV and AIDS education programs, as young people spend a considerable amount of time in this setting.

It is envisioned that as part of the program, club members will wear "abstinence rings", which are steel rings earned by youth club members after they have nurtured a seedling into a small tree. The ring then reminds them of their promises and obligations to the group to remain abstinent. Youth Club Facilitators will start abstinence clubs in fifteen schools every four months. The schools will be chosen to be close to active community groups that are already working with us so that they will be able to help publicize and support the program. The youth club facilitators will continue to encourage each group, ensure its constitution is adhered to, ensure that its members are taking initiative to encourage and support one another, and to help solve problems that will arise among members of the clubs.

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

Activity Narrative: 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 HIV-infected 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: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13987

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13987	13987.08	U.S. Agency for International Development	Ingwavuma Orphan Care	6676	4749.08		\$125,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$9,543

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 224.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 2926.22948.09

Activity System ID: 22948

Mechanism: CTR

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Family Health International South Africa (FHI SA) worked with the University of the Western Cape (WC) on this program in FY 2005 and FY 2007 and will continue to work with them in FY 2008. In FY 2009, however, FHI SA will cease work with the University of the Western Cape as their capacity has been developed through the previous years' programming; reports indicate that their peer education system is now well established and is able to sustain itself through other sources of funding.

In FY 2009 FHI SA will work with the Universities of the Free State and Limpopo and will provide training to a new cadre of peer educators on these campuses. FHI SA will further provide refresher training to those peer educators who were trained before. FHI SA will continue to provide technical assistance to both the partners and universities to ensure proper implementation of the project. This will be accomplished through establishment of quality assurance mechanisms -- such as internal and external monitoring systems, use of program manager and peer educator checklists and job aids, and comprehensive documentation -- that ensure quality of implementation. Peer educators will be trained and provided with refresher workshops that continuously update them on new information and strengthen their skills. Equipping supervisors with skills to provide supportive supervision, mentoring and monitoring to the peer educators will also be included

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 relationships, 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

Activity Narrative: 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: (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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13723

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29269	29269.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11965	11965.08	CDC/Retro-CI PHE	\$275,000
29268	29268.08	HHS/Centers for Disease Control & Prevention	To Be Determined	11964	11964.08	New CDC TA mech / UTAP follow-on	████████
29267	29267.08	HHS/Centers for Disease Control & Prevention	US National Institutes of Health	11960	11960.08	NIH Fogarty M&E Fellowship	\$200,000
29266	29266.08	U.S. Agency for International Development	University of North Carolina	11963	11963.08	Measure Evaluation	\$14,000
29265	29265.08	U.S. Agency for International Development	University Research Corporation, LLC	11962	11962.08	University Research Corporation, LLC	\$200,000
29264	29264.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	11961	11961.08	University Research Corporation, LLC	\$7,218
29263	29263.08	HHS/Centers for Disease Control & Prevention	International Center for AIDS Care and Treatment Programs, Columbia University	11959	11959.08	International Center for AIDS Care and Treatment Programs	\$100,000
29262	29262.08	HHS/Health Resources Services Administration	International Training and Education Centre for HIV	11958	11958.08	Health Resources and Services Administration I-TECH CoAg Supplement to Existing HRSA CoAg	\$50,000
13723	2926.08	U.S. Agency for International Development	Family Health International	6583	224.08	CTR	\$145,500
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

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

Estimated amount of funding that is planned for Human Capacity Development \$22,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7338.09

Prime Partner: Family Health International SA

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 16087.22952.09

Activity System ID: 22952

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$458,175

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Modifications to Activity 3:

Monitoring and Evaluation training and technical assistance will continue to be systematically provided to all Family Health International's (FHI) sub-partners under the umbrella grant mechanism during FY 2009.

New Activities:

FHI will work with its abstinence and being faithful (AB) partners to ensure that messaging that promotes the reduction of multiple and concurrent partners are included in all activities. These messages will be aimed at the older target groups (i.e., those that fall into the "B" group).

FHI will pay particular attention to partners' selection criteria when recruiting peer educators for their programs. FHI will request to see and review the selection criteria to encourage selection of suitable candidates for peer educators/role models.

FHI will work with those partners providing training as a service, to get their training accredited.

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).

Activity Narrative: 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 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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16087

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16087	16087.08	U.S. Agency for International Development	Family Health International SA	7338	7338.08	UGM	\$485,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$105,485

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4624.09

Mechanism: N/A

Prime Partner: Medical Care Development
International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 21164.22915.09

Planned Funds: \$0

Activity System ID: 22915

Activity Narrative: In response to OGAC's review of the PEPFAR South Africa FY 2009 Country Operational Plan, the Prevention Steering Committee directed the country team to reprogram 20-30% of the PEPFAR South Africa sexual prevention portfolio

SUMMARY:

Medical Care Development International - South Africa (MCDI-SA) is a US-based private voluntary organization 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.

BACKGROUND:

MCDI-SA will expand their PEPFAR funded programs to include abstinence and being faithful (AB) among youth. All MCDI-SA activities are based on the goals, guiding principles and strategies developed and published in the HIV & AIDS and STI National Strategic Plan, 2007-2011, and are in ongoing collaboration with the iLembe District Department of Health and KwaZulu-Natal Department of Health. A major emphasis of the activities under this project area for in- and out-of school youth will be messaging on the importance of gender equality as well as prevention of teenage pregnancy to encourage confidence and self-determination among girls and increased understanding among boys of the respect that all women and men deserve equally. This is especially critical in the context of the prevailing traditional Zulu cultural influence in the rural areas that support males as the dominant gender in all social contexts.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Expansion of Youth HIV and AIDS Education and Advocacy through High School Health Groups and Out-of-School Youth Clubs

MCDI will expand its previously successful program of participatory youth education on HIV and AIDS and abstinence, sexually transmitted infections (STIs), and teenage pregnancy prevention to 10 iLembe District high schools through its partnership with Royal Falcon Education Initiative, a South African non-governmental organization. This organization uses dramatic methods including acting and role-playing, which are very appealing to youth, to increase knowledge and awareness of HIV and AIDS while building the skills and confidence necessary for the practice of safe sexual behaviors, specifically abstinence and faithfulness, to prevent new infections and reduce stigma and discrimination. Due to MCDI's previous success in two Ndwedwe sub-district high schools, it has been able to secure support from the iLembe District Department of Education for this activity, as well as commitment from school principals. Special efforts will be made to involve 10-14 years to instill abstinence messages.

In order to reach out-of-school youths, the established school-based health groups will be supported to establish out-of-school youth clubs within their local community. The clubs are encouraged to call bimonthly meetings to deliver education on HIV and AIDS, STI and teenage pregnancy prevention, specifically through AB and through dramatic methods. These out-of-school youth clubs will be significantly more successful at identifying and encouraging the participation of out-of-school youth than efforts from outside the community. The school-based health groups will deliver the same education messages through dramatic methods delivered in schools. Initiating clubs in this manner assures easy scalability into any number of other districts and provinces. These clubs will then be linked with the prevention of mother-to-child HIV transmission and voluntary counseling and testing support groups that have already been established by MCDI. The clubs will interact for mutual benefit, including participatory education and available venues for meetings.

In the first year, MCDI-SA will target eight schools with an estimated 1,000 students each for a total of 8,000.

This activity will be preceded by a standardized Knowledge, Attitude and Practice (KAP) study that will be repeated annually. The frequency and content of messages will be established by Royal Falcon and will be reflected in their work plan.

ACTIVITY 2: Behavior Change through Educating Community Role Models

MCDI will reinforce youth behavior change and communication, specifically through AB, delivered through the school-based health groups and out-of-school youth clubs by training influential community members who are central to community spheres of influence. Having influential community members trained to deliver HIV-related education will also combat HIV-related stigma and discrimination within communities. The need for this is particularly substantial in iLembe District where HIV-related stigma and discrimination are widespread.

ACTIVITY 3: Radio Messages to Promote Abstinence and Faithfulness

Previous community surveys done by MCDI have shown that about a third of the general population rely on radio messages for health information. Using community radio stations in iLembe District and eThekweni, as well as Ukhozi Radio, a mainstream radio station with the highest listenership in southern KwaZulu-Natal, MCDI will develop and produce a series of Zulu-language radio messages communicating AB messages targeted to youth as well as to the general population. These messages will be based on the Youth Enrichment Program training manual developed by Royal Falcon.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21164

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21164	21164.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4644.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 7948.22772.09	Planned Funds: \$373,799
Activity System ID: 22772	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Youth for Christ South Africa (YfCSA) has modified FY 2008 activities to improve YfCSA's comprehensive prevention program, and in consideration of the FY 2009 Technical Considerations.

ACTIVITY 1: Life Skills Training

Youth Facilitators will, in the schools they are placed in, work closely with Life Orientation (LO) educators to schedule possible times in a quarter, to facilitate life skills lessons. They will work in schools, with the 10-14 year age cohort to promote abstinence and delay of sexual debut, and will promote secondary abstinence and being faithful, with the 14 -19 year cohort.

Youth Facilitators will present a range of life skills sessions delivering abstinence and being faithful (AB) messages engendering behavior change by dealing with consequences of high-risk behavior and negative peer pressure, and, at the same time, promoting the advantages of abstinence and secondary abstinence to those who are sexually active. YfCSA has partnered with the Centre for the Support of Peer Education (CSPE) to develop a life skills curriculum that will inculcate priority areas and specific outcomes identified by the Department of Education and Department of Health. This curriculum will include modules on sexual and reproductive health; HIV and sexually transmitted diseases prevention; human rights; women's rights and gender-based violence; and substance and alcohol abuse. Youth Facilitators will be trained to facilitate sessions with an interactive approach to engage learners, and thus, to enhance behavior change through dialogue.

ACTIVITY 3: Peer Education

Using the Rutanang model of peer education, Peer Educators will be selected from the various schools, and trained and established as Peer Education groups/committees. These groups/committees will be trained at a three-day camp that will combine groups and their LO educators from several schools in the vicinity. Throughout the year, Youth Facilitators will coach Peer Educators and their committees, supervising and supporting their work and schedules. Each Peer Education Committee, will develop their own plan of action in conjunction with the Youth Facilitators and their LO educators after training. Training of Peer Educators aims to equip them as agents of influence in their schools and friendship circles, while a Peer Education Supervisor or Coach (Youth Facilitator) supports them in conducting an effective program. Their training covers public speaking, organizing skills, peer education and its purpose, sexual reproductive health and HIV and sexually transmitted infections prevention, HIV drivers, reporting, etc.

ACTIVITY 4: Creative Arts

Since FY 2007, YfCSA has used trained itinerant dance and drama teams to enhance the prevention program in schools. To train and maintain an itinerant Dance and Drama Team is not an easy exercise as there are several challenges, including high maintenance costs. However, creative arts as a mass media tool has been very effective, and has been used to complement the ongoing Peer Education and life skills programs conducted by Youth Facilitators, on a daily basis at their selected schools. In FY 2009, Youth Facilitators will be trained in dance and drama and equipped with a repertoire to deal with a range of relevant topics such as abstinence, fidelity, high risk behaviors, HIV and AIDS, making decisions about sex, and promoting abstinence and secondary abstinence. Youth Facilitators will be able, from time to time, to regroup and work together, using their dance and drama presentations on special occasions such as launches, awareness events and campaigns, World AIDS Week, etc. They will also be able with their newly acquired knowledge dance and drama, to organize and run workshops in their schools, and in turn, coach Peer Education groups on the use of dance and drama to mobilize and communicate AB messages. Therefore, in FY 2009, YfCSA will not have and use itinerant teams; instead, the skills of creative arts and drama will be used by the Youth Facilitators to roll out the prevention program in schools and communities.

ACTIVITY 4: Gender Empowerment

In FY 2009, Youth Facilitators will organize workshops, seminars, and gender-based camps for schools. They will mobilize strategic people in the community to speak to groups of learners, Peer Educators and their committees and clubs. Gender empowerment will be addressed by dispelling negative norms, myths and practices that fuel gender-based violence, power imbalances between men and women that may be rooted in societal and cultural stereotypes. Gender-based violence and power imbalances continue to fuel the spread of HIV. Gender problems are also closely linked to customs and cultural practices, often-sensitive issues. Youth Facilitators and staff will be trained to address, through workshops and training sessions, gender-based violence. Youth Facilitators and YfCSA staff will also be trained, through the University of Pretoria's Institute for Women and Gender Studies on gender-based violence; HIV and AIDS and gender awareness; sex and sexuality; and reproductive health.

ACTIVITY 5: Parent/Child Based Seminars

In FY 2009, YfCSA aims to introduce Families Matter! program, which has been effectively implemented in the USA and successfully adapted in Kenya. YfCSA will work with CDC South Africa to adapt and implement this program in South Africa. Previously, YfCSA has implemented an activity to promote and encourage effective communication and positive relationships between young people and their parents. This activity is a modification of the Parent/Child based seminars. At least 1,800 Peer Educators and their parents will be reached with the Families Matter! program.

This activity aims to bridge the gap and promote effective communication and relations between young people and their parents and/or significant adults. Youth Facilitators, YfCSA staff, school authorities and strategically invited facilitators (e.g., social workers, child and youth care practitioners; probation officers, etc.) will organize and facilitate dialogue between adults and young people. The activity aims at aiding effective communication on topics such as sex and sexuality, HIV and AIDS, dating and making a decision

Activity Narrative: to have sex, and other subjects that continue to be taboo in many families and communities.

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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13912	7948.08	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	6649	4644.08		\$500,000
7948	7948.07	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	4644	4644.07	NEW APS	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 6155.09

Mechanism: UGM

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 12257.22880.09

Planned Funds: \$395,546

Activity System ID: 22880

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Human Capacity Development

Pact's primary focus in implementing the Umbrella Grant Management Program (UGM) is the development of human capacity in South African non-governmental and community-based organizations to promote establishing and strengthening viable and sustainable civil society organizations. However, the COP guidance is very specific in terms of what can be included in Human Capacity Development (HCD) and for this reason, Pact will only address the leadership and management development aspects of the UGM HCD activities.

Prior to the signing of grant agreements, Pact provides extensive assistance to partner 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 emphasizes to management staff during this process, the importance of ensuring that program and finance units work as a team rather than in isolation. The ability to articulate program goals and activities clearly, and to develop realistic budgets greatly enhances the ability of management to diversify their funding base and ensure sustainability.

Pact conducts organizational capacity assessments in collaboration with each partner. The core methodologies used in all of Pact's capacity building activities are as follows: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans (ISP). Several individuals from partner organizations participate in the assessments in order to ensure that feedback is obtained from staff at all levels. This process develops the skills of senior management to objectively assess organizational strengths and weaknesses and utilize the results to develop a realistic strategy that will ensure that organizational objectives are achieved (including retention strategies for staff) and identified gaps are addressed. The strategy also details what interventions and support will be provided, by whom, when and how organizational change will be measured.

Pact also conducts workshops that primarily target senior management and board members. A resource mobilization course is offered annually to provide information to partner organizations on sources and strategies for diversifying their funding base. One day of the three day workshop is devoted to developing the skills of participants in writing proposals. Board training is also offered annually to address issues related to fiduciary, legal and ethical roles and responsibilities of board members. Although Pact's Monitoring and Evaluation (M&E) course targets M&E and program staff, senior management members of partner organizations are encouraged to attend in order to ensure that they understand how to utilize data to make organizational decisions.

Pact, in working with partner organizations over the course of the past four years has recognized that management skills among the leadership of many of the civil society organizations need to be further developed. For this reason, utilizing FY 2008 and 2009 funding, Pact will identify short-term management courses in South Africa that will enhance leadership and management skills. All partner organizations and their sub-recipients will be allowed to attend the leadership and management courses, but Pact will primarily target the partners that have experienced great difficulty in transitioning to the increased funding levels or have new management staff and structures.

Alignment with South African Government Policies or Plans

In developing program descriptions with partners, Pact ensures that activities are aligned with district and provincial business plans, the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 and other South African government policies or plans.

Gender

Pact ensures that gender-related activities are clearly articulated in partner's program descriptions and implementation plans. Programmatic and technical assistance provided to partners addresses gender issues as part of the assessments and recommendations for strengthening technical and organizational capacity.

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

Activity Narrative: 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 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.

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.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14252	12257.08	U.S. Agency for International Development	Pact, Inc.	6755	6155.08	UGM	\$582,000
12257	12257.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		\$400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$257,970

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 463.09	Mechanism: N/A
Prime Partner: Fresh Ministries	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 3013.22963.09	Planned Funds: \$2,971,822
Activity System ID: 22963	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 activities will be continued, but the following enhancements have been made:

Much time, attention, and resources have gone into improving Siyafundisa's data collection, evaluation and reporting systems. All project staff has been trained on how to use the new tools: how and when to collate, verify and enter data. In addition, management staff has skills to note the first, if any, signs of difficulty with implementation. The project has been enhanced by being able to report achievements to report, and acquiring tools for collecting and accurately reporting these achievements in a timely manner.

The project has significantly expanded its field staff. At the start of the project, in February 2006, Siyafundisa employed only one field worker/trainer. Siyafundisa soon realized that this was inadequate and added a second worker, so that each could cover two to three dioceses. In June 2007, another six field workers were employed, each being responsible for one to two dioceses. In February 2008, an additional 10 field workers were hired and the project achieved countrywide coverage. Today, Siyafundisa aims to hire field workers to work in two more dioceses, and may consider splitting some of the dioceses among existing field workers to accommodate the demand for the programs throughout the country.

Emphasis is gradually shifting from training (even though this is still significant, and more capacity building focused) to more outreach and reporting. The project has just established a team of four program officers/master trainers who, under the direction of the Capacity Building and Training Manager, will assume primary training responsibilities. This team will spend time developing, adapting and incorporating messages that directly address the key drivers of the pandemic, with stronger emphasis on the one-on-one sessions to address the issues of multiple concurrent partnerships, and male norms that undermine the dignity of women and that promote sexual violence against women. Simultaneously, similar messages will be developed for clergy and preachers to share during their weekly sessions at parishes. Rapid expansion and deeper concentration of the project will target the provinces that have high HIV prevalence (i.e., Mpumalanga, Free State, Gauteng, Limpopo, KwaZulu-Natal). More emphasis will be placed on reaching younger girls and older men (to break the intergenerational sex trend) through the church groupings. Field workers' main duties now revolve around supporting and mentoring the outreach staff (peer educators, peer educator supervisors and life skills facilitators) and reporting on their work.

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 dioceses 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

Activity Narrative: 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, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13754

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13754	3013.08	U.S. Agency for International Development	Fresh Ministries	6593	463.08		\$4,088,513
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

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$1,008,467

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4747.09	Mechanism: N/A
Prime Partner: GOLD Peer Education Development Agency	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8239.22965.09	Planned Funds: \$183,501
Activity System ID: 22965	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The GOLD model is based on theory and evidence-based behavior change approaches and is refined continually through research and documentation of best practices. Activities in FY 2009 are being scaled up to reach areas with the highest rates of infection. GOLD has commenced and will be strengthening its messaging to drive provincial campaigns and to provide training to ensure that peer educator (PE) activities highlight the behaviors that drive high HIV transmission. Promoting abstinence and delay of sexual debut will be enhanced in FY 2009. GOLD will continue to scale up, strengthen and more effectively target current prevention efforts in order to increase the impact on reducing new infections among youth in- and out-of-schools. GOLD is aligned with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 and with prevention priorities identified by PEPFAR.

In 2008, GOLD strengthened the approaches of the model to enable PEs to reach out to in-school youth, orphans and vulnerable children more effectively. Two new curricula sessions will be introduced to support this activity in 2009. In addition, gender mentoring will focus on promoting delay of sexual debut especially among girls, and on empowering young women to reduce risk and seek to change harmful gender norms that place both girls and boys at increased risk.

In FY 2009, GOLD will monitor outputs of activities that integrate educators, parents/guardians, church leaders and other influential community adults. This will ensure that youth receive concurrent messages at home, in school, at church and at social gatherings. GOLD has introduced an advocacy and program visibility service that will support existing approaches beyond behavior change communication in a creative way, and will address the contextual factors that make it difficult for young women to adopt safer behaviors. In addition, there will be a stronger emphasis on including positive male role models to support programs, in order to enable positive behavior change in communities.

BACKGROUND: This COP 2008 section has been modified as follows:

GOLD has not worked with an organization called Wagon of Hope. This is incorrect and the name of the sub-partner is listed in addition to the 15 organizations that GOLD had agreed to work with in FY 2008. All the other organization names are correct. Ten (not nine) additional organizations will be selected, and provided with training on recruitment of PEs in September 2008. The organizations will be confirmed at the end of August 2008 and are selected according to a rigorous process of application and assessment. To implement GOLD Peer Education, an organization must have adequate infrastructure to support the program and a track record in youth behavior change interventions. Some organizations will not meet all the required capacities, but GOLD will support them until they achieve a profile that enables them to meet GOLD standards for quality PE programs within a community development framework.

As planned, recruitment of new PEs will take place in January 2009, and in alignment with the GOLD Peer Educator Selection process and criteria. PEs either volunteer or are nominated by their peers. This process yields a diverse group of teens from the different sub-cultures. PEs are leaders, chosen on their shared experience with learners or community youth. PEs are nominated as change agents within their communities to mobilize their communities towards transformation and health enhancing behavior change. They are required to undergo a written and oral interview, including an interview by a panel of past peer educators and educators. In addition, peer educators require written approval from a parent or guardian, and are required to take a pre-test for base line purposes.

The nominated peer should have the following qualities: (1) ability and willingness to represent his/her class and grade/community group; (2) ability and willingness to be trained and equipped on HIV/AIDS, sexuality and lifestyle education issues; (3) a passion to lead by example and be a nation builder; (4) is opinionated; (5) reliable and trustworthy; (6) willing to work in a cross-cultural team; (7) leadership qualities; (8) a desire to help people; (9) has the strength of character to influence other peers easily; (10) prepared to be trained in fulfilling the four roles of a peer educator; (11) willing to examine his/her own life choices, and question whether these decisions are having a positive and healthy impact on the future; and (12) is committed to attending all the peer educator training sessions and outputs over the program life-cycle.

No other implementing organizations will be selected. The sentence that states that between 2007 and 2008, another batch of thirteen additional organizations will be selected to become GOLD implementing partners is not correct and is not in line with the other targets set in the COP 2008 and 2009 plans. In addition, it is incorrect to assume that nine additional organizations will be assessed in July 2008, and selected and trained in September 2008. Instead, GOLD aims to assess ten additional organizations in July 2008, and these will be trained in September 2008 to recruit PEs. It should be noted that the peer educators in the GOLD Program are comprehensively equipped and supported to advocate and refer sexually active youth for HIV testing and counseling.

ACTIVITY 2 has been enhanced in the following way:

GOLD will train 25 program managers, 108 community leaders (PE facilitators) from 25 implementing organizations, and 330 teachers to implement the structured three-year GOLD model (with an optional fourth year) in 132 secondary schools and communities through equipping and supporting adolescent PEs.

GOLD will reach 132 secondary school sites, with the exception of 3, which will be community sites targeting out-of-school youth PEs. GOLD will no longer aim to reach 8,008 adolescent PEs (for both program areas and 4004 reached for this program area only), but 9702 for both program areas within the 132 sites. Six PEs will be employed full time to fulfill specific roles and outputs as part of the optional fourth year of the GOLD program where they will be given a stipend to impact their peers positively, and will also be trained as co-facilitators. The increase in PE numbers is because all new sites as well as existing sites will recruit new junior PEs and the existing peer educators in Junior and Senior Peer Education will enter a new program in 2009 and become Senior and Mentor PEs respectively.

SUMMARY:

Activity Narrative: 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13760

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13760	8239.08	U.S. Agency for International Development	GOLD Peer Education Development Agency	6598	4747.08		\$300,000
8239	8239.07	U.S. Agency for International Development	GOLD Peer Education Development Agency	4747	4747.07	New APS 2006	\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$49,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7311.09

Mechanism: N/A

Prime Partner: GRIP Intervention

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 16484.22967.09

Planned Funds: \$0

Activity System ID: 22967

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Greater Mpumalanga Rape Intervention Program (GRIP) FY 2008 COP activities will be expanded and enhanced as described below; outcomes will be assessed after completion of the first year of activities, in October 2009.

One of the two targeted age groups for the peer education program will be modified in FY 2009. In FY 2008, the target group comprising 10 to 18 year olds will now be limited to included 10 to 14 year olds. GRIP has been determined that more effective influence, motivation and learning can take place in this revised age group, whereas in the larger group, the older, and more experienced youths often presented confrontation and views, influencing the younger group.

GRIP will have to work within the same budgetary constraints as FY 2008, thus it will not be possible to reach higher targets in FY 2009. FY 2008 targets are considered high in relation to staffing and resources. The Teacher Trainer and Special Program Facilitator are also included within the preventative services in FY 2009.

ACTIVITY 1: Enhancements

As mentioned, one of the target groups' age has been revised to include 10 to 14 year olds. The sexual prevention approach used will predominately be risk avoidance, as many of these youth are not yet sexually active. The peer education activity will also address the needs of the 15 to 24 age group by developing and delivering behavior change messages on being faithful and creating an enabling environment for the practice of preventive behaviors such as consistent and correct use of condoms and partner reduction. These activities will be linked to on-going community-based support services that provide condoms, offer HIV testing and initiate referrals for antiretroviral treatment and other HIV and AIDS services.

ACTIVITY 2: Enhancements

The use of teachers as role models and resources/repositories of information on prevention and referrals for community-based support programs is the central focus and strategy of this activity. GRIP will equip teachers with knowledge and skills on prevention, gender-based violence and on how to make effective referrals. This will improve coordination of services and enhance the supportive environment for prevention of HIV and care of HIV-infected and affected people.

Capacity of a Teacher Trainer, a Special Program Coordinator and a Peer Group Educator will be built through ongoing training, monitoring, supervision, support, and performance evaluations. Human resources to support these employees will take the form of job profiles, contracts, staff policies, retention policies and clearly specified code of conducts and role clarifications. Staff members will also be empowered by ongoing opportunities to attend training courses and workshops in the field of HIV and AIDS, prevention services and youth development. The costs of these trainings will be covered by GRIP, that aims to develop capacity among staff who will directly influence the beneficiaries described in the activity narrative.

This prevention intervention and service delivery is in line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP), specifically with priority area 1, prevention. To meet the goal of reducing the rate of new infections by 50% by 2011, government, business, civil society and GRIP must work together and educate people about HIV and AIDS, and encourage people to be tested for HIV. Within this priority area GRIP is responsible for helping to educate people about HIV and AIDS, including how to prevent HIV infection, where to get tested, where to get treatment and care. GRIP also reaches out to high-risk groups to ensure that they access relevant services. GRIP aims to ensure violence against women and children is stopped.

GRIP is registered with the Mpumalanga Department of Health and Social Services. The organization submits annual business plans, progress reports and audited statements to the Department. This provincial department forms part of the National Government of South Africa. The Mpumalanga Department of Health and Social Services has signed a service level agreement recognizing that GRIP is a reliable, registered and trusted non-governmental organization rendering services in the field of victim empowerment within the criminal justice system. The goals of the agreement is for GRIP to empower, rehabilitate and provide aftercare support o survivors of rape, sexual assault and domestic violence and to allow GRIP to take on partnerships with the involved Government Departments involved in the Criminal Justice system.

The Department of Education's Circuit Managers also provide consent forms for the schools that they identify for the Teacher Trainer to be involved in and will also give permission to the Peer Group Educator for entering certain schools to implement the Peer Group Program. When dealing with prevention and awareness GRIP ensures that activities are in line with the procedures, policies, acts, bills and plans of the National South African Government Department.

Male Norms and Behaviors:

GRIP's school-based youth and teacher programs will encourage 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. GRIP will also focus on behavioral change programs for boys that promote the positive role men can play in order to increase their HIV preventative behavior.

Gender Equity in HIV and AIDS Programs:

GRIP's teacher and peer group programs will continue to, and increase the activities that address the obstacles that women and girls face in accessing health care, ranging from cost of treatment, transportation,

Activity Narrative: and child care, to appropriate appointment schedules, and guarantees of privacy and confidentiality. GRIP's programs meet the unique needs of women, including the empowerment of women in interpersonal situations, young people and children and those who are victims of sex trade, rape, sexual abuse, assault and exploitation.

Women's Legal Rights:

GRIP advocates for the inheritance rights of women, particularly women in rural communities. GRIP's interventions review, revise and encourage enforcement of laws relating to sexual violence against minors, including strategies to more effectively protect young victims and punish perpetrators. GRIP ensures institutional capacity building of government departments within the criminal justice system, and intervenes with lawyers, prosecutors, law enforcement and service providers on the legal rights of women and children, and their access to justice. GRIP also works with governments and other civil society groups to eliminate gender inequalities in civil and criminal code.

Violence and Coercion:

Counseling, referrals and follow-up treatment, and prevention programs about the risk of disclosing status, including links to shelters for women, support groups in the community and referrals to professional or legal services are provided to the survivors. GRIP ensures that health workers recognize signs of gender-based violence and provide appropriate counseling and referral services to social, legal and community based groups. GRIP trains unemployed women from rural areas as counselors in order to increase the confidentiality and comfort of women and girls seeking treatment for sexual assault. GRIP also addresses societal and community norms to reduce stigma, protect women from violence, promote gender quality, and build conflict resolution skills. All services for survivors of sexual assault/violence will link to the provision of post-exposure prophylaxis.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16484

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16484	16484.08	U.S. Agency for International Development	GRIP Intervention	7311	7311.08		\$150,000

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

Estimated amount of funding that is planned for Human Capacity Development \$60,436

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9629.09

Prime Partner: Hope Education

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 22316.23147.09

Activity System ID: 23147

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$679,634

Activity Narrative: SUMMARY:

Hope Education (HE) aims to develop indigenous capacity to provide young learners with HIV prevention training and appropriate life skills to affect lasting moral and behavioral change. The organization aims to increase the capacity of Life Orientation (LO) teachers to promote HIV prevention through abstinence and being faithful (AB); reach learners and orphans and vulnerable children with AB messages; develop the capacity of the Department of Education at the provincial and district level; and develop the administrative, logistic and academic capacity of Reaching a Generation (RaG) and HE to sustain quality HIV prevention education.

BACKGROUND:

Prevention is key to reducing the high HIV infection rate in South Africa. The future course of the epidemic hinges in many respects on the behaviors young people adopt or maintain, and the contextual factors that affect those choices. Children, aged 10 to 14 years have the lowest HIV infection rate of any age group in South Africa. Thus, they represent one of the greatest opportunities to reduce the HIV prevalence rates. If young children adopt healthy behaviors, the spread of HIV can be limited. Schools, particularly LO classes that are designed to prepare children for life, provide an ideal setting to address topics related to HIV prevention. Because these classes have only recently become mandatory, the teachers have yet not received proper training nor do they have sufficient materials and resources. RaG, an indigenous community-based organization, in cooperation with HE, a US non-governmental organization have developed an age appropriate, child-centered curriculum called iMatter to equip teachers with materials and curriculum. This program has been developed in cooperation with the Department of Education (DOE).

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 DOE, which increases efficiency by utilizing the personnel, communication channels and infrastructure that is already in place. For example, the Department handles communication with the schools and individual teachers and manages most of the follow up.

The LO/HIV prevention teacher training is based on a learner-centered model and focuses on practical and interactive activities that engage the teachers. RaG/HE piloted the program in the Free State province in August 2006, and was subsequently revised, improved and expanded. Since the pilot project, the RaG team has spent much time in schools and been attentive to feedback from the teacher training sessions. The manual has been revised seven times, based on the ongoing feedback from the educators. Key leaders within the DOE have gathered for multiple conferences to discuss how RaG/HE can ensure that the teacher training events and materials are closely linked to the objectives and desired outcomes of the Department. To date, more than 3,000 teachers representing more than 2,500,000 learners have been trained through the RaG/HE LO training program in six provinces. Training will expand to eight provinces by the end of FY 2008.

Every schoolteacher who attends the training receives a Training Manual that serves as a syllabus and ongoing resource. This manual supplements the existing educational materials by providing additional resources aligned with the Outcomes and Assessment Standards as indicated in the National Curriculum Statement. It also helps develop outcome-based education teaching skills based on experiential learning to create optimal participation and a positive learning experience for the learners. This underpins the holistic developmental approach of the National Curriculum Statement by including skills, knowledge and values as an integral part of the teaching and learning process. The National Policy on HIV/AIDS, for Learners and Educators in Public Schools, and Students and Educators in Further Education and Training Institutions states: "Life skills and HIV and AIDS education should not be presented as isolated learning content, but should be integrated in the whole curriculum. It should be presented in a scientific but understandable way. Appropriate course content should be available for pre-service and in-service training of educators to cope with HIV and AIDS in schools. Enough educators to educate learners about the epidemic should also be provided."

The LO/HIV prevention teacher training includes examples of how to create lessons in compliance with the National Curriculum Statement including outcome-based education methodologies such as using sensory learning. Instructions for integrating HIV prevention materials into the LO classroom are also incorporated into the training. Throughout the training the Learning Outcomes and Assessment Standards found in the National Curriculum Statement are emphasized to build the capacity of teachers for attaining the desired outcomes as identified by the DOE.

The teacher training aims to have every LO teacher from each district attend. Unfortunately, limited resources made this impossible at times. In the past, it has been necessary to limit attendance to one teacher per school; this teacher would then provide 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 affected. 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, more than 6,000 teachers will influence more than 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 the learners in the Foundation and Intermediate Phases. This book called "iMatter" is complemented by a corresponding iMatter Teacher's Guide. Each lesson indicates which learning outcomes and assessment standards from the National Curriculum Statement are being taught. Teachers are required

Activity Narrative: 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 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 so that learners will adopt and maintain behavior that will protect them from HIV infection. The National Policy states "A continuing life skills and HIV and AIDS education programmed must be implemented at all schools and institutions for all learners, students, educators and other staff members." During the teacher training session, a district DOE official who is 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. HE conducted due diligence and research to determine what the content should include and to ensure that no duplication was taking place. iMatter materials complement existing materials in South Africa and in Swaziland. The Foundation Phase book is for Grades 2 - 3 and the Intermediate Phase book is for Grades 4 - 7. Both editions include lessons on the value of human life, the importance of making good choices, the difference between good and bad touch, ways that HIV is transmitted and can be avoided, and ways to avoid stigma. Content is presented in an age appropriate manner.

Educators and curriculum specialists from Swaziland and the US began development of the iMatter curriculum in 2005, deployed a field test in 2006 and rolled out the curriculum in 37 schools with more than 24,000 learners in 2007 in Swaziland. There was strong government and community support throughout the process. This 10 lesson, age-appropriate HIV prevention material focuses on HIV prevention by targeting the underlying causes of the epidemic.

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 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 program. In a fully funded program, teachers will receive a copy for each of the learners. Recent changes within the requirements of the DOE 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 to align it even more fully into the requirements of the DOE. The project will be completed between September and December 2008.

The iMatter materials provide teachers and learners with resource material for teaching and learning life skills and HIV prevention in order to sustain the objectives of the DOE in the Learning Area of Life Orientation. This is aligned with the Minister of Education's objectives in the Strategic Plan for 2007-2011 that aims 1) to ensure effective implementation of the Curriculum Performance measure; and 2) to ensure that all schools have quality learning and teaching support materials. The iMatter books provide a structured and clearly defined way for the teachers to integrate what they have learned. The interactive teaching methods within the iMatter Teacher's Guide reinforce the content from the teachers training by providing specific classroom activities for the teachers to use with their learners. Depending on length and frequency of the LO class, the 10 lessons within iMatter can be used for much of the school year. There is enough content in each of one of the iMatter lessons to last for two or three class periods. The skills the teachers develop through this process will be used on an ongoing basis. In addition, both the learners and the teachers keep their books. The learners are encouraged to take their books home and share what they have learned with their families. The teachers keep their books and use the activities and stories in future classes.

ACTIVITY 3: Partnership and Certification Activities

Since the pilot teacher training program, RaG has secured agreements with the provincial education departments to provide HIV and AIDS prevention and 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 DOE becomes increasingly supportive the more involved they become in the RaG/HE training. Initially the involvement is primarily limited to sending the teachers for training; but as the program shows positive results, the Department becomes 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 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 offer up to five credits to the teachers who participate in the training. The DOE 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22316

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22316	22316.08	HHS/Centers for Disease Control & Prevention	Hope Education	9629	9629.08		\$1,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2802.09

Prime Partner: Olive Leaf Foundation

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 3300.23148.09

Activity System ID: 23148

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$668,998

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No considerable modifications have been made to Hope Worldwide South Africa's budget (Track 1) but enhancements of activities include more emphasis on quality approaches apposed to HIV prevention such as building community capacity through a community engagement and conversation technique and through a small-group theory model (through Community Action Teams) to address behavior change. As a result, a detailed description of program activities and sub-activities has been included.

In FY 2009, as part of HwWSA's efforts to implement quality programs, focus group discussions (FGD) with youth that have been a part of the CAT's program for over three years, will be organized and facilitated. The purpose of these FGDs will be to pinpoint the outcomes of all the program inputs since 2005.

Focus on leadership skills will be prioritized in FY 2009. Learners will be capacitated with skills to sustain their own CAT groups due to the cut to Track 1 funding in 2010.

HwWSA will facilitate continual workshops among all CATs and their parents in and effort to breach the intergenerational gap between parents and children. CAT's parents will participate in HwWSA's Parent Empowerment Program training on parenting.

The curriculum is broken into 10 sessions namely:

SESSION 1: Orientation & Personal Growth (Enhanced Self-Awareness)

SESSION 2: Understanding Children's Behavior

SESSION 3: Understanding Children's Feelings

SESSION 4: Building Children's Self-Esteem

SESSION 5: Assertiveness And Engaging Co-Operation

SESSION 6: Discipline

SESSION 7: Problem-Solving, Values And Family Meetings

SESSION 8: Faithfulness In Marriage And Relationships (Role Modeling Behavior)

SESSIONS 9 - 12 Done in Addition To The Above For Training Of Trainers (TOT).

SESSION 9: Awareness of Self As Facilitator

SESSION 10: Facilitation Skills

SESSION 11: Presentations - Presentation by individual participants on how they will replicate learning.

SESSION 12: Evaluations - Evaluation of presentations by participants, group and facilitator

This material is implemented in Gauteng, Eastern Cape, Western Cape and KwaZulu-Natal. Three Parent Action Teams that will function the same as CAT') have been established and implementation is currently underway.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13966	3300.08	U.S. Agency for International Development	Olive Leaf Foundation	6670	2802.08	Track 1	\$950,000
7371	3300.07	U.S. Agency for International Development	Olive Leaf Foundation	4395	2802.07	Track 1	\$503,425
3300	3300.06	U.S. Agency for International Development	Olive Leaf Foundation	2802	2802.06	Track 1	\$713,687

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2803.09

Prime Partner: Olive Leaf Foundation

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 3302.23150.09

Activity System ID: 23150

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: (a) HwwSA will increase the participation of schools in the community. An internationally recognized tool, the UNDP's Community Capacity Enhancement (CCE) program will be used. Most community methodologies focus on awareness raising and discussion; CCE focuses on interactive dialogue on the epidemic's deeper causes (e.g., power relations, gender issues, stigma or discrimination) and, through a facilitated process, community decision-making and action. New activities will include consultation with community stakeholders including the school governing bodies, school learners, teachers and parents; community mapping with stakeholders; facilitation of focus group discussions to assess HIV competence; facilitation of community conversations to identify issues in the school setting; participatory planning workshops to address concerns; facilitation of access to community resources; and working sessions to refine initial plans and strategies for the school. The revised strategy should benefit 20 schools in 4 provinces reaching an estimated 30,000 individuals with abstinence and be faithful (AB) interventions.

(b) The peer education (PE) training target will increase by a third. Measuring the quality of interventions and tracking behavior change outcomes will be emphasized. The PE model will be implemented in collaboration with Harvard School of Public Health and the Centre for the Support of Peer Education (CSPE). The Rutanang model will be used, which dictates ten standards for PE, namely, planning, mobilizing, supervisor infrastructure, linkages, learning program, peer education infrastructure, management, recognition, monitoring & evaluation and sustainability. These standards will ensure that key PE roles are executed and that significant life skills are developed, including decision-making; access to and empowerment to facilitate peers' access to counseling and testing; and strengthening civic virtue to address issues fuelling the HIV pandemic among youth. One component of HwwSA's PE program is being evaluated at Donaldson Primary School in collaboration with the Human Sciences Research Council (HSRC), CSPE, and CDC. The study runs from September to November 2008 and aims to interview one of the Community Action Teams (CAT). CATs are comprised of 8 peer educators (between the ages of 15-19) who facilitate two OVC groups consisting of 30 participants per group. The evaluation will provide information on the quality and effectiveness of the PE model. It will also inform program development for FY 2008 and FY 2009. In addition, a national post-assessment evaluative study is scheduled to take place at the end of September with youth in the PE program. This evaluative report will be compared to the baseline evaluation KAP study conducted in the inception of the program with the same target group.

ACTIVITIES 1-3 have been modified to address the 50% decrease in funding for FY 2009, from \$ 1,455,000 in FY 2008 to \$701,750 in FY 2009. The following cuts will be made: 100% in capital expenditure, 100% in Social Researcher salary (HR), 100% for the Impact Evaluation Study, and the travel budget will be decreased to accommodate the budget cut. This will not compromise the quality of service delivery as systems will be put in place to maintain and enhance quality approaches. Service delivery sites will not be cut, but FY 2008 plans to expand to Limpopo will be delayed until further funding can be leveraged. HwwSA will not employ new staff on permanent contracts, but current staff will be maintained and carried through FY 2009.

ACTIVITY 4: Due to budget limitations, HwwSA will not provide a sub-grant to GATEWAY International in FY 2008 and 2009. Instead HwwSA will provide organizational capacity development through mentoring and training, which will allow GATEWAY to transition from sub-grantee to self-sufficient partner. Creative Concept Mapping (CCM) will be used to assist GATEWAY with capacity building and sustainability. CCM identifies factors influencing individual's life and determines behavior by mapping the relationship between factors. HwwSA will be trained on, and partner with organizations who implement this tool, including Holistic Soul-Body Institute. Mentoring GATEWAY will take the form of monthly partner meetings with project coordinators, to monitor the implementation of AB Community outreach activities including, training PEs, forming CATs, CCE and the CCM. In addition, quarterly site visits will be conducted and training on good governance, facilitation skills, strategic planning, as well as guidance on program development will be provided.

The goals of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) include reducing the number of new infections by 50%; reducing the impact of HIV and AIDS on individuals, families and communities by expanding access to appropriate treatment, care and support to 80% of all diagnosed with HIV. The NSP states that young people aged 15-24 years be the focus of all interventions, especially behavior change prevention. A priority intervention is prevention. The NSP recognizes that keeping HIV negative people negative is the most effective and sustainable intervention. HwwSA's AB prevention intervention is aligned with the NSP as it partners with other prevention programs in South Africa to offer a comprehensive package to communities at risk of HIV. Key activities include training PEs in comprehensive life skills. Moreover, other prevention activities include the CCE (involving community members). Lastly, youth aged 15-24 years are emphasized.

Gender activities will be incorporated into the school programs to ensure that youth are reached in a controlled and conducive learning environment. Gender and leadership camps will increase awareness of gender-based violence as gender is mainstreamed in all of HwwSA's programs to reach more boys and vulnerable girls. The Men as Partners (MAP) component of the program is a community-based intervention that aims to reduce violence and coercion as men are trained as PEs. A life skills gender-based curriculum is used to promote gender sensitivity and healthy lifestyle behaviors.

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

Activity Narrative: 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 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 Narrative: 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 (Riebeeckstad, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13959

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13959	3302.08	U.S. Agency for International Development	Olive Leaf Foundation	6669	2803.08		\$1,455,000
7607	3302.07	U.S. Agency for International Development	Olive Leaf Foundation	4485	2803.07		\$900,000
3302	3302.06	U.S. Agency for International Development	Olive Leaf Foundation	2803	2803.06		\$900,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8683.09

Prime Partner: South African Business
Coalition on HIV and AIDS

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 19443.22872.09

Activity System ID: 22872

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$266,999

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The targets for FY 2008 have not been modified or enhanced. As has been noted, the South African Business Coalition (SABCOHA) started the program a few months late due to CDC requests to change the service provider that was initially proposed. This has had a significant impact on targets to date. However, SABCOHA now has the necessary infrastructure to roll out the program and the organization has begun to implement the capacity building component.

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 Vendor 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 programme 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19443

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19443	19443.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$275,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4632.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 22865.09	Planned Funds: \$0
Activity System ID: 22865	

Activity Narrative: SUMMARY:

The Southern African Clothing and Textile Workers Union (SACTWU) has received PEPFAR funding in previous years through a sub-agreement with the Solidarity Center. In FY 2008, SACTWU started receiving 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:

SACTWU is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers and has a membership of approximately 110,000 members nationally. Sixty-six percent of SACTWU's membership is female with the majority aged between 20 and 60 (i.e., the greatest population infected and affected by HIV and AIDS).

The SACTWU AIDS Project, known as SACTWU Worker Health Program, is a national program that provides prevention and care services in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. This Project was initiated in 1999 and developed as 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 workplace theatre, in-house voluntary counseling and testing (VCT) services, access to a social worker in KwaZulu-Natal, income generating workshops, a primary package of care through the VCT services, home-based care through its regional nurses, and a home-based care network in KwaZulu-Natal and the Western Cape. 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 that provides ongoing home-level support.

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). 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's program is to create greater gender equity in HIV and AIDS programs and address male norms and behaviors.

Previously, although work was done in this specific area of prevention, all activities were addressed in the area "prevention through behavioural change beyond abstinence and/or being faithful". This has been modified to allow for activities in "prevention through abstinence and/or being faithful" to occur and be reported on separately.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: Training**

One of the key objectives of SACTWU's training program is to educate shop stewards as master trainers/peer educators. This enables them in delivery of messages and information that directly address the issue of the prevention of HIV, to workers at the workplace. Emphasis is placed on behavioral change and the following topics are addressed: the effectiveness of abstinence in the prevention of HIV and sexually transmitted infections (STIs) and family planning; risk reduction through mutual fidelity and the importance of protecting one's family by staying negative; risk reduction through the reduction of multiple partners; and the need for parents to educate their children in the advantages of delaying sexual activity. Shop steward training is typically last from two to five days. At least one course per week will be offered with expected average attendance of about 20 participants per course. This training is conducted by SACTWU's internal trainers. Due to current gender inequalities, a key objective for FY 2009 is to develop an outreach training program aimed at training female adolescents at schools as peer educators in the areas of prevention, including abstinence and being faithful (AB), gender-based abuse and violence, and HIV risk reduction through the avoidance of alcohol and drug abuse.

ACTIVITY 2: Workplace Theatre

A fulltime drama group based in KwaZulu-Natal provides workplace theater at factories during tea and lunch breaks. Different scripts have been developed to address HIV-related topics including AB; STIs; correct condom usage; TB; and antiretroviral treatment. Recently, a sixth script has been developed to address prevention among adolescents with particular focus on abstinence, the advantages of delayed sexual activity and/or being faithful. The drama club will do outreach work at one or more high schools per month within the communities that SACTWU members live and work. It is anticipated that targets will be increased in this program area due to this outreach work.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$18,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8681.09

Prime Partner: South African Democratic
Teachers Union

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 19441.22839.09

Activity System ID: 22839

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$237,872

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

South African Democratic Teachers Union (SADTU) activities have been modified in FY 2009.

ACTIVITY 1: SADTU will train the school governing bodies on HIV prevention and treatment adherence to create a supportive environment for staff and learners living with HIV and AIDS

ACTIVITY 2: Prevention messages in information, education and communication (IEC) materials will be focused on, to support encouragement of alternative positive behaviors, to reduce incidence of concurrent and multiple sexual partners, and to promote mutual fidelity and mutual respect of human rights in relationships. SADTU will develop and distribute IEC materials with messages that promote correct and consistent use of condoms in every sexual act in discordant couples and as additional protection for circumcised males.

ACTIVITY 3: Gender sensitive activities in camps for boys and girls at regional sites will be conducted to provide opportunities for key skills development, such as taking responsibility for oneself and reducing risk behaviors. This will have the additional benefit of promoting access to continued education, resulting in a bright future and HIV-free generation.

Activity 4: Conduct provincial Gender and HIV workshop for 300 young women leaders between ages 21-35 to address issues of HIV Prevention as they relate to gender, social norms, self esteem and human rights, in skills building activities.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19441

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19441	19441.08	HHS/Centers for Disease Control & Prevention	South African Democratic Teachers Union	8681	8681.08		\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$192,341

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4103.09

Mechanism: World Vision

Prime Partner: World Vision South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 22725.09

Planned Funds: \$0

Activity System ID: 22725

Activity Narrative: In response to request for changes in prevention.

SUMMARY:

World Vision (WV) is expanding to include abstinence and being faithful 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 six provinces of the country. World Vision seeks to make a difference in the impact of HIV and AIDS and improve the situation of children in rural schools. WV aims to build on the Radically Different Species (RADS) prevention program (change behavior to change the future). In the Free State, RADS is a full-scale prevention program, which mainly focuses on peer education support, and is managed by youth from the local community. RADS is abstinence based, which aims at helping youth delay sexuality activity, deal with relationships, prevent sexually transmitted infections (STIs), understand teenage social context, take responsibility, and maintain independence and interaction between youth and the community. WV has established a memorandum of understanding (MOU) with the Free State Department of Education to roll out this prevention program, which includes life skills. The RADS are the 'cool and hip prevention program' that emphasizes the enhancement of learners' self-worth, and their influence on others and society. The program develops knowledge, skills, attitudes and values, addresses self-awareness, HIV and AIDS, sexuality and life skills, and emphasizes behavior change. RADS is a character building program, as character changes behavior and behavior changes the future.

ACTIVITY 1: Training Youth as Peer Educators

WV will train peer educators in the RADS prevention program to help change behavior and change the future. RADS training workshops will be organized in the Free State and Eastern Cape. RADS is a prevention program, which focuses on peer education support, managed by youth from the local community. RADS aims at delaying sexuality activity, dealing with relationships, STIs, Teenage social context in the time of HIV and AIDS, accountability and future perspective, independence and inter-action between youth and the community. WV through its MOU with the Free State Department of Education will roll out this prevention program in schools using the RADS trained peer educators.

ACTIVITY 2: Implementation

WV in collaboration with Free State Department of Education, will implement RADS at schools, reach more learners, and establish support groups in each school. WV also intends to work with educators to develop the peer educator program in the schools, whereby the life skills program is aligned to life orientation programs. This is outcomes-based in the form of knowledge and understanding of self-conceptualization, esteem, behavior change, effective communication, gender differences and sexuality, self-awareness, critical thinking, problem solving, action planning for the future, goal setting, psycho-social emotions, resisting peer pressure, negotiation skills to ensure abstinence, and delaying sexual activity. RADS is built around community engagement, involving parents and caregivers in its messages, and working through the Community Care Coalitions in identifying resources in assisting young people in life-skills.

One of the key priority areas of the NSP is Prevention, which aims to reduce the new rate of HIV infections by 50% by 2011. WV through the RADS program, "Courage to Become Me," and the Channels of Hope program aims to reduce sexual transmission HIV by strengthening its behavior change programs. RADS is an innovative programmed of using language of the youth to address behavior change and also advocates for open dialogue of HIV and sexuality between parents and children. The RADS program aims at adolescents and young adult at higher risk, in alignment with the NSP. In training the educator to assist with the peer education program, this highlights a multi-faceted approach of a high risk population group (i.e., infected teachers are 12.7% sero-prevalence in South Africa), this contributes to a greater involvement of people affected and infected with HIV.

One of the strategic objectives of the Policy Framework on Orphans and Other Children Made Vulnerable by HIV and AIDS calls for the mobilization and strengthening of community-based responses for the care, support and protection of orphans and vulnerable children (OVC) and to promote and strengthen linkages between community-based responses to OVC made vulnerable by HIV and AIDS with prevention, treatment and care programs. RADS will integrate its program holistically into the community care coalitions.

In order to address the gender issues, RADS will facilitate an increase in dialogue among young women and men, talking about their sexuality, values, behavior changes and norms. Age intersects with gender in determining the allocation of dominance in any society, young people typically have less power than older generations, and younger women or girls have less power than younger men or boys. Hence power imbalances in gender relations have many of its roots in adolescence. RADS is determined to increase the dialogue between boys and girls, younger women and younger men. Cultural, societal, ethical, biological and psychological factors contribute in determining the mindset of young people, and RADS integrates these factors in influencing sexuality and gender roles. WV will also attempt to address multiple concurrent partnerships and cross-generational sex in its prevention program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$48,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 4762.09**Prime Partner:** Ubuntu Education Fund**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 8261.22804.09**Activity System ID:** 22804**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As described in COP 2008, Ubuntu Education Fund (Ubuntu) utilizes a variety of approaches to reach different age groups with abstinence and being faithful (AB) prevention. Learners in grades four through eleven will continue to be engaged in discussions and role-playing to promote crucial skill development, such as decision-making, withstanding peer pressure, interpersonal communication, value clarification, negotiation, goal-setting, self-assertion and accessing health services.

In addition, Ubuntu will implement further age-appropriate lessons focusing on the development of positive attitudes related to gender equity and relationships, delaying sexual onset, delaying pregnancy, and challenging myths about HIV and AIDS. Ubuntu will also integrate a Men as Partners (MAP) approach in the life skills curriculum. This approach will be adjusted to be a thread that connects across curriculums. Ubuntu designs differing approaches for adolescents and older youth. The adolescent lessons will focus on guiding children to feel empathy with others and be self-aware. This approach will engage children and youth at an early age in establishing norms that reject gender-based violence.

Older youth from ages 14-24 will be taught sexual and reproductive health, the behaviors that place individuals at risk, and the social context and interrelationship of these factors. Ubuntu will address values, attitudes, and behaviors in individuals and communities and provide basic facts about preventing pregnancy and sexually transmitted infections (STIs), including HIV. Youth will be 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 one's partner's HIV status as an essential part of committed relationships.

For this age group, Ubuntu peer education and life skills facilitators will focus on and further develop activities and discussion points to address the drivers of the epidemic including, multiple concurrent partners, age mixing, and substance abuse, as well as gender and gender-based violence. Ubuntu will utilize all of its existing approaches including in school classes and peer education sessions to impart these messages. However, new modules will be added to the curriculum. Girls will be empowered by addressing the denial, discrimination and complacency that act as barriers to taking action to address HIV and AIDS.

The Men as Partners approach utilized by Ubuntu life skills educators for this age group will foster equal partnerships and participation between boys and girls, young men and women. Modules will be adapted for this age group to promote the participation of boys and men in family life. The Ubuntu curriculum will be audited to make sure that HIV and AIDS-related messages do not reinforce gender stereotypes or other biases related to HIV status, race, religion or culture.

In order to complement the activities described in Ubuntu's 2008 activity narrative, Ubuntu life skills educators will create after-school support clubs for children aged 14-24 to give them a forum to discuss these issues relating to HIV and gender stereotyping. Ubuntu's life skills facilitators are stationed at schools throughout the community. This gives them a strategic advantage in identifying children who are particularly at risk to getting involved in substance and alcohol abuse.

Ubuntu has created lessons that expose the link between abuse of alcohol and other substances and impaired judgment. Once this link is established, the facilitators are then able to make it clear how alcohol and substance abuse can lead to risky sexual behavior. These support clubs will also function as a safe after-school space to help young people avoid the settings that are conducive to get involved in risky behaviors. Ubuntu's curriculum addresses consistency of condom usage and the influence of alcohol and drugs on sexual behavior.

Additionally, once per quarter, female peer educators will gather their female classmates to visit women in the workplace identified by Ubuntu staff. Ubuntu will provide access to successful professionals in the community where young girls can see career options and listen to role models discussing how to live healthy and prosperous lifestyles.

Built into Ubuntu's family-centered approach to prevention is support to vulnerable young women. Ubuntu counselors often conduct home assessments and often find instances of cross-generational and transactional sex, primarily because of unemployment and socio-economic conditions. Ubuntu counselors provide educational materials not only life-skills, but also on hygiene and referrals to government services that can provide health and economic assistance.

Ubuntu will involve the parents in community empowerment trainings where they will learn facilitation techniques that can be used in informal gathering at their homes and social gathering places. Ubuntu will utilize the parents of the peer educators to support their children in explaining the messages, but also to become facilitators to their adult peers; Ubuntu will also start training parents in schools on life skills, sexuality and HIV and AIDS. This initiative is in accordance with recent research that indicated that a child's behavior may not change if the parent is ignorant about issues, and therefore are unable to support or advise the child. Ubuntu will train parents in schools starting 2009; Ubuntu plans to hold four workshops per quarter with parents. Ubuntu will reach 30 parents per workshop for a total of 120 parents per quarter and 480 parents per year.

Ubuntu will also add teachers to the existing support networks for peer educators. By training teachers on the peer education methodology, they are empowered to act as mentors and co-facilitators for the peer leaders. This will increase the schools' buy-in to the approach.

Ubuntu will also improve initiatives to share their curriculum and methodology with other government institutions, non-governmental organizations and stakeholders. Ubuntu currently serves on multiple government-led outreach committees including the most important stakeholders in Port Elizabeth. These committees address various issues ranging from HIV management to nutrition and TB treatment. Ubuntu will initiate a campaign to start a prevention outreach committee to strategize how to educate further about

Activity Narrative: voluntary counseling and testing (VCT), TB treatment and HIV management.

In order to complete the circle of Ubuntu holistic approach, Ubuntu's team will continue to improve referral systems to care services including VCT. Ubuntu ensures that a life skills facilitator or peer educator can identify a person who needs further assistance. These procedures allow Ubuntu's care and counseling team to follow up quickie. When Ubuntu provides VCT, trained Ubuntu care workers are on site to enroll all people who test positive into Ubuntu's care and support program.

Ubuntu will add to its existing approach to order to broaden the reach of Ubuntu's messages. The team will partner with radio KQ FM. Ubuntu will be on the air every Friday for two hours targeting the youth on sexuality, alcohol and drugs and HIV-related topics.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13846

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13846	8261.08	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	6632	4762.08		\$200,000
8261	8261.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	\$85,000

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,828

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$18,310

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 335.09	Mechanism: N/A
Prime Partner: Salvation Army	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 2992.22904.09	Planned Funds: \$0
Activity System ID: 22904	

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP for Salvation Army (SA). No FY 2009 COP funding is requested. Salvation Army (SA) withdrew from continuing activities of its FY 2008 COP for FY 2009 therefore no FY 2009 funding is needed for SA. Salvation Army will continue to support AB in FY 2009 without PEPFAR funding. The AB activities were approved in SA's FY 2008 COP and are being funded with FY 2008 PEPFAR funds. SA will continue implementation and completion of the AB activities as specified in its FY 2008 COP. Funds were allocated to SA to promote the message of Abstinence and Be Faithful (AB) through youth mentors and pastors of churches. The activities will be completed according to schedule outlined in the FY 2008 COP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13803

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13803	2992.08	U.S. Agency for International Development	Salvation Army	6615	335.08		\$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

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 500.09

Mechanism: In Support - CDC

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 7966.22846.09

Planned Funds: \$1,071,296

Activity System ID: 22846

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14058

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14058	7966.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$1,032,425
7966	7966.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	\$620,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4761.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 8267.22830.09	Planned Funds: \$0
Activity System ID: 22830	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Training Institute for Primary Health Care (TIPHC) has integrated of the prevention program with the orphans and vulnerable children (OVC) and home-based care (HBC) programs.

Implementation of the prevention program holistically, requires that prevention messages be taken beyond the school environment to improve communication to youth about their values and expectations regarding adolescent behavior. While the TIPHC prevention program is school-based, TIPHC has identified that prevention messages need to be reinforced beyond the classroom, and thus TIPHC will work with parents and guardians to help improve communication to youth about their values and expectations regarding adolescent behavior. TIPHC will also ensure that parents and guardians understand the importance of monitoring and supervising the adolescents at homes and within the community. The prevention team will be involved in the HBC and OVC programs. Data collection tools with learners' physical addresses and OVC classifications will be developed to allow home visits to render services.

Prevention facilitators will identify OVC in the schools, register them, and refer them to the OVC program coordinator to proceed with linking them for services. Facilitators will continue to liaise with the OVC program team, monitor the provision of services, and ensure that the identified OVC needs are met. In addition, the abstinence and being faithful (AB) facilitators will follow up on the homes of the identified OVC to counsel family members on prevention. Working with the HBC program coordinator, community talks with clients, family members and community leaders will be organized in each community where AB facilitators will present prevention messages. This will be a coordinated program strategy to ensure that HBC clients are reached. The AB messages for HBC and OVC clients will be delivered by the AB facilitators with coordination by the HBC and OVC coordinators. Data collected from this intervention will be collated and consolidated by the prevention coordinator in liaison with the HBC and OVC coordinators.

Human Capacity Development

TIPHC intends to strengthen the quality of its services by ensuring that the knowledge and skills of facilitators and trainers in HIV and AIDS are up to standard. Skills enhancement is the key strategy for ensuring quality improvement. Sustainability will be achieved through a ripple effect as AB trainers continue implementing program activities. Thirty-four TIPHC and sub-partner AB facilitators, trainers, project coordinators and program managers will be included in capacity building program.

Induction and Orientation: AB facilitators will undergo a three-day induction and orientation training on the AB facilitating model that integrates basic OVC care and support, and monitoring and evaluation (M&E) systems. In-service training on M&E tools will be conducted regularly to ensure quality data collection.

Management and Leadership Development: AB project staff will be capacitated on project management and supervision skills. This in-house training program will include basic computer skills, project management, and facilitation and leadership skills.

Retention strategies for AB facilitators and trainers: The AB facilitators and trainers will be rewarded with competitive remuneration. They will have incentives like uniforms and support in developing career paths and will be appraised based on performance management and skills development systems of TIPHC.

The prevention program is aligned with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. Priority area 2, goals 2.1 and 2.2 states that behavior change programs interventions and curricula for the prevention of sexual transmission of HIV should be customized for different target groups with focus on those more vulnerable to, and at higher risk of HIV infection and interventions targeted at reducing HIV infection in young people focusing on young women. The integration of prevention and OVC program will be guided by these two objectives.

Gender Programming

Statistics (South African government) show that the HIV prevalence among women is high. Thus, TIPHC will focus prevention activities on addressing issues of increasing gender equity in HIV and AIDS programs, and addressing male norms and behavior. These will be achieved through school debates on teenage pregnancies, alcohol and substance abuse aiming at behavior change. The school debates will address cultural values and attitudes that shape the behavior of young girls and boys, and will identify opportunities for young people to influence change.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13843

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13843	8267.08	U.S. Agency for International Development	Training Institute for Primary Health Care	6631	4761.08		\$200,000
8267	8267.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4616.09	Mechanism: N/A
Prime Partner: CARE International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 12253.22634.09	Planned Funds: \$13,702
Activity System ID: 22634	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

CARE serves as an umbrella grant-making mechanism for the Centers of Disease Control and Prevention (CDC). Specific responsibilities 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13702

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13702	12253.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$28,226
12253	12253.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	\$100,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 167.09

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 2911.22575.09

Planned Funds: \$0

Activity System ID: 22575

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13374

Continued 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
13374	2911.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$936,500
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

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9229.09	Mechanism: N/A
Prime Partner: Project Concern International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 21648.23039.09	Planned Funds: \$1,470,727
Activity System ID: 23039	

Activity Narrative: Project Concern International (PCI), along with two implementing partners in South Africa, has undertaken a program with the goal to reduce HIV transmission by changing social norms related reducing violence against women. The objective of the program is to reduce the prevalence of violence in both urban and rural areas with an emphasis on poorer areas where gender power disparities are typically heightened. This will be achieved through a large scale social mobilization program that will: 1) mobilize civil society and public sector partners to combat gender-based violence; 2) create an enabling socio-cultural environment for changing norms related to gender-based violence; and 3) support the implementation of multi-sectoral activities which will achieve and maintain significant reductions in violence against women and related HIV incidence

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Project Concern International (PCI) won the Annual Program Statement (APS) award in FY 2008. PCI will work with two implementing partners in South Africa to undertake a program 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 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.

This program will directly benefit the entire female population in the Western Cape and KwaZulu-Natal provinces who are at risk of acquiring HIV through forced sex, and it will indirectly benefit all (consensual) sexual partners who could be infected by victims of rape. This program stems from South Africa's exceptionally high rate of sexual violence, and the well-established link between sexual violence and HIV acquisition. This program will lead to significant reductions in gender-based violence that accelerates the progression of the AIDS epidemic in South Africa. It will put an end to the pervasive social norm of toleration for sexual and other violence against women, and it will go far to restore their basic sexual and human rights.

ACTIVITIES AND EXPECTED RESULTS:

This program will undertake social mobilization in three sets of activities in support of the three anticipated results including (1) working with key sector partners to help them understand, and take ownership of the problem of sexual violence in South Africa; (2) conducting an overarching communications campaign that will amplify activities implemented by sector partners, while unifying individual sectors' activities in a signed, branded movement to end sexual and domestic violence against women; and (3) providing support to key sectors and institutions in South Africa that will enable them to take actions to transform social norms regarding sexual and domestic violence against women.

This program will also undertake to implement HIV prevention programs for adolescents and young adults aged 10-24 through schools, church youth groups and other youth-serving settings. The geographic focus will include localities currently served by Track 1.0 partners and other areas with unmet needs in youth prevention. The APS objectives will be to delay first sex, increase "secondary abstinence," and promote safer behaviors, including mutual fidelity and partner reduction, among young people. Scale-up of skills-based HIV education, especially for younger youth and girls will include (a) community mobilization to promote norms that support healthy behaviors among young people; reinforcement of the role of parents and other protective influences in HIV prevention; and prevention of sexual coercion and exploitation of young people.

PCI will give priority to HIV prevention among orphans and other vulnerable children, who are at substantially increased risk of early sexual activity, pregnancy and HIV. Activities will incorporate a strong emphasis on the vulnerability of girls and young women to HIV, and include strategies to meet their unique prevention needs, for example, explicitly addressing sexual coercion, transactional sex, and sex with older partners. PCI will undertake behavior change approaches that are evidence and theory-based, such as rigorous, interactive curriculum-based HIV education that reflect internationally recognized best practices, and to tailor these approaches to each specific setting.

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21648	21648.08	U.S. Agency for International Development	Project Concern International	9229	9229.08		\$2,164,000

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3462.09	Mechanism: DoE
Prime Partner: National Department of Education	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 4784.23009.09	Planned Funds: \$1,695,199
Activity System ID: 23009	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: (a) Abstinence and be faithful (AB) activities will be integrated with other prevention activities in support of the Department of Education (DOE) activities to prevent HIV among students in targeted schools. Activities will encourage students to abstain from sexual activity as the best and only way to protect themselves from exposure to HIV and other sexually transmitted infections. In addition, activities will integrate education and training focused on the role of alcohol and drugs in increasing high-risk behavior and exposure to HIV and sexually transmitted infections (STIs). Training programs will support peer educators with age appropriate messages for 10-14 year olds and for 15-19 year olds respectively. The training programs will take into account that most of the South African high schools still have older boys and girls in Grades 10 and 11 due to high repetition rates and due to starting school at a later age. Older youth who are still attending classes in rural schools generally have limited career and continuing education opportunities, thus they will also receive support to improve knowledge and awareness of HIV with appropriate messages.

(b) In FY 2009, the program will include targeted support for teachers in selected schools. The support for teachers (adults) will focus on messages for be faithful, reduce the number of sexual partners, avoid concurrent or high-risk partnerships, and discourage cross-generational sex. The activities for the teachers will be integrated with other sexual prevention and will be funded using AB and other prevention funds. Teachers are included in the program to serve as mentors and to support the peer educators in the schools, and as they often lack skills to play these roles effectively, they are included in the training program.

(c) Parents of peer educators will attend talks and seminars to engage them on how to support and mentor their children at home as peer educators. This is aimed at ensuring that parents understand the role of peer educators.

ACTIVITY 2 and 3: FY 2009 funds will not be used to support the activities for the Universities of the Western Cape and Zululand. These will be new activities starting in early FY 2009 and will target older and sexually active youth to provide training on behavior change, to learn about their HIV status.

ACTIVITY 4: Support at Vocational Training Colleges. Peer education training will develop skills and norms to promote abstinence or delay sexual initiation, secondary abstinence, fidelity, and partner reduction for the older boys and girls who are attending targeted colleges. Support for abstinence activities will be linked with other sexual prevention activities for college students and older youth. The DOE will implement an integrated HIV prevention program for college students.

Specific modifications for the FY 2008 COP include direct focus of sexual prevention activities on teachers who support and work with peer educators in target schools. Teachers in the target schools were not included in the previous programs as a target group for support. This approach has been reviewed and revised during implementation of activities in 2007 and 2008. In FY 2009, teachers will be included as a key target group for support. The current DOE life skills programs also do not target teachers, and as a result, teachers are exposed to limited support on HIV and AIDS issues. Teachers are critical in sustaining peer education programs in their schools, and in assisting to raise the profile of peer education activities.

Reports from the current peer education program have demonstrated that working with peer educators over the past eight months has inculcated behavior change skills for the peer educators on abstinence. PEPFAR support will continue in the current target schools located in KwaZulu-Natal, North West, Free State and Mpumalanga provinces, with more peer educators trained and more learners reached.

The methods of selecting peer educators will be strengthened with increased participation of provincial, district and circuit level life skills coordinators. Selection criteria will focus on gender equity, age, school grade, motivation, acceptability by fellow students, students' personal traits and capabilities. Resources will also be used to provide regular support to schools participating in the program and to establish a sustainable incentive system for the peer educators. The incentive program will reinforce and strengthen the skills of the peer educators and encourage social recreation opportunities for youth and provide relevant awards.

The lessons learned during peer education training workshops will be shared with national and provincial DOEs through the follow-on activities when scaling up PEPFAR support in 2009 and 2010. Based on the strategic partnerships developed in 2007 and 2008 and working with schools in the target provinces of Mpumalanga, North West, Free State and KwaZulu-Natal, PEPFAR resources will be used to provide technical assistance to the national and provincial departments of education to strengthen their capacity to deliver improved HIV education in schools.

USAID will offer technical assistance to the DOE to improve capacity to implement successful HIV and AIDS programs within the education sector. Technical assistance will include the development of capacity to manage and deliver education-relevant health programs in schools and to strengthen the implementation of existing HIV and AIDS components of life skills and health education.

Technical assistance support to the DOE will be aimed at strengthening harmonization and alignment of the HIV and AIDS programs in education. This will result in improved information sharing through joint reviews of progress in education, joint planning, and better coordination. In addition, harmonization will lead to improved coverage of funding gaps and introducing joint funding mechanisms, improving consistency and continuity, moving towards one coordinating body or branch in the Ministry of Education and contribute to national priorities.

Technical assistance will also target curriculum design, teacher training and support for extra-curricular activities with specific focus on HIV and AIDS prevention. The monitoring and evaluation technical assistance to the DOE will support strategies to adapt existing education information management systems to capture relevant, timely and accurate information about HIV impacts on the education sector to be used

Activity Narrative: for advocacy and planning at all levels of the Ministry of Education, and support research to track the impact of HIV and AIDS on children orphaned by AIDS. Technical assistance for monitoring and evaluation will be used to provide feedback into decision-making processes, and to assess the impact of HIV and AIDS on the education sector and inform the development of relevant policies.

Non-PEPFAR funds have been leveraged to support technical assistance to the DOE to strengthen its internal structures and systems. This will help to scale up the peer education care and support program nationally.

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: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14041

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14041	4784.08	U.S. Agency for International Development	National Department of Education	6692	3462.08	DoE	\$1,746,000
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

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$200,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 519.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 3067.22734.09	Planned Funds: \$87,381

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of KwaZulu-Natal, Nelson Mandela School of Medicine will use a new strategic approach in FY 2009. Traditional Health Practitioners (THPs) will use the knowledge acquired during training to promote abstinence and being faithful (AB) in their day-to-day community activities (e.g., school visits, religious functions and other community gatherings).

Usage of existing events such as annual reed dance, izimbizos, etc. will be part of the planned outreach programs. Event calendars will be compiled, which will create ideal opportunities to spread AB messages more effectively. Media that have been used in earlier COP activities to enhance the reach of the project messages will now be recorded as an additional indicator. This activity will be implemented with immediate effect.

Regarding point 5 in the COP 2008, the activity has been rephrased as follows: "to reinforce traditional ways of abstinence, THPs participating in this project will communicate these messages at their monthly meetings and other community meetings or events."

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 eThekweni Health Unit, and the eThekweni 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. NMSM 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13852

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13852	3067.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$100,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$26,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4630.09	Mechanism: N/A
Prime Partner: Scripture Union	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02

Activity ID: 7930.22900.09

Planned Funds: \$795,171

Activity System ID: 22900

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Scripture Union (SU) has completely revised its curriculum to comprise 10 modules. The curriculum has been well received. SU will channel resources into strengthening training, improving staff and volunteer skills, improving data quality, sharing best practices with other youth NGOs, refining materials, and moving from tools that measure attitude change to ones that measure behavior change.

SU conducts several HIV prevention activities, but focuses on running small groups in schools. Priorities in FY 2009 will be cross-generational sex through the 'sugar daddy' module, and one devoted to teenage pregnancy. SU plans to integrate HIV drivers such as substance abuse, violence, gang warfare, discrimination and abuse into the program. SU will also expand geographically to schools in rural areas, where talk of sex and sexuality is often taboo. Expansion is based on SU's needs assessments and the high transmission areas identified by the South African government.

SU's methodology is participatory, based on respect for young people's views, and the realization that they learn more easily from their peers. Many young people confide problems to SU's leaders, however, confirming that they are approachable. SU treats behavior change as a process. SU's age-appropriate courses are tailored to different groups; ideally, a youth will attend SU courses at ages 10, 14 and finally at age 18. Each course will guide the youth's behavior and their life choices. SU also conducts workshops to train staff on writing and reviewing SU materials.

A major enhancement will be integration of life skills with a sports program. The linking of soft skills with hard skills is a powerful experiential learning tool. SU is linking with organizations like Sport for Christ Action South Africa and uBabalo eAfrika to harness the momentum of the 2010 Soccer World Cup. Soccer teaches skills like shielding (protecting the ball from your opponent) a skill linked to realities confronted by youth (e.g., protecting themselves from HIV). This also builds on SU's model of staff and volunteers being available on the township sports fields and recreation areas to respond to youth.

A second new activity is breakaway workshops or camps, including gender specific camps, according to the Family Matters! model. SU ran father and son events in FY 2008, and in FY 2009 will explore a mother and daughter initiative to tackle cultural and social norms, traditional roles, and to enhance family discussions of sexuality. This initiative will also improve parental participation in the program. SU's out-of-school camps are run throughout the year.

SU will promote voluntary counseling and testing (through linkages with partners) in all youth development programs and holiday clubs.

SU will address pertinent local drivers of the epidemic. Youth often get bored during the holidays, which may lead to risky behaviors resulting in HIV infection. Where drugs and gang warfare are endemic, SU will tailor the approach accordingly. Activities outside the classroom include watching a relevant DVD and discussing it; or inviting a speaker to introduce certain subjects followed by discussions. SU staff and volunteers provide feedback on each activity, thereby increasing SU's knowledge of the audience and the local context and allowing SU to tailor training material to the particular community.

SU will continue to involve people living with HIV (PLHIV) in programs. PLHIV may address SU staff, and participate in educating church leaders and volunteers.

SU draws volunteers from local communities and is able to enrich their lives through formal and on-the-job training. SU aims to improve the quality of the volunteer experience by providing, for example, branded promotional materials and events recognizing their work that may contribute to a spirit of camaraderie. In FY 2009, SU will conduct a needs survey to determine the training needs of volunteers. SU will ensure that marketable skills are imparted to SU's volunteers and that they emerge from the experience better equipped for tertiary education and the formal job market. SU's volunteers may work with the organization for six months to several years. There is a comparatively low turnover, primarily due to the strong faith beliefs held by the organization. Volunteers often report on the positive impact of the program; how the training and skills building has opened doors to employment. Volunteers are encouraged to participate in the program after gaining full-time work. Often volunteers become part of SU's staff.

SU also recruits influential adults within the community to serve as role models. These adults (peer group - just out of school- and upwards) contribute significantly to creating an environment conducive to the adoption of safer behavior among youth. SU will establish a base line and record of all volunteers, to track trained people and to document their progress.

SU will continue to refine SU's monitoring and evaluation (M&E) system. Currently SU measures the attitude change in learners but needs technical assistance to measure behavior change successfully. Currently each participant completes an anonymous pre-evaluation questionnaire, followed by a post-evaluation questionnaire at the end of each activity. The questionnaires are identical and thus help us to gauge whether the participants have had any change in their thinking towards their behavior as a result of what they have learnt. SU will work with experts, including teachers and Life Orientation teachers, to ensure that questionnaires are effective in measuring attitudes rather than behavior change. SU aims to measure lasting change and plans to evaluate this three or six months after an activity, and then again two to three years later. In FY 2009, follow up evaluation questionnaires will be given to targeted learners who went through the course in FY 2008. SU will run several training workshops on M&E for Community Lifeskills Workers. In addition, the M&E specialist will work alongside CLWs to assess whether SU's program meets the needs of specific communities. An online data program that will collect data more consistently and systematically, will be fully functional by early 2009. Archived data will be easily accessible and the database will be an invaluable source of information about young people that have participated in SU's programs. Evaluation sheets for the presenters and volunteers of each activity have been introduced. SU believes that the organization is due for another major evaluation and requires supplementary funding to do this. Independent evaluators, Nell & Shapiro, undertook the evaluation in 2001. They concluded that SU's

Activity Narrative: courses are effective.

SU will continue to strengthen the strategic alliances with the Departments of Health at national and provincial levels. SU has partnered with the Western Cape Department of Health and other NGOs and FBOs to develop activities for the 2010 World Soccer Cup, and to combine forces on existing initiatives. Other NGOs in this alliance include Youth Commission, Youth for Christ, Muslim AIDS Program, Department of Health, Department of Community Safety, and Planned Parenthood Association of South Africa. The coalition will combine forces for major events like World AIDS Day, School AIDS Week, World TB Day, etc. The initiatives begin in September 2008 with School AIDS Week. Each organization will focus on their area of expertise. SU will conduct in-schools youth programs to mark Schools AIDS Week and will partner with government departments who do not close during holidays to implement holiday programs. SU's Mthatha office, has led the pack in initiating activities with the Departments of Social Services and Health. SU works closely with national network of churches (e.g., HisNet, a network of Christian youth organizations working in the AIDS arena) and this contributes to a more sustainable national response. As a faith-based organization, SU is able to source many volunteers through churches.

SU targets community leaders and church leaders as role models. They are key multipliers and reinforcers of prevention messages. SU will review its methods to ensure that youth receive consistent messages at home, in school, at church, and at social gatherings.

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 PEPFAR 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

Activity Narrative: 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 178 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13807

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13807	7930.08	HHS/Centers for Disease Control & Prevention	Scripture Union	6617	4630.08		\$1,300,000
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
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$42,847

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7299.09

Prime Partner: Muslim AIDS Program

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15937.22991.09

Activity System ID: 22991

Mechanism: CARE UGM

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 Muslim AIDS Program (MAP) will expand services to areas with high prevalence such as the North West. There will be an expansion of accelerated prevention programs targeting youth, especially girls. MAP will also implement other sexual prevention strategies. MAP will target in-school and out-of-school youth as follows:

Adolescents, 10-14 Years: The life skills program, Ed-Unique and Free Teens focuses on the following topics: HIV and AIDS facts, self-esteem building, goal setting, effective communication, substance abuse, sex and sexuality, delaying sexual debut, peer pressure, bullying, and effective decision making. The programs are conducted through modules at schools.

Youth, 15-19 Years: No Apology, Free Teens, and the Sugar Daddy program includes HIV and AIDS education, peer education, drug addiction, prevention of teenage pregnancies, gender health, media literacy, rape, partner reduction, delaying sexual debut, encouraging secondary abstinence, sexually transmitted infections, and effective communication. The MAP facilitators conduct the sessions at schools; in addition, peer educators who have been trained to talk to their peers are available at schools.

Young Adults, 20-24 Years: The following topics are addressed in this age group: HIV and AIDS education, substance abuse, parenting skills, sexually inflicted violence, choice disabled partnership, gender-based violence, rape, incest, transactional sex, partner reduction, self-esteem building, counseling and testing, encouraging secondary abstinence, and income-generating skills development for unemployed youth.

Youth camps that are currently offered appear to be well received. The program will therefore be modified to include basic and follow-up camps for the vulnerable populations. MAP aims at 10 camps nationally reaching at least 50 out-of-school youth per camp.

Programs complement the other and negotiations with the school authorities ensure that they fit into the school curriculum.

The topics mentioned in the previous paragraphs are important for the prevention and management of HIV and AIDS. Information, education and communication on HIV and AIDS facts alone need to be supplemented with discussions on psychosocial issues that young people are faced with daily. MAP program facilitators have found that there is a prevalence of conditions such as sexually inflicted violence, transactional sex, teenage pregnancies, etc. within the communities. MAP implements HIV and AIDS education programs in relation to all these topics together with reinforcing life skills including goal setting, decision making, effective communication, assertiveness, self concept enhancement, etc. in order to capacitate young people to deal with these conditions.

MAP will train young university students and unemployed youth to render a service to the organization. Trained youth attend workshops as a self-development initiative, and as volunteer facilitators for the program. MAP conducts the Ladies' Life Skills and Parenting Skills programs that promote constructive and open communication between parents and their children. These programs are particularly well received by the community. The use of holiday camps together with mother/daughter and father/son projects are rapidly becoming a means of intervention whereby parent-child interaction is enhanced. MAP will adopt the "Family Matters" parenting program where facilitators will be trained to run the program. The Centers for Disease Control and Prevention (CDC) will provide technical assistance for this program.

The Rutanang Peer Education will be implemented within the existing program with the training of peer educators who will be able to communicate the abstinence and being faithful (AB) messages to their peers.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15937

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15937	15937.08	HHS/Centers for Disease Control & Prevention	Muslim AIDS Program	7299	7299.08	CARE UGM	\$220,000

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

Estimated amount of funding that is planned for Human Capacity Development \$220,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 6084.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 12252.22890.09

Planned Funds: \$0

Activity System ID: 22890

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to fund the South African National Blood Service (SANBS) 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. This activity represented the country-funded portion of the SANBS activity. The PEPFAR South Africa Interagency Partner Evaluation panels decided that country funding was no longer needed, given the existence of Track 1 funding for SANBS and a planned end to the agreement in FY 2009, as well as a well-established South African blood safety program. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13814

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13814	12252.08	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6622	6084.08	SANBS country buy-in	\$242,500
12252	12252.07	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6084	6084.07	SANBS country buy-in	\$250,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 510.09	Mechanism: N/A
Prime Partner: Soul City	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 3055.22896.09	Planned Funds: \$5,436,095
Activity System ID: 22896	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

A five-year HIV prevention strategy consolidates Soul City's Institute for Health and Development Communication (SC:IHDC) activities across nine countries into one focused intervention, in line with SADC recommendations and the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. It focuses on adults and youth to change population level norms, attitudes and beliefs and on developing individual skills to support risk avoidance and risk reduction to promote abstinence, faithfulness and to decrease stigma. The strategy addresses key epidemic drivers including the practice of and low risk perceptions related to multiple concurrent partnerships (MCP), cross-generational and transactional sex. MCP will be the focus of a major campaign. Violence and alcohol abuse are major aspects of the strategy and social norms are addressed as underlying drivers of many HIV risk behaviors. Target audiences include youth and adults, age 16-65. The 25-35 group are key audiences as are people in informal settlements and townships. Mobile populations are targeted as part of the nine-country programs where the strategy has been jointly designed to ensure consistent messages. Interventions for children continue, promoting abstinence and delayed sexual activity. The primary audience is 8-14, with secondary audiences of older siblings, caregivers and teachers.

SC:IHDC's interventions are based on WHO health promotion principles that emphasize an enabling environment for behavior change. The strategy targets individuals, communities and the socio-political environment through a combination of mass media, social mobilization, and advocacy to impart knowledge, shift attitudes and norms, increase individual and community efficacy, social cohesion and healthy public policy. It uses edutainment methodologies that integrate issues into prime-time entertainment programs, attracting large audiences. Radio in particular reaches marginalized communities. Based on "parasocial interaction" theory, edutainment creates characters with whom audiences identify and emotive stories as powerful tools for social change. Print material linked to the drama provides a sustained resource. The popular brand brings credibility to social mobilization initiatives. All interventions are based on social change theory and are researched and evaluated. Materials are developed through a formative research process with target audiences and key stakeholders. The strategy is conducted in partnership with key stakeholders in government, people living with HIV, faith-based organizations and civil society. Soul City maintains a close relationship with JHESSA and collaborates on many projects. This together with the multi-year, multi-level nature of the strategy is important to maximize impact and sustain behavior change. SC:IHDC collaborates with Johns Hopkins University and the Khomanani campaign on a joint evaluation.

ACTIVITY 1: Activity has been modified. The SC TV series broadcast in FY 2008 will be repackaged into DVDs and with reprints of the accompanying booklet, will be distributed nationally. Research and development of 2 new TV and radio series will take place in FY 2009; 1 series will be broadcast in FY 2009 together with 1 million copies of a new booklet for adults dealing with alcohol abuse.

ACTIVITY 2: Soul Buddyz will develop and broadcast a 13 part TV drama; distribute 1 million copies of a 42 -page color parenting book in four languages; a grade 7 life skills book will be distributed to all learners nationally. A further TV series combined with a parenting book will be developed in FY 2009 for implementation in FY 2010. The mass media activities are combined with community mobilization activities and other forms of communication such as public service adverts, pamphlets and posters.

ACTIVITY 3: School-based activities will be expanded into a comprehensive primary and high school intervention bringing community, private and government resources together for HIV prevention. Participating schools will become HIV prevention, care and support "hubs" through Buddyz Clubs, Schools as Nodes of Care" (SNOC) and Parenting Groups (the latter two are for adults). The hubs will extend into the community to reach out of school youth. The intervention is developed in partnership with the Department of Education (DOE). The high school component is a non-PEPFAR funded pilot. Soul Buddyz Club focuses on life skills, peer pressure and self-esteem, as well as delaying sexual debut, the risks of MCP and alcohol abuse. SNOC trains school governing bodies to support OVC and to promote HIV prevention in schools. In FY 2009, 80 primary school parenting groups will be set up per province involving 14,400 parents; these will strengthen parenting skills, in relation to preventing alcohol abuse, promoting abstinence and positive gender norms, and an understanding of HIV prevention. New facilitators (1,000) will be trained through 108 sessions to support community mobilization. A trainer and two fieldworkers based in each province constantly monitor quality and give support.

ACTIVITY 4: More than 200 new ETD training sessions will be conducted in FY 2009 with an average of 30 people per session.

ACTIVITY 5: Heartlines has been modified. As a result of the success of the first children's book, the DOE has requested a sequel for ages 6-10. This will be developed in FY 2008 and in FY 2009 translated into 11 languages; 100,000 copies will be distributed to 17,000 primary schools to help children to build the necessary skills to make their eventual transition to sexual activity, safer and healthier.

ACTIVITY 6: "Communities with Soul" KWANDA is a new activity designed to strengthen community mobilization. It consists of 13-episode TV reality show, 13 week radio show on 5 radio stations and multiple community stations. It will highlight a social mobilization process to prevent HIV, violence, alcohol abuse and strengthen livelihoods, where 7,500 people in 5 communities, will transform their communities. The project is a partnership with all levels of government. The media will inspire audiences to initiate similar programs in their own communities this will be assisted by 500,000 community mobilization toolkits. This program links to the Presidential Right to Work Programme.

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:

Activity Narrative: 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 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. 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

Heartlines is a sub-partner of Soul City: IHDC uses a values-based approach to HIV prevention. It is fully

Activity Narrative: 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 13810

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13810	3055.08	HHS/Centers for Disease Control & Prevention	Soul City	6620	510.08		\$5,090,000
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

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

Health-related Wraparound Programs

- * Child Survival Activities

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 507.09

Prime Partner: Salesian Mission

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 3053.22907.09

Activity System ID: 22907

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$176,700

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 5: Youth Friendly VCT

During the last two years, Life Choices has made mobile voluntary counseling and testing (VCT) available to the high schools by networking with a highly qualified institution and PEPFAR partner, New Start (Society for Family Health). At the end of 2007, Life Choices was pleased to receive another grant from PEPFAR that will insure the establishment of Life Choices' own mobile VCT clinic, offering HIV testing, TB screening and support services. In FY 2008, Life Choices will not have indirect results under this grant. Instead, direct results will be reported under the new grant managed by CDC.

ACTIVITY 6: Monitoring & Evaluation

Life Choices staff is monitored on an ongoing basis by two coordinators. Surprise and supportive visits are conducted in all Life Choices sites in order that feedback reports are produced to feed back to management. Life Choices staff is also accountable to school management teams. School staff monitors Life Choices work and they provide feedback to Life Choices Management about how the activities are running in their schools (i.e., strengths and weaknesses). With the feedback gathered from different sources, Life Choices management is able to make informed decisions about staff training needs; programmatic changes and development; and staff appraisals and incentives.

Life Choices' Peer Educators are also supervised on a weekly basis by the Life Choices Trainers. Trainers and school educators monitor peer education activities in schools, as they provide support to peer educators in order to conduct quality peer activities.

Life Choices will continue conducting focus group discussions and annual knowledge, attitude and practice surveys to follow up on behavior change resulting from the program and to inform new developments in the program methodology.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13802

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13802	3053.08	U.S. Agency for International Development	Salesian Mission	6614	507.08		\$0
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

* Reducing violence and coercion

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$156,226

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 274.09

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 2977.22783.09

Planned Funds: \$97,090

Activity System ID: 22783

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In terms of a knowledge, attitude and practice (KAP) survey (2007), the South African Department of Defence (SA DOD) has been advised to conduct a more focused program on abstinence and being faithful (AB) among the Military Skills Development (MSD) youth. The moral, ethical and value-based program targets the MSD youth by particularly advocating for abstinence, delay of sexual initiation and further, advocating for secondary abstinence. The SA DOD aims to strengthen these activities to include small focus group training that will be more effective.

The Combating HIV and AIDS through Spiritual and Ethical Conduct (CHATSEC) program, conducted by the chaplains, has a huge focus on young recruits. The program concentrates on the individual's moral values and spiritual beliefs to enforce a culture of abstinence and being faithful. On completion of the training a pledge ceremony is conducted where participants pledge to live according to their moral values, to abstain from sex, delay sexual debut and if sexually active, to be faithful. The program also includes mechanisms such as developing posters reflecting these values, which are used to reinforce awareness. Approximately 400 Chaplains have been trained in the train the trainer CHATSEC program to date, and approximately 10,000 troops have received training. The chaplains are also key stakeholders in the Multidisciplinary Committees that exist at various units, and which they use to continue to promote AB values.

The Comprehensive Health Assessments that are during recruitment, mobilization preparation and as part of ongoing health assessments of the soldiers are conducted regularly. During these assessments, there is a significant component on health education and promotion particularly in the field of HIV, AIDS and sexually transmitted infections.

The Occupational Health and Safety Programs include aspects of HIV prevention in the workplace.

Other activities include peer education, gender equity training, mass awareness, pre- and post-deployment training on HIV prevention.

The South African Military Health Services is considering working with other expert implementers to exchange ideas, and improve program implementation.

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

Activity Narrative: -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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13823

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13823	2977.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$100,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 216.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 2919.22768.09

Activity System ID: 22768

Mechanism: RESPOND

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$398,605

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

EngenderHealth South Africa (EHSA) will continue to implement the capacity-building and programmatic activities described in COP 2008. However, minor modifications are planned. Specifically, messaging will be altered to focus on linking behavior with culturally influenced actions, such as multiple concurrent partners and alcohol abuse. To ensure the quality and the impact of these messages, EHSA will engage all program officers, implementing partners and stakeholders in defining the desired number of face-to-face interactions for each group reached through the project, as set out in the monitoring and evaluation plan.

ACTIVITY 2 (School/Community Action for Gender Equality (S-CAGE)) will technically remain unchanged, but EHSA will increase the number of middle schools working directly with the 10-14 year olds and beyond in the North West Province, conveying messaging on Abstinence and Being Faithful (AB), while building capacity of peers and educators to sustain implementation at school and community level. EHSA will increase emphasis on messages on multiple partners and alcohol abuse, and on challenging the social norms that often put males and their partners at risk.

EHSA is publishing a revised version of its Men as Partners (MAP) curriculum via a PEPFAR-supported multi-country gender norms Initiative. Field-tested and revised in the South African context, this new curriculum incorporates activities that dissect issues such as multiple concurrent partnerships and alcohol use vs. abuse, offering individual knowledge and skills-building activities to assist in addressing these cultural norms.

ACTIVITY 3 (Community Capacity Building Program) will remain the same, with EHSA partnering with various community-based stakeholders to integrate the MAP approach. Inherent in the evidence-based MAP approach is recognizing that behavior change as a process, and that the prevalence of HIV is higher among men in their thirties and forties and younger women in their twenties. This recognition leads to linking individual interventions with men to interventions focusing on partners, families and communities, as well as community mobilization efforts to reach additional community members, while collaborating with communities to increase the return of girls who drop out of school back to the educational system.

ACTIVITY 4 (Government/Other Key Stakeholders) will remain the same.

ACTIVITY 5 (Clinical/Community Outreach) will primarily remain the same. One modification will include EHSA working with civil society partners to implement a behavior change communication campaign aimed at out-of-school youth. This campaign will include direct messaging and skills-building on interpersonal communication in order to help the young men (and women) link their risk behavior with culturally-influenced actions, such as multiple concurrent partnerships and alcohol abuse. This activity also focuses on inner-city and peri-urban areas in Johannesburg, thus reaching immigrant and migrant communities.

ACTIVITY 6 (MAP Network) consisting of monthly meetings of prime partners to ensure information exchange and advocacy efforts will be continued in Gauteng and the Western Cape. EHSA will also co-chair quarterly meetings (with Hope Worldwide) of the MenEngage Alliance, consisting of key stakeholders representing the MAP Network and other non-governmental and community-based organizations, government agencies and general activists, gathering to discuss issues, exchange information, and develop an advocacy platform on public policies relating to gender-norm transformation, HIV and AIDS.

ACTIVITY 7 (National Campaigns) will not be modified, as EHSA will continue to promote AB messages through gender norm transformation via national campaigns. In FY 2009, EHSA will continue a new social marketing campaign -The Sisonke Campaign - engaging celebrity male artists (e.g., musicians, actors, professional athletes) to promote positive male gender norms linked to sexual health, with emphasis on reducing xenophobic and homophobic attacks, especially as they relate to sexual violence and HIV. Through the high visibility mass media campaign, EHSA will also develop prevention messages specifically targeted at the 2010 Federation of International Football Associations Soccer World Cup, appealing to boys and men via football analogies. EHSA's Police as Partners initiative will focus on reaching men in their thirties, forties, and fifties, focusing on messaging about multiple concurrent partnerships, consistent condom use, cross-generational sexual relationships, as well as raising gender equitable children.

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

Activity Narrative: 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 & 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 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 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:

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13775

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29192	29192.06	Department of Defense	US Department of Defence/Pacific Command	3109	3109.06		\$111,916
13775	2919.08	U.S. Agency for International Development	Engender Health	6604	216.08	ACQUIRE	\$690,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$300,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1401.09	Mechanism: Management 1
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 12255.22775.09	Planned Funds: \$0
Activity System ID: 22775	
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008	

Funds will be used to recruit a Prevention Advisor with expertise in abstinence and being faithful (AB) and other prevention (OP) program areas. HVOP also includes funding for this advisor. This new activity is required to strengthen the prevention portfolio. The incumbent will expand and strengthen AB activities, integrate gender, improve nuanced, targeted communication and expand prevention efforts aimed at the general population and at youth. The Advisor will ensure the development and dissemination of rigorously-informed messaging in the PEPFAR/South Africa program. The Advisor will also ensure that prevention activities conform to United States government guidance, South African government policies and the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13914

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13914	12255.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$194,000
12255	12255.07	U.S. Agency for International Development	US Agency for International Development	4500	1401.07	Management 1	\$250,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8682.09	Mechanism: N/A
Prime Partner: Education Labour Relations Council	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 19442.22758.09	Planned Funds: \$453,898
Activity System ID: 22758	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Education Labour Relations Council (ELRC) has made the following enhancements to the COP 2008 narrative:

Activity 2: Training Peer Educators for Teachers Unions

While recruitment and training of master trainers and peer educators was conducted in the initial phase of the project (FY2007-FY2008), in FY 2009 PEPFAR funds will be used to conduct audits of master trainers and peer educators to identify where to replenish training resources. New testing procedures will also be implemented to ensure consistency in the quality of training. At the end of each master trainer and peer education workshop, participants will be required to take a test to demonstrate their knowledge of the curriculum. Those master trainers and peer educators who do not have a satisfactory score will be prioritized for refresher courses. Those who fail a second time will be removed from the project. New training efforts will focus on the supervision and management of peer education services and the development of advanced peer education skills. These advanced peer education skills will be needed as the project evolves from merely raising teacher awareness about HIV and AIDS to addressing the social attitudes that contribute to the spread of HIV like multiple and concurrent sexual partners. PEPFAR funds will also be used in FY 2009 to develop a central database that stores contact information, test scores and performance ratings of master trainers and peer educators to assist in the supervision of peer education and outreach activities.

Activity 3: Community Mobilization and Outreach

The ELRC's Prevention Care and Treatment Access (PCTA) project's past mobilization efforts have demonstrated that on-site outreach activities are the most effective method for delivering prevention messages to adult educators. Support from principals is critical to conducting outreach activities at schools. Consequently, the ELRC-PCTA will collaborate with the Department of Education to facilitate training of school principals to sensitize them on the prevention, abstinence and being faithful curriculum, so that principals will support peer education being conducted in schools. Working with principals and union officials peer educators will use technology (DVDs on abstinence and being faithful (AB) messages) to supplement face-to-face interactions with teachers during breaks and after school. Emphasis will be given to those districts where HIV prevalence among educators is highest.

Beginning in FY 2008, the ELRC-PCTA will also coordinate with the Department of Education at the national, provincial and district levels to conduct advocacy campaigns on AB prevention that address the social norms that facilitate the spread of HIV among adults. Peer educators will develop linkages with department of education representatives at the provincial and district levels so that they can share best practices, lessons learned, coordinate mobilization events and harmonize prevention messages that reinforce mutual monogamy.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19442

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19442	19442.08	HHS/Centers for Disease Control & Prevention	Education Labour Relations Council	8682	8682.08		\$550,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$194,013

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 190.09

Prime Partner: Aurum Health Research

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 19444.22604.09

Activity System ID: 22604

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Aurum will continue programs described in the FY 2008 COP, but the following enhancements have been made:

Some programs will be provided to parents on how to deal with adolescents and young people. The parents will be targeted in workplaces and community organizations such as churches. More emphasis will be placed on empowering girls in dealing with peer pressure and the ability to say no. Recreational activities will be supported through community organizations.

Partnerships with youth organizations will be established and strengthened. Training on peer education will be provided to youth organizations and other organizations in the communities. Community mobilization officers and counselors will undergo in-service trainings and debriefing sessions on a regular basis. The Aurum social worker will be responsible for debriefing the project team. Two team-building activities will be conducted during the year. These will be conducted to promote staff wellness and better integration of activities across the Aurum project. Managers, human resources managers and trade union officials of small and medium enterprises (SME) will be trained on policy development, stigma and discrimination. The project will continue to expand its services to private nursing schools targeting student nurses and tutors.

The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011(NSP) prevention target is to reduce the national HIV incidence by 50% by 2011. Aurum's abstinence and being faithful (AB) activities aim to contribute to the reduction of HIV incidence among young people. Objective 1.2 under Goal 1 of the NSP is to accelerate programs to empower women and educate men and women (including boys and girls) on human rights in general and women rights in particular. The AB activities will specifically run educational and information sessions on gender issues with the aim of empowering women and girls. Women need to be empowered in order to be able to say no to gender violence and be able to negotiate safe sex. At the same time men and boys must be able to deal with empowered women and girls, and reduce gender stereotypes.

Objective 1.7 aims is to build AIDS competent communities through tailored competency processes. The SME project continues to provide HIV and AIDS services to SMEs in the workplace. These services are tailored to meet the needs of SME employees, and aim to promote HIV prevention among the workers.

Goal 2, objective 2.4 aims to increase the rollout of workplace prevention programs for workplace interventions. More SMEs will be targeted in FY 2009. Partnerships with trade unions and employer organizations will be strengthened in order to reach as many SMEs as possible. There will be greater emphasis on the construction industry.

Objective 2.7 of the NSP aims to develop a comprehensive package that promotes male sexual health. The sexually transmitted infections clinic that will be established in FY 2008 at the Bree Street taxi rank targeting taxi operators will be strengthened.

Gender-focused information sessions will be conducted in the communities. The HIV education currently provided to employees of SMEs will include gender and HIV sessions. Specific gender-focused training material will be developed. Refresher training for trained peer educators will be conducted.

Education of parents will also be prioritized. This will aim to empower parents to deal with gender stereotypes.

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,

Activity Narrative: 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 debut 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19444

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19444	19444.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 227.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 3835.22599.09

Planned Funds: \$0

Activity System ID: 22599

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to the Association of Schools of Public Health (ASPH) and sub-contracted to the Harvard School of Public Health and the Centre for the Support of Peer Education to support a coherent national inter-sectoral system of rigorous peer education. Funding for ASPH will not continue under its current agreement in FY 2009 because the contract ends in September 2009. Instead, the agreement will be re-competed through a Funding Opportunity Announcement. Therefore there is a need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13384

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13384	3835.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	6459	227.08	ASPH Cooperative Agreement	\$602,575
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	\$70,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9634.09	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: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 22496.22594.09	Planned Funds: \$194,181
Activity System ID: 22594	

Activity Narrative: SUMMARY:

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 EngenderHealth 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.

BACKGROUND:

The project will directly expand access to HIV-related services to one million South Africans, with a focus on prevention through promoting safe and healthy sexual behavior in HIV-infected and uninfected individuals and improving access to counseling and HIV testing. Union members, their families and communities are the target audiences. The "Be Faithful, Be Tested, Be Union" Project strategy focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities to dramatically increase HIV prevention within these critical economic groups. The project will address three key HIV-related areas: counseling and testing, behavior change through gender norm transformation, and HIV-related institutional capacity building among the union partners.

The South African labor force, and thereby, businesses and the public sector, have been particularly hard hit by HIV and AIDS, with a negative impact on productivity and business profits. Historically, South African unions have been at the forefront of improving work and social conditions, not only for their members, but for their communities as well. However, most trade unions and employers lack the capacity and direct encouragement and support to create workplaces that offer HIV education, promote counseling and testing, reduce stigma, and provide benefits and access to services for workers and their families living with HIV and AIDS. This project will fill that gap in key workplaces.

ACTIVITY 1: Be Faithful, Be Tested, Be Union

The "Be Faithful, Be Tested, Be Union Project" will address the high rate of HIV and AIDS among South Africans through a strategy that 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. Over the life of the five-year project, activities will be implemented in five provinces. FY 2009 funding will ensure that activities reach Limpopo and Eastern Cape provinces. All are areas of the country in which either the Solidarity Center or EngenderHealth have previous program experience and/or in which the project's union partners have large memberships, extensive field operations, and substantial employer contacts.

The project will benefit from the strength of project partners with proven South African experience in critical areas, such as HIV and AIDS programming, gender norm transformation, social mobilization skills for worker and community outreach, and workplace advocacy and policy negotiation. The Solidarity Center and EngenderHealth have offices and ongoing HIV and AIDS programs in South Africa, as well as significant experience managing PEPFAR and other U.S. government-funded programs. As a result, these organizations are very familiar with HIV and AIDS technical areas and interventions, program implementation and management of large-scale projects, reporting, grant regulations, and related issues. The "Be Faithful, Be Tested, Be Union" Project will harness the trade unions' highly developed and effective organizing and mobilization skills to address key elements of HIV prevention, as well as make use of union infrastructure and networks at the local, provincial and national levels. The project will contribute to all four key priority areas identified within the South African government's HIV & AIDS AND STI National Strategic Plan, 2007–2011. These are: 1) prevention; 2) treatment, care and support; 3) research, monitoring and surveillance; and 4) human rights and access to justice.

ACTIVITY 2: Gender Norm Transformation

Gender norm transformation among the primary target audience—male workers—is one of the project's cornerstones. The project will assist union members in promoting faithfulness and partner limitation, as well as other HIV prevention strategies, through gender norm transformation and skills-building techniques based on EngenderHealth's Men As Partners (MAP) methodology. The MAP program is unique in allowing men and women to participate in a reflective process that explores how gender inequities and rigid messages about masculinity contribute to HIV, sexually transmitted infections, unintended pregnancy, gender-based violence, violence against girls and boys, and other health and social-related problems. This process employs a "transformative approach" that allows men to challenge harmful gender norms and embrace alternative models of masculinity that support their own health and that of others. MAP uses programmatic strategies at many levels to effect changes in men's attitudes, values and practices; employs an ecological approach to individual and community behavior change; and reaches individuals at various points in their daily life, including: workshops aimed at changing individuals' knowledge, attitudes and behavior; community awareness raising events to mobilize men to take action in their own communities and with their own families; Community Action Teams, a collective of gender activists promoting change in their communities; sensitization sessions and skills-building workshops with the health-care sector to increase men's utilization of HIV testing and care and other health services; collaborations with other non-governmental organizations to build their capacity to implement equivalent MAP programs; and advocacy efforts for increased governmental commitment to promoting positive and constructive male involvement.

These activities will involve implementing workplace programs centered on HIV prevention. In addition, by

Activity Narrative: focusing on men and gender norm transformation this activity will address gender imbalances that affect sexual decision making and ensure that men and women are equipped with knowledge on how to protect themselves from contracting HIV.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22496

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22496	22496.08	HHS/Centers for Disease Control & Prevention	American Center for International Labor Solidarity	9634	9634.08		\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$32,460,904

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9634.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 22323.22595.09

Planned Funds: \$582,543

Activity System ID: 22595

Activity Narrative: SUMMARY:

The Solidarity Centre, 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 Centre's project partners are EngenderHealth 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.

BACKGROUND:

The project will directly expand access to HIV-related services to one million South Africans, with a focus on prevention through promoting safe and healthy sexual behavior in HIV-infected and uninfected individuals and improving access to HIV counseling and testing. Union members, their families, and communities are the target audiences. The "Be Faithful, Be Tested, Be Union" project strategy focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities to dramatically increase HIV prevention within these critical economic groups. The project will address three key HIV-related areas: counseling and testing, behavior change through gender norm transformation, and HIV-related institutional capacity building among the union partners.

The South African labor force, and thereby, businesses and the public sector, have been particularly hard hit by HIV/AIDS, with a negative impact on productivity and business profits. Historically, South African unions have been at the forefront of improving work and social conditions, not only for their members, but for their communities as well. However, most trade unions and employers lack the capacity and direct encouragement and support to create workplaces that offer HIV education, promote counseling and testing, reduce stigma, and provide benefits and access to services for workers and their families living with HIV/AIDS. This project will fill that gap in key workplaces.

ACTIVITIES AND EXPECTED RESULTS:

Solidarity Centre will carry out two separate activities in this program area.

ACTIVITY 1: Be Faithful, Be Tested, Be Union

The "Be Faithful, Be Tested, Be Union" project will address the high rate of HIV/AIDS among South Africans through a strategy that 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. Over the life of the five-year project, activities will be implemented in five provinces. FY 2009 funding will ensure that activities reach Limpopo and Eastern Cape provinces. All are areas of the country in which either the Solidarity Centre or EngenderHealth have previous program experience and/or in which the project's union partners have large memberships, extensive field operations, and substantial employer contacts.

The project will benefit from the strength of project partners with proven South African experience in critical areas, such as HIV/AIDS programming, gender norm transformation, social mobilization skills for worker and community outreach, and workplace advocacy and policy negotiation. The Solidarity Centre and EngenderHealth have offices and ongoing HIV/AIDS programs in South Africa, as well as significant experience managing PEPFAR and other U.S. Government-funded programs. As a result, these organizations are very familiar with HIV/AIDS technical areas and interventions, program implementation and management of large-scale projects, reporting, grant regulations, and related issues. The "Be Faithful, Be Tested, Be Union" project will harness the trade unions' highly developed and effective organizing and mobilization skills to address key elements of HIV prevention, as well as make use of union infrastructure and networks at the local, provincial and national levels. The project will contribute to all four key priority areas identified within the South African Government's HIV & AIDS and STI Strategic Plan for South Africa 2007–2011. These are: 1) Prevention, Care and Support; 2) Research, Monitoring and Surveillance, and; 4) Human Rights and Access to Justice.

ACTIVITY 2: Gender Norm Transformation

Gender norm transformation among the primary target audience—male workers—is one of the project's cornerstones. The project will assist union members in promoting faithfulness and partner limitation, as well as other HIV prevention strategies through gender norm transformation and skills-building techniques based on EngenderHealth's Men As Partners (MAP) methodology. The MAP program is unique in allowing men and women to participate in a reflective process that explores how gender inequities and rigid messages about masculinity contribute to HIV, sexually transmitted infections (STIs), unintended pregnancy, gender-based violence, violence against girls and boys, and other health and social-related problems. This process employs a "transformative approach" that allows men to challenge harmful gender norms and embrace alternative models of masculinity that support their own health and that of others. MAP uses programmatic strategies at many levels to effect changes in men's attitudes, values and practices; employs an "ecological approach" to individual and community behavior change; and reaches individuals at various points in their daily life, including: Workshops aimed at changing individuals' knowledge, attitudes and behavior; community awareness raising events to mobilize men to take action in their own communities and with their own families; community action teams (CATs), which are collectives of gender activists promoting change in their communities, sensitization sessions and skills-building workshops with the health care sector to increase men's utilization of HIV testing and care and other health services; collaborations with other non-

Activity Narrative: governmental organizations to build their capacity to implement equivalent MAP programs; and advocacy efforts for increased governmental commitment to promoting positive and constructive male involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22323

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22323	22323.08	HHS/Centers for Disease Control & Prevention	American Center for International Labor Solidarity	9634	9634.08		\$600,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 227.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 2932.22600.09

Planned Funds: \$0

Activity System ID: 22600

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to the Association of Schools of Public Health (ASPH) and sub-contracted to the Harvard School of Public Health and the Centre for the Support of Peer Education to support a coherent national inter-sectoral system of rigorous peer education. Funding for ASPH will not continue under its current agreement in FY 2009 because the contract ends in September 2009. Instead, the agreement will be re-competed through a Funding Opportunity Announcement. Therefore there is a need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13385

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29329	29329.08	HHS/Centers for Disease Control & Prevention	To Be Determined	11993	11993.08		
29328	29328.08	U.S. Agency for International Development	US Agency for International Development	11987	11987.08	OVC/Care Advisor	\$20,000
29327	29327.08	U.S. Agency for International Development	United Nations Development Programme	11984	11984.08	UNDP PIO	\$150,000
29326	29326.08	U.S. Agency for International Development	Macro International	11982	11982.08	Macro International - DHS	\$280,000
29325	29325.08	U.S. Agency for International Development	US Agency for International Development	8224	8224.08	RHAP TA in prevention	\$70,000
29324	29324.08	U.S. Agency for International Development	To Be Determined	11981	11981.08	TBD - Integrated PMTCT, Care, and Treatment TO	
29323	29323.08	U.S. Agency for International Development	To Be Determined	11980	11980.08	TBD - Prevention RFA	
29322	29322.08	Department of State / Office of the U.S. Global AIDS Coordinator	US Department of State	11983	11983.08	State/OGAC	\$55,700
29321	29321.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	11977	11977.07	APHL	\$90,000
29320	29320.07	HHS/Centers for Disease Control & Prevention	Partners in Health	11979	11979.07	PIH	\$60,000
13385	2932.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	6459	227.08	ASPH Cooperative Agreement	\$300,000
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

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 190.09

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 13690.22605.09

Planned Funds: \$0

Activity System ID: 22605

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Qualitative work will be done on population-specific behavioral, gender and structural risks in the target populations. This will inform interventions to address norms and identified high-risk behavior. HIV education programs will address these issues in detail. Targeted and gender focused activities will be run for men as a way to address stereotypes and gender imbalances. Partnership with Alcoholics Anonymous (AA) and other interventions for alcohol abuse will be established to address risk between alcohol and HIV. The Bree street taxi rank center will expand alcohol and HIV services to taxi operators. The construction industry will also be specifically targeted as part of group of people most at risk population.

Partners and families of these high-risk populations will be engaged and included where possible through structured interventions. Counselors and nurses will be provided with necessary training and information sessions to equip them to deal with these issues. A basic program evaluation will be implemented in the screening for substance abuse, offering referral to services to quantify the contribution of substance abuse to HIV risk in these populations.

The sexual prevention program will mainly be provided in the workplace and in partnership with trade unions, employer organizations and other community organizations. Training on peer education will be provided to employees of small and medium enterprises (SMEs) and other organizations in the communities. Nurses and counselors will undergo in-service trainings and debriefing sessions on a regular basis. The Aurum social worker will be responsible for debriefing the project team. Two team building activities will be conducted during the year. These will be done to promote staff wellness and better integration of activities across the Aurum project. Managers, human resources managers and trade union officials of SMEs will be trained on policy development, stigma, gender and discrimination. The Aurum project will further expand its services to private nursing schools targeting student nurses and tutors.

The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 prevention target is to reduce the national HIV incidence by 50% by 2011. Aurum's other sexual prevention activities are intended to contribute to the reduction of HIV incidence among young people. Objective 1.2 under Goal 1 of the HIV & AIDS and STI Strategic Plan is to accelerate programs to empower women and educate men and women (including boys and girls) on human rights in general and women rights in particular. The other prevention activities will specifically provide educational and information sessions on gender issues with the aim of empowering women in the workplace. Women need to be empowered in order to be able to say no to gender violence and be able to negotiate safe sex. At the same time men must be able to deal with empowered women and reduce gender stereotypes. Objective 1.7 is to build AIDS competent communities through tailored competency processes. The SME project continues to provide HIV and AIDS services to SMEs in the workplace. These services are tailored for the employees of SMEs and aim to promote HIV prevention. Goal 2, objective 2.4 is to increase the rollout of workplace prevention programs for workplace interventions. More SMEs will be targeted in FY 2009. Partnerships with trade unions and employer organizations will be strengthened in order to reach as many SMEs as possible. There will be greater emphasis on the construction industry.

Objective 2.7 is to develop a comprehensive package that promotes male sexual health. The STI clinic that will be established in FY 2008 at Bree street taxi rank will be strengthened to include activities to promote gender specific sexual health for males. The clinic is intended for taxi operators and associated staff. A targeted gender specific intervention for the taxi operators will be initiated. The majority of people in the workplaces that the Aurum project supports provide services to men. This has allowed men to access HIV services. Employed men normally find it difficult to access HIV services especially in the public sector. The HIV education is being strengthened to specifically address gender issues and empower men to deal with empowered women. Qualitative work on male norms and risk behavior will inform these interventions.

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

Activity Narrative: 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 shown 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 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 FY 2008 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-infected through counseling or testing will be rapidly assessed for additional risk behaviors. Once these have been identified the counselor will negotiate with the HIV-infected

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13690

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13690	13690.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$447,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$5,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 416.09	Mechanism: N/A
Prime Partner: Broadreach	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 13699.22614.09	Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

In FY 2009, funding is requested to maintain and build on activities described in the FY 2008 COP. BroadReach Healthcare (BRHC's) approach will be to strengthen prevention within the scope of its existing programs and activities by selecting appropriate and targeted messages to deliver sustained behavior change. Selected interventions with general populations outside of treatment settings will be undertaken to address clear gaps and needs in prevention programming in the catchment areas of BRHC sites.

BACKGROUND:

BRHC approaches all of its work with the concept of developing scalable solutions which can help to bolster the South African Government's (SAGs) HIV/AIDS efforts across the country. To do this, BRHC breaks down the problem into demand-side and supply-side. Demand-side addresses the patients and communities to ensure that solutions are in place to mobilize, generate demand for testing, provide education including treatment literacy, provide ongoing adherence and psychosocial support to PLHIV and the affected/unaffected community members. BRHC generally does this by training and capacitating community organizations such as PLHIV support groups, faith-based organizations (FBOs), non-governmental organizations (NGOs) and SAG facilities to carry out these activities. The supply-side addresses the provider of services such as hospitals, clinics, healthcare workers, labs, pharmacies, etc. and focuses on solutions such as training, service delivery integration and re-engineering, operations improvement, equipment and infrastructure upgrade, etc. The goal is to build capacity in a scaleable way to address the demand for HIV/AIDS services. It is BRHC's philosophy that solutions cannot be scalable if they do not address both demand and supply sides and work to balance both.

ACTIVITY 1: Prevention Training (HCD)

Training in the provision of other sexual prevention services will be extended to community-based organizations (CBOs), NGOs and community health workers in the catchments areas of BRHC-supported SAG sites. Training will aim to alleviate capacity building and human resource constraints faced by the local NGOs, CBOs and community health workers with which BRHC builds partnerships.

ACTIVITY 2: Strategic Prevention Partnerships with SAG and NGOs/CBOs

BRHC will partner with district and provincial Directorates of Health Promotion, Directorates of Social Mobilization and HIV/AIDS/STI/TB (HAST) units to support and strengthen existing prevention programs in the districts where BRHC supports SAG sites in the provision of antiretroviral (ARV) treatment. Technical assistance will be provided to ensure coordinated, multi-level prevention programming is provided at the scale and intensity required to achieve behavioral objectives in specific populations. Building capacity to design, implement, monitor and evaluate comprehensive prevention programming will lead to sustainable programming. Before launching new prevention initiatives or developing new materials, BRHC will conduct a thorough review of materials and activities already at local, provincial and national levels. BRHC will also ensure any interventions are evidenced-based, draw on best practices in South Africa and the region, and are consistent with the latest epidemiological evidence of the drivers of HIV transmission in that geographical area. Formative assessments and situational analysis will be used to identify any missing data on local context. We will provide added value by identifying gaps (geographical, target population, technical, human resource) and filling them through partnership building and technical assistance.

Community health workers (lay and volunteer) present an ideal opportunity to bring prevention messages and materials directly into the home, while also providing a direct linkage to screening for HIV and tuberculosis (TB). BRHC will coordinate with local NGOs and CBOs to provide the deep penetration and coverage of prevention messaging in critical areas. Finally, BRHC will assist NGO and CBO programs to standardize prevention messages and align local activities with national mass-media campaigns and education programs.

BRHC is launching a new large scale comprehensive community mobilization program within which provision and support of wellness at community level is the key priority. Prevention will be a central tenet of this model. This model will be scaled up through new programs such as workplace, door to door campaigns, engagement of local traditional leadership and traditional healers, improved referral systems for social welfare services and partnering with local agencies to jointly provide as comprehensive a set of care interventions as possible. The community mobilization model will become the large scale distribution platform for an array of prevention programs now aimed at the general public that BRHC is in the process of developing.

Under the above described programs BRHC will continue production and dissemination of existing IEC materials including condom leaflets, patient education videos and patient education flipcharts. The patient education videos and flipcharts include various prevention messages within the context of comprehensive care and treatment services. Messages emphasize the important of testing and disclosure, couples counseling and testing, prevention messages for positive people and sero-discordant couples and positive living.

BRHC is currently embarking on an evaluation of risk perceptions and vulnerabilities of our current constituents to guide us in determining new, innovative and impactful prevention interventions that actually work. These will be scaled up and continuously evaluated for efficacy. BRHC has also been requested by North West province to assist them in developing and rolling out a prevention strategy for their high risk populations and this will be a signature initiative in FY 2009.

Activity 3: Condom Distribution

Activity Narrative: Increasing condom availability and condom distribution networks will be an important component of all BRHC other sexual prevention activities. Condom distribution will be coupled with comprehensive prevention messages (ABC), and education on correct and consistent condom use as a method of preventing HIV infection. BRHC will work with SAG sites and distribution centers to ensure a consistent supply of quality condoms, addressing issues of proper handling and storage where necessary. Community mobilization activities involve male and female condom demonstrations, and involve the dissemination of informational materials on proper condom use.

Activity 4: Prevention Integration

In FY 2009 prevention integration activities will be expanded to include other departments and hospital wards including ante-natal clinics, inpatient medical wards, TB clinics, and maternal and child health services. Prevention messages will be culturally appropriate and address the risks of multiple, concurrent partnerships and abuse of alcohol and drugs. Women in their twenties will also be targeted for messages around transactional and cross-generational sex. New prevention messages will be developed to assist patients who have been successful on treatment for a long period of time to prevent complacency. BRHC will use quality assurance/quality improvement methodologies to monitor the consistency and accuracy with which prevention messages are integrated into clinical encounters. Activities will also include referrals for counseling and testing and for the diagnosis and treatment of sexually transmitted infections.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13699

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13699	13699.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$776,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$66,552

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8682.09	Mechanism: N/A
Prime Partner: Education Labour Relations Council	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 19446.22759.09	Planned Funds: \$480,598

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Distribution of Male and Female Condoms

Participant reactions in training workshops indicate a real enthusiasm and genuine curiosity about female condoms. In many instances, the Education Labor Relations Council Prevention, Care and Treatment Access (ELRC-PCTA) workshop participants are exposed to female condoms for the first time. Given the positive reactions particularly from female educators, in FY 2009, the ELRC-PCTA will increase its procurement of female condoms. Union partners will also engage in campaigns to promote the use of female condoms among their members. The ELRC-PCTA anticipates that the greater availability of female condoms will increase usage among women and reduce reliance on male condoms, thereby promoting long-term behavior change.

As such, the curriculum for master trainers will be expanded to include training on condom storage, supply management and brand preference. Specifically, master trainers will be equipped with tools on tracking defective condoms and strategies for selection of condom distribution sites. In addition, the training module on prevention through other behavior change will be strengthened by adding peer education techniques on how to identify high-risk behavior and how to transfer knowledge on condom negotiation. Building off of the National Association of Trade Union's (NATU's) success in KwaZulu-Natal, the ELRC-PCTA will encourage other unions to negotiate with provincial Department of Education (DOE) representatives on distribution of condoms to learners 18 years and older.

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 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-infected 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19446

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19446	19446.08	HHS/Centers for Disease Control & Prevention	Education Labour Relations Council	8682	8682.08		\$550,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$205,425

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1401.09	Mechanism: Management 1
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03

Activity ID: 12324.22776.09

Planned Funds: \$0

Activity System ID: 22776

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Plus up funds will be used to recruit a Prevention Advisor with expertise in AB and OP program areas. HVAB also includes funding for this advisor. This new activity is required to strengthen the prevention portfolio. The incumbent will expand and strengthen OP activities, strengthen gender programs, develop activities aimed at substance abuse and HIV/AIDS, and develop and implement interventions in high transmission areas. The Advisor will ensure that rigorously informed messaging is developed and disseminated in PEPFAR/South Africa programs. The Advisor will also ensure that prevention activities conform with the USG guidance, SAG policies and the National Strategic Plan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13915

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13915	12324.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$194,000
12324	12324.07	U.S. Agency for International Development	US Agency for International Development	4500	1401.07	Management 1	\$250,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 216.09

Mechanism: RESPOND

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 2920.22769.09

Planned Funds: \$373,799

Activity System ID: 22769

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY/BACKGROUND:

Recognizing the need for cost effectiveness, EngenderHealth South Africa (EHSA) will integrate disparate activities associated with abstinence and being faithful (AB), other sexual prevention (OSP), male circumcision (MC) and counseling and testing (CT) programs. For OSP, linkages will be made with CT by offering CT services directly to individuals reached through EHSA's OSP partners in communities, including police stations.

ACTIVITY 1: Tertares

Activity one will remain the same; however, messaging will emphasize culturally significant issues, such as linkages between HIV, AIDS, multiple concurrent partnerships (MCP), MC, and alcohol abuse. As well, the number of sub-agreement partners will reduce to seven, with funds being diverted for scale-up of the Police as Partners (PAP) Initiative.

ACTIVITY 2: S-Cage Initiative

This will remain the same, however messaging will be modified. Similarly, linkages between HIV, AIDS, MCP, MC, and alcohol abuse will be emphasized. EHSA will also implement programming for "most at-risk populations" in a cross-border site in Mussina (Limpopo). EHSA will continue building the capacity of a Mussina-based CBO, targeting migrant workers, truck drivers, and young commercial sex workers with MAP messages. This intervention will combine peer outreach, condom distribution, and information sessions on sexual health, working with the border clinic. Finally, the number of sub-agreement partners will reduce to one.

ACTIVITY 3: Police as Partners (PAP) Initiative

EHSA's PAP Initiative will be scaled up, capacitating additional South African Police Service (SAPS) staff and volunteers to implement MAP programs in their communities. Target audiences for this intervention include SAPS personnel, their families and members of communities surrounding police stations. The PAP initiative also focuses on reaching men in their 30s and above, recognizing the beneficial aspects of reaching this population with messaging about multiple concurrent partnerships, consistent condom use, cross-generational sexual relationships, as well as raising gender-equitable children. Via training of trainers, EHSA will work with at least 12 local police stations (specifically the community policing forums and crime victims units) throughout Gauteng, Limpopo, Mpumalanga, Northwest and Western Cape provinces. EHSA will facilitate MAP TOTs for SAPS personnel and volunteers. After the TOTs, participants will form "community action teams" (CATs), developing community mobilization activity plans; including activities such as marches, rallies, family days, workshops, intergenerational dialogues, door-to-door campaigns, among others. EHSA will also work at the national level of the SAPS, encouraging support for the SAPS-initiated "Men for Change" (MFC) program which offers funding to local police station for community mobilization activities on male gender norms.

ACTIVITY 4: Transformational Social Development (TSD)

Activity four will be modified to incorporate all EHSA government partnerships. Currently, EHSA is partnering with the Department of Social Development in the Western Cape, the Northwest Department of Education, and the City of Johannesburg, among others. EHSA will continue providing capacity-building assistance to these and additional government entities based on need. The TSD program will offer technical assistance in the MAP program, as well as other issues (e.g. monitoring and evaluation, non-governmental organization management, etc), to both government personnel and community-based organizations (CBOs).

ACTIVITY 5: Clinic-Street Outreach (CSO)

Activity five will remain constant, allowing EHSA staff to conduct direct outreach reaching various men/boys. A majority of effort will reach clients at STI clinics; however, other street outreach will also target other areas, including informal settlements where CT drives are occurring. With a focus on inner-city Johannesburg, refugees/displaced persons will also be reached.

ACTIVITY 6: Advocacy

Activity six will remain constant, however, greater emphasis will be placed on EHSA's role in co-chairing the MenEngage Alliance of South Africa. Launched in late 2007, the MenEngage Alliance is a collective of men and gender NGOs working to transform male gender norms. Via this collective, EHSA will lead efforts to advocate among government agencies for sound policies which promote the health and well-being of all those living in South Africa. Advocacy activities may include convening the MenEngage Alliance to formulate an advocacy agenda, serving on national task forces, conducting media outreach to educate and mobilize the public, attending police forums, to name a few activities.

ACTIVITY 8: National Campaigns

EHSA will continue a new social marketing campaign -The Sisonke Campaign - engaging celebrity male artists (musicians, actors, professional athletes) to promote positive male gender norms linked to sexual health, with emphasis on reducing xenophobic and homophobic attacks, especially as they relate to sexual violence and HIV. Through this visibility campaign, EHSA will also develop OSP messages specifically targeted designed for the 2010 World Cup, appealing to boys and men via football analogies.

SUMMARY: The Men as Partners (MAP) Program works to reduce the spread and impact of HIV and AIDS

Activity Narrative: 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 also sponsors community education events and the formation of "community action teams" (CATs). 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. Working 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 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 Mphilonhle). 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, 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13776

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13776	2920.08	U.S. Agency for International Development	Engender Health	6604	216.08	ACQUIRE	\$520,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$19,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 274.09

Prime Partner: South African Military Health
Service

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 2978.22784.09

Activity System ID: 22784

Mechanism: Masibambisane 1

USG Agency: Department of Defense

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$266,999

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity six, brief motivational interviewing, will not be a focus area for the following financial year.

Having realised that workplace programs (WPP) are critical to HIV prevention and that there has not so far been optimal implementation of WPP, the South African (SA) Department of Defense (DOD) is going to make a concerted effort to achieve more than 70% implementation of workplace programs in all DOD units. More peer educators will be identified and trained. Additionally, more mechanisms for monitoring and reporting these peer educator activities will be developed. In deployment areas peer education activities will focus on topics such as alcohol abuse, multiple concurrent partnerships, mutual monogamy and responsible financial management.

Given that there are examples of successes using role playing as an educational tool, role playing and drama theatre are areas for further development in the environment of the training units. Another additional activity will be the purchase and distribution of female condoms. Members will therefore require training on the use thereof.

With the increasing demand for deployment of SA troops, the WPP will continue being implemented in the deployment areas both internal and external. There will be a concerted effort to plan for regular site visits to these deployment areas by the command cadre in order to demonstrate visible leadership support.

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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13824

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13824	2978.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$275,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 510.09

Prime Partner: Soul City

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 6567.22897.09

Activity System ID: 22897

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$2,144,839

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Existing training and resource materials produced during previous COP periods will continue to be produced and disseminated to at least 10,000 faith-based organization (FBO) leaders. A particular emphasis will be placed on making sure that the existing materials focus on helping FBOs address the key drivers of the epidemic, in particular multiple and concurrent partners, cross generational sex, prevailing social norms, gender stereotypes, abuse of alcohol and other substances, and perception of risk. They will be modified accordingly. The focus for FY 2009 will be on translating the materials (DVD and print manual), produced in FY 2008 around organizing for action, into five languages and, based on initial user feedback, making modifications. The materials will help FBOs to plan and implement initiatives that focus on comprehensive HIV prevention activities both for young people and adults. Particular emphasis will be placed on the key drivers of the epidemic. Soul City materials will be used to give people appropriate information to support their activities. Materials will be distributed on a demand basis to 35,000 FBO leaders nationally. A minimum of 40 training events will be held in support of these materials. Heartlines has high-level partnerships with large national FBO structures who are supportive of the development and dissemination of these materials that support their efforts to get their members to take social action particularly around all aspects of the epidemic. These structures, media as well as the Heartlines database of 15,000 leaders, and the cell/web communications platform referred to in Activity six (in the FY 2008 COP narrative) will be used to promote organized action as well as the materials and training.

ACTIVITY 2: Activity two in the FY 2008 narrative has enabled the development of a very successful partnership with the Department of Correctional Services, whereby both staff and inmates have been reached in all facilities across the country. Master training was done in the course of FY 2007 and FY 2008, and this programme has now been incorporated into the Department's core activities. In FY 2009 emphasis will be on making the materials available to the Department for ongoing use both by the Department as well as other groups active in prisons. The Department will be assisted with further training as and when necessary. Soul City will use this partnership to ensure that Soul City publications are distributed to all correctional facilities in particular those resources that support a comprehensive prevention approach.

ACTIVITY 3: The materials disseminated in FY 2008 have been well received and the results of an evaluation are being prepared. In FY 2009 emphasis will be on ensuring that schools have the materials and that they are being used. Additional training for district life skills coordinators will be offered.

ACTIVITY 4: Based on research, the youth intervention will be changed to be one that promotes mentorship. This will be a partnership with the Department of Arts and Culture as well as other non-governmental organizations (NGOs), FBOs and community-based organizations (CBOs). The change is based on the theory of positive deviancy, which shows that young people who moved out of difficult circumstances and have made positive life choices, have often been mentored by one or more people as they were growing up. The intervention will be aimed at identifying and supporting people who want to mentor youth aged 12-25 with emphasis on those in informal settlements, townships, and woman. The process of mentoring has been shown to benefit both the mentor and mentee and creates an enabling environment conducive to the adoption of safer prevention behaviors. To this end, a training manual and DVD will be produced in FY 2008. These materials will place particular emphasis on skills necessary to support behaviour change in young people, perception of risk and interrogation of harmful social norms. These will be complimented by Soul City materials that deal with multiple and concurrent partners, substance abuse and violence prevention. Mentors will also be supported by a cell web-based platform, as well as by training through FBO and other partner organizations. Through mass media partners the FBO network, government and other partners, the concept of mentoring will be promoted. Once people identify themselves as willing to mentor others, they will be sent support resources and will be networked nationally with one another as well as at a local level. They will also be supported by a minimum of one training event per province. By the end of FY 2009 the aim is to have a minimum of 35,000 people involved in a mentor/mentee relationship. A longitudinal study will be put in place at the end of FY 2008 that tracks the impact of the programme on the behaviour and norms of those that are being mentored.

ACTIVITY 5: More than 220 training sessions will be conducted with an average of 30 people per session.

ACTIVITY 6: This activity will enable follow-up for trainees, where gaps have been identified. In FY 2008, in partnership with the private sector and the SAG, Heartlines developed a technology platform that can be accessed via the web or cell phone. This platform combines the best of social networking with the best of web information applications like Wikipedia. The platform has two objectives. First, it customizes and presents information, services and contacts for each user based on his/her profile (age, language, geography, interests). Comprehensive prevention information, access to appropriate resources and services in people's areas will be included on the site, along with other information supporting testing, treatment, care and support. The second objective is to connect people and services to each other in particular geographic areas, also based on their profile. Thus, FBOs in the same geographic area embarking on similar initiatives will be connected. Similarly, youth mentors in the same area would also be connected. This platform allows for ongoing support of people and institutions reached by both Heartlines and Soul City. This platform is also a useful resource for other PEPFAR partners to scale up by providing a useful networking mechanism. The platform will also be the basis of a virtual social movement called Forgood. Due to its ability to connect with an ongoing way with users and to segment them in multiple ways, the platform also serves as a useful evaluation tool. As of August 2008, the platform had 22,000 users. By the end of FY 2009 the aim is for a minimum of 150,000 users.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13811

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13811	6567.08	HHS/Centers for Disease Control & Prevention	Soul City	6620	510.08		\$1,700,000
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

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4132.09	Mechanism: N/A
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 14260.22885.09	Planned Funds: \$0
Activity System ID: 22885	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will no longer be implemented as the NDOH has decided to incorporate condom LMIS within the NDOH pharmaceuticals. The IT component of the activity will be taken over by the NDOH IT Unit. Therefore no FY 2009 funding is requested.

SUMMARY:

John Snow Inc. (JSI), through the SCMS Project, will continue to support the STI, HIV and AIDS Prevention Unit within the National Department of Health (NDOH) and provincial Departments of Health, by providing logistics management technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of male and female condoms, targeting underserved, vulnerable and most at risk populations. JSI has already begun an intensive capacity building phase and during FY 2007 period, the SCMS Project will focus on human capacity development within the NDOH to make the condom distribution program sustainable once funding comes to an end. Although it was anticipated that this process could be completed in FY 2007, it is clear that given the NDOH's constraints in terms of hiring qualified staff, coupled with substantial attrition of staff generally, that at least an additional year of USAID support will be required to implement an effective transition that will ensure program sustainability. The need for continued support beyond the original timeframe has been exacerbated from a programmatic perspective due to a recent bribery and corruption scandal between the South African Bureau of Standards (SABS), where all public sector condom batches are compliance-tested for quality assurance purposes, and a local manufacturer, where some batches were passed for procurement and distribution by the SABS that actually failed quality standards. After seven years of building public confidence and increasing condom distribution dramatically, this scandal is likely to have a significant negative impact in terms of eroding this hard won public confidence in the government's prevention program and the NDOH will need assistance in rebuilding public perception. The emphasis area for this activity will be human capacity development through training, and the target populations are youth, adults, family planning clients, the military and correctional services, mobile populations (high transmission areas) and persons in sex work.

BACKGROUND:

In 2000 the NDOH requested USAID support in addressing 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. JSI, co-located within the NDOH, and in close collaboration with national and provincial counterparts, has successfully developed and implemented a package of technical solutions to these two critical shortcomings. First, JSI-supported systems have eliminated poor quality issues by ensuring compliance testing to World Health Organization specifications and standards of all production batches regardless of local or overseas manufacture, thus guaranteeing that only high quality public sector condoms are distributed in South Africa. Second, the JSI-developed Logistics Management Information System (LMIS) has enabled the NDOH to eliminate shortages and stock-outs in the provinces by establishing and servicing 172 primary distribution sites across all provinces. These two achievements were crucial in empowering the SAG to sustain its HIV prevention focus in its response to HIV and AIDS epidemic and maintain its long-term goal of ensuring that people, who are currently HIV-negative, remain negative. PEPFAR funds will be concentrated on ensuring the NDOH's technical know-how needed to efficiently operate the supply chain and sustain the focus on most at-risk populations.

ACTIVITIES AND EXPECTED RESULTS:

The funds originally destined for the USAID DELIVER Project will be reprogrammed under the SCMS project. This decision was taken (effectively ending the USAID DELIVER Project presence in South Africa) in order to reduce the Mission's financial burden of having two separate centrally-funded projects with similar mandates and similar management structures. SCMS will continue to provide technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of approximately 30 million condoms per month to sexually active youth, adults and family planning clients, with a particular focus on non-traditional outlets for high risk, marginalized populations. SCMS will intensify efforts within the NDOH to establish appropriate government posts for quality assurance and logistics management, and provide formal and informal, on the job training. The expected result of this skills transfer is that the NDOH will be able to fully operate and sustain the program once USG/LCS support ceases. It is recognized that it is critical from the USG and SAG perspectives that this successful program is sustained into the future. SCMS will contribute substantially towards the vision in the USG Strategic Plan for South Africa by building human capacity within the NDOH in procurement, quality assurance, supplier contract management, warehousing and distribution, while maintaining a zero stock-out rate for the primary distribution sites.

ACTIVITY 1: Supply chain strengthening at the Provincial level

This project will strengthen the condom distribution program at the provincial level, by engaging more directly with provincial Departments of Health to further develop local organization capacity. In coordination with the NDOH, SCMS will conduct an assessment of the supply chain at the Primary Distribution Sites that the NDOH is responsible for servicing and at the secondary and community distribution sites. This will include inventory control, good warehousing practices, reporting procedures, and distribution & tracking systems. SCMS will synthesize practical recommendations in collaboration with provincial counterparts and will provide TA as requested to implement supply chain best practices and standard operating procedures (SOPs).

ACTIVITY 2: Provincial level LMIS development

Activity Narrative: During the re-development of the NDOH's LMIS in FY 2007, functionality will be added to allow provincial access to the LMIS and information related to condom distribution nationally. Authorized users will be able to report on condom distribution and inventory and will be allowed to generate management reports. In FY 2008 SCMS will facilitate the establishment of a provincial level LMIS that will enable more efficient distribution and tracking of condoms to the secondary and community level outlets. This strategy will enable the program to reach more people and promote improved reporting since the provincial DOH counterparts will be given more responsibility for condom distribution management. This activity will include in-service training in LMIS and logistics management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14260

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14260	14260.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6756	4132.08		\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 486.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 3029.22996.09

Planned Funds: \$0

Activity System ID: 22996

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Department of Correctional Services is in its fourth year of funding with a very high carryover amount. All the proposed FY 2009 activities will be supported using carryover funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14035

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14035	3029.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$436,500
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 519.09

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: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 3068.22735.09

Planned Funds: \$174,763

Activity System ID: 22735

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the Nelson Mandela School of Medicine at the University of KwaZulu-Natal will implement a new strategic approach will be used where traditional health practitioners (THPs) will use the knowledge acquired during the training to promote other sexual prevention beyond abstinence and being faithful (AB) in their community activities such as school visits, religious functions and other community gatherings.

Usage of already existing events such as the annual reed dance, izimbizos etc., which will be part of the outreach programs planned through compiling event calendars, will create ideal opportunities to further spread other sexual prevention beyond AB messages.. All these activities will carried forward into FY 2009.

-In so far as Activity 1 in the FY 2008 COP narrative is concerned, THPs are playing an important role in counseling their patients instilling prevention messages. This is a community-based targeting and is not specifically gender oriented. Participating THPs have modified their practices to minimize blood-to-blood transmission of the HIV among their patients.

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 Ethekewini Traditional Health Practitioner Councils, and THPs in Ilembe and Umgungundlovu Districts (to the North and West of eThekewini 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 Ethekewini 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 Ethekewini Traditional Healer Councils, with the eThekewini Health Unit, and the eThekewini 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 Iimbizos (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 Ethekewini 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

Activity Narrative: cultural practices (non-sexual) that can contribute to viral transmission; the development of better understanding of cultural perceptions, leading to 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13853

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13853	3068.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$200,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$23,904

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3462.09	Mechanism: DoE
Prime Partner: National Department of Education	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03

Activity ID: 14045.23010.09

Planned Funds: \$235,444

Activity System ID: 23010

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY/BACKGROUND:

There are no significant modifications to the activities with University of the Western Cape or the University of Zululand except the alignment of their activities targeting university students to specifically focus on the prioritization of other sexual prevention on issues addressing risks associated with multiple concurrent partners.

Previous activities for supporting the Department of Education (DOE) did not include support for the teachers, and this was discussed with provincial DOE officials who recommended the inclusion of teachers in targeted HIV prevention programs.

ACTIVITIES AND EXPECTED RESULTS:

FY 2009 resources will specifically target support for training teachers on other prevention issues such as being faithful, reduction of sexual partners, avoiding concurrent partners and engaging in risky relationships. The other prevention component will be added to the current abstinence and being faithful (AB) program in schools to ensure that life orientation teachers are equipped personally and professionally with HIV/AIDS prevention skills.

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 condom-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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14045

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14045	14045.08	U.S. Agency for International Development	National Department of Education	6692	3462.08	DoE	\$242,500

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

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5191.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9449.23044.09

Planned Funds: \$253,809

Activity System ID: 23044

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

RHRU will continue to offer the services outlined in FY 2008 and will continue to refine the systems that ensure that its prevention activities are fully integrated with other care and treatment services provided. RHRU will expand the focus of its community-based prevention services by linking this with other entry points for those most at risk, particularly families of HIV-infected patients already receiving care. This will include home visits to families of patients on treatment, patient networks identified through lost-to-follow-up initiatives and active follow up of stepped down patients diagnosed with HIV. Through the provision of this follow-up service, family members can be more effectively reached with a comprehensive range of services including provider initiated testing and appropriately targeted prevention messaging.

BACKGROUND:

RHRU continues to mobilize and develop a broad referral network of other local services, which can provide support and identify and meet additional needs. These activities will take place in the deprived inner city area of Hillbrow, which has a large migrant and refugee population. In this context RHRU will explore opportunities to work with recent victims of xenophobic violence, if such a need is identified and such opportunities exist. RHRU has been working to mobilize community-based organizations and non-governmental organizations in the Hillbrow area to provide a more comprehensive and consistent response to the epidemic. As part of this, RHRU has set up three forums focusing on three particularly challenging groups: sex workers, youth, refugees and migrants. Each of these groups meets monthly, with participants from relevant local organizations represented. This initiative will continue and encourages a more unified and strategic response from the civil society sector to the HIV epidemic in identifying and addressing the needs of these respective 'at risk' groups.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

RHRU's Women At Risk program works with Hillbrow female sex workers (FSWs) and will be expanded through the development of a peer education program that will be piloted targeting FSWs with information and referral for a range of appropriate issues including gender-based violence, risky sexual behavior, sexual rights, correct and consistent use of condoms and issues around alcohol and HIV. In addition, RHRU will continue with its Sex Worker Exit program that provides support to FSWs who wish to leave the industry through the provision of income generation training, life skills and counseling support and skills building workshops.

ACTIVITY 2:

RHRU will continue to work with young people (see also the counselling and testing section), and will pilot a peer education program for 'out of school' and older youth in inner city Johannesburg to encourage HIV prevention, delay of sexual debut, correct and consistent use of condoms for those who choose to enter into sexual relationships, concurrent partner reduction, regular HIV testing, and other youth related issues such as gender equity, alcohol and drug abuse.

ACTIVITY 3:

In KwaZulu Natal young adult women will be exposed to World Health Organization flipcharts on reproductive choices and contraception for HIV-infected women developed by RHRU. Providers will be trained to use these tools at selected sites, as requested and approved by the provincial Department of Health.

ACTIVITY 4:

Across all sites, prevention for positives will be emphasized with intensive counseling provided to discordant couples in conjunction with a strengthened condom distribution network male and female condoms will be provided at all sites and RHRU will provide training to nurses and counselors around the demonstration and use of female condoms.

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

Activity Narrative: 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 to 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13788

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13788	9449.08	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	6611	5191.08		\$339,500
9449	9449.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	\$110,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9229.09

Mechanism: N/A

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21173.23040.09

Planned Funds: \$1,631,120

Activity System ID: 23040

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

This new partner won the FY 2008 annual program statement competition. Project Concern International (PCI), along with two implementing partners in South Africa, will undertake 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.

BACKGROUND:

This program will directly benefit the entire female population in the Western Cape and KwaZulu-Natal provinces who are at risk of acquiring HIV through forced sex and it will indirectly benefit all (consensual) sexual partners who could be infected by victims of rape. This program stems from South Africa's exceptionally high rate of sexual violence, and the well established link between sexual violence and HIV acquisition. This program will lead to significant reductions in gender-based violence that accelerates the progression of the AIDS epidemic in South Africa. It will put an end to the pervasive social norm of toleration for sexual and other violence against women, and it will go far to restore their basic sexual and human rights.

ACTIVITIES AND EXPECTED RESULTS:

PCI will carry out four separate activities in this program area.

ACTIVITY 1:

This program will undertake social mobilization in three sets of activities in support of the three anticipated results including 1) working with key sector partners to help them understand and take ownership for the problem of sexual violence in South Africa, 2) conducting an overarching communications campaign which will both amplify activities implemented by sector partners, while unifying individual sectors' activities in a signed, branded movement to end sexual and domestic violence against women, and 3) providing support to key sectors and institutions in South Africa that will enable them to take actions to transform social norms regarding sexual and domestic violence against women.

ACTIVITY 2:

This program will also implement HIV prevention programs for adolescents and young adults aged 10-24 through schools, church youth groups and other youth-serving settings. The geographic focus will include localities currently served by Track 1 partners and other areas with unmet needs in youth prevention. The annual program statement objectives will be to delay first sex, increase "secondary abstinence," and promote safer behaviors, including mutual fidelity and partner reduction, among young people.

ACTIVITY 3:

Other specific activities include 1) scale-up of skills-based HIV education, especially for younger youth and girls, 2) community mobilization to promote norms that support healthy behaviors among young people, 3) reinforcement of the role of parents and other protective influences in HIV prevention, and 4) prevention of sexual coercion and exploitation of young people.

ACTIVITY 4:

PCI will give priority to HIV prevention among orphans and other vulnerable children, who are at substantially increased risk of early sexual activity, pregnancy and HIV. Activities will incorporate a strong emphasis on the vulnerability of girls and young women to HIV, and include strategies to meet their unique prevention needs, for example, explicitly addressing sexual coercion, transactional sex, and sex with older partners. PCI will undertake behavior change approaches that are evidence and theory-based, such as rigorous, interactive curriculum-based HIV education that reflects internationally recognized best practices, and to tailor these approaches to each specific setting.

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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21173

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21173	21173.08	U.S. Agency for International Development	Project Concern International	9229	9229.08		\$2,400,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4094.09	Mechanism: N/A
Prime Partner: Research Triangle Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 6545.23049.09	Planned Funds: \$202,482
Activity System ID: 23049	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

USAID, through RTI, will provide support to strengthen the community response that mitigates the impact of HIV/AIDS and TB, provides education on the importance of reporting sexual assault within 72 hours to obtain the full benefit of post-exposure prophylaxis (PEP), and increase awareness about new Thuthuzela Care Centers (TCCs) in order to maximize the demand for and utilization of services, thus preventing HIV through other behavior changes related to sexual and gender-based violence.

BACKGROUND:

This is the third year of support to the TCCs. Thuthuzela means "to comfort" in isiXhosa; TCCs are multi-disciplinary centers that provide comprehensive care for rape survivors with an emphasis on women and children.

ACTIVITIES AND EXPECTED RESULTS:

RTI will carry out four separate activities in this program area.

ACTIVITY 1:

RTI will help NPA/SOCA to establish eight new TCCs in FY 2009, eight in 2010 and seven in 2011, for a total of 23 TCCs. It will also fund three core staff in each TCC.

ACTIVITY 2:

USAID, through RTI, will provide grants to non-governmental organizations (NGOs) and/or subcontracts to build awareness about: the relationship between sexual and gender-based violence and risk of contracting HIV, the importance of reporting within 72 hours after a sexual assault to obtain PEP, and to build awareness about the new facilities to maximize demand and utilization of services.

ACTIVITY 3:

RTI will implement a communications strategy which focuses on generating public awareness through the media, journalism, billboards, posters and special events in collaboration with NPA/SOCA.

ACTIVITY 4:

With additional funding from the PEPFAR Special Initiative on Sexual and Gender-Based Violence, RTI will explore strategies for explicitly raising community awareness of TCC services and for strengthening TCC linkages with community networks to help facilitate victims' access to services.

SUMMARY: The goal of this project is to improve care provided to victims of rape and sexual violence through the establishment and operations of nine new Thuthuzela Care Centers (TCCs). These multi-disciplinary centers provide comprehensive care 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 will also assist men, girls and boys who are increasingly becoming victims of rape. The major emphasis area will be on training and technical assistance with minor emphasis on commodity procurement. Target population 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, comfort kits, and PEP medication. 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 2009, 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. Ten TCCs currently exist. This activity is linked to the USAID Governing Justly and Democratically office's longstanding program to support 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 and sexual violence against women and children, especially the crime of rape. The SOCA Unit has responded to the ongoing problem of sexual offences and specifically rape in the country by seeking to expand the TCC network from 10 to 80 TCCs nationwide. The TCCs are a bold approach to rape care management. Under the Women's Justice and Empowerment Presidential Initiative (WJEI), a total of 30 TCCs will be established to assist the SOCA Unit to increase protection and advance women's legal rights. Very aptly SOCA's slogan is "Putting the rights of women and children first." For victims of rape, the benefit of being assisted through a TCC is that the rape survivor can obtain comprehensive, integrated rape services at a single location, including receiving medical assistance, reporting the case to the law enforcement authorities (the police and prosecutors), and accessing counselors and emergency support services on a 24-hour basis. To allow for easy access to health services, most TCCs are located within hospitals or near health care facilities. The TCCs are an initiative of the SOCA Unit of the National Prosecuting Authority and are in compliance with the standards of the NDOH. The past few years have witnessed a growing recognition of the links between violence against women 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 immediately at risk. For example, of every 100 survivors that report rape at the Manenberg (Cape Town) TCC, an average of five are HIV-infected. This means that 95% of survivors are HIV-negative at the time of rape at this particular TCC and can benefit from PEP and ongoing counseling. On average, 80% of rape victims in South Africa are HIV-negative at the time of rape. 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

Activity Narrative: take a statement. They are then transported to the nearest TCC where they are welcomed by a site coordinator. Once the nurse or doctor is 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 her understand why she must sign consent forms. The police detective on call to the center is summoned and assigned to the case. Case managers are responsible for coordinating sexual offenses cases and assist the victim in understanding what information the police investigator needs to investigate the crime. If the victim decides to pursue charges, the case manager opens a file where copies of all the relevant documents will be kept and the status of the victim's case will be tracked. However, the audit conducted by RTI using FY 2006 PEPFAR funds found that existing TCCs were not 100% compliant with this model (the highest score was 87.5% compliance. Upgrading current TCCs as well as operationalizing new ones became an integral part of the program. ACTIVITIES AND EXPECTED RESULTS:ACTIVITY 1: With FY 2008 PEPFAR funds, a partner TBD will continue to support SOCA's efforts to upgrade and expand the TCC model targeting 9 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. Site coordinators manage the multidisciplinary team and administer each TCC. When the victim arrives, she is comforted by a VAO, who is also responsible for building a relationship with the victim until she has been able to report the rape, receive a medical examination, and obtain voluntary counseling and testing (VCT). In addition, the victim is linked to any other critical service that she may require such as a place of safety and follow up medical assistance. Promotion and education activities will also be conducted to educate communities in which TCCs are located about the services they provide. At the TCCs, each rape victim is encouraged to test for HIV. If the rape is reported within 72 hours, the rape survivors who test negative are immediately provided with PEP. They are placed on PEP for 28 days and are tested again for sero-conversion at 3 months and again at 6 months. In these 28 days, the survivor is intensively supported to ensure compliance with medication as well her overall well-being. 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. U.S. legislative interests being addressed by this project include increasing gender equity in HIV and AIDS programs and women's legal rights. This activity is also closely linked to USAID's programs in Democracy and Governance. The National Prosecuting Authority is committed to addressing rape and the resulting problems such as HIV and AIDS, especially the support and development of TCCs. The National Prosecuting Authority is particularly committed to empowering women, protecting children and ensuring that the crime of rape is reduced throughout South Africa. As such, this project will be sustainable beyond the provision of PEPFAR funds, as the government will continue to support it. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13946

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13946	6545.08	U.S. Agency for International Development	Research Triangle Institute	6664	4094.08		\$388,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7338.09

Prime Partner: Family Health International SA

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 23052.09

Activity System ID: 23052

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$199,208

Activity Narrative: SUMMARY:

USAID/South Africa (SA) supports institutional capacity building of indigenous organizations that implement President's Emergency Plan for AIDS Relief (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/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 ten 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/AIDS Strategy responds to the overwhelming challenges posed by the HIV/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 grants 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 grants mechanism'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 supports five indigenous and international FBOs and NGOs providing other sexual prevention (OSP) services to communities in the provinces. These are: GoLD Peer Education Agency; Humana People to People; LifeLine; Mpilonhle and Medical Care Development International South Africa (MCDI-SA). Grants to prevention partners support the delivery of OSP 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 FY 2009, USAID will continue to support OSP prevention activities through this UGM with FHI. Funds budgeted under this narrative will support costs for administering and managing the FHI OSP prevention sub-partners of FHI. The sub-partners conducting Prevention activities are: GoLD Peer Education Agency; Humana People to People; LifeLine; Mpilonhle and MCDI. 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/AIDS OSP 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 OSP activities.

ACTIVITY 2: Capacity Building

This umbrella mechanism will support institutional and technical capacity building of indigenous organizations, a key strategy for the 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/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 USAID partners, as needed, to improve the technical approaches used for OSP 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 OSP activities.

FHI will also work with partners to develop and/or strengthen referral networks which will enhance STI

Activity Narrative: screening and management, condom use, family planning, counseling and testing and substance abuse counseling.

FHI will work together with its partners to ensure that their messages and strategies address general and higher risk populations that are relevant in their geographic areas.

FHI will pay particular attention to partners' selection criteria when recruiting peer educators for their programs. FHI will request to see and review the selection criteria to encourage selection of suitable candidates for peer educators/role models.

FHI will work with those partners providing training as a service, to get their training accredited.

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. M&E training and technical assistance will continue to be systematically provided to all of FHI's sub-partners under the UGM during FY 2009. 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 OSP activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$45,863
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 167.09

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 7920.22576.09

Planned Funds: \$0

Activity System ID: 22576

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13375

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13375	7920.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$145,500
7920	7920.07	HHS/Centers for Disease Control & Prevention	Africare	4366	167.07		\$100,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9227.09

Mechanism: N/A

Prime Partner: AgriAIDS

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21167.22582.09

Planned Funds: \$97,090

Activity System ID: 22582

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

This is a new award in FY 2008. This project will work to ensure that farm workers and, to the extent feasible, their families access counseling, testing, care, treatment, and prevention messages and services.

BACKGROUND:

The purpose of AgriAids is to address the practical and manageable aspects of HIV/AIDS on farms for both emerging farmers, as well as commercial farmers. AgriAids will act as a "broker" between farms and service providers, using its existing network, but also through identifying and setting up new partnerships.

ACTIVITIES AND EXPECTED RESULTS:

AgriAIDS will carry out three separate activities in this program area.

ACTIVITY 1:

AgriAIDS will raise awareness related to the impact of HIV/AIDS and promote strategies to combat it, amongst the following target groups: 1) farm workers, 2) commercial agriculture businesses and umbrella organizations, 3) other NGOs, and 4) the Department of Health and Agriculture. This will be achieved through the following sub-activities: 1) Awareness raising among farmers and commercial agriculture role-players; 2) Building relationships with the Departments of Agriculture and Health; and 3) Building relationships with other NGOs working in health and/or agriculture.

ACTIVITY 2:

AgriAIDS will develop and disseminate a comprehensive HIV/AIDS prevention and treatment strategy for the agricultural sector which will incorporate input received from workshops and working groups. Dissemination of the strategy will be followed by PR activities, with specific focus on government.

ACTIVITY 3:

AgriAIDS will work to prevent new infections amongst farm workers through implementing abstinence, being faithful, condom use, and other prevention (ABC and OP) strategies, on farms. This will be achieved through: 1) identification of regional/district-based implementing partners to target farmers with information, education and communication (IEC) messages regarding ABC and OP strategies, including tuberculosis (TB) awareness, 2) provision of "edutainment" prevention activities on farms; 3) promotion of peer education with focus on gender relations, and 4) supplying condom dispensers throughout agricultural communities.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21167	21167.08	U.S. Agency for International Development	AgriAIDS	9227	9227.08		\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 500.09	Mechanism: In Support - CDC
Prime Partner: National Department of Health, South Africa	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 14063.22847.09	Planned Funds: \$515,877
Activity System ID: 22847	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

These FY 2008 activities have not yet been implemented:

Families Matter! will be implemented beginning in September 2008. Many of the Centers for Disease Control (CDC) funded youth partners will be involved in the adaptation and piloting of the curriculum of Families Matter!. Families Matter! is an HIV/AIDS prevention initiative that targets parents that will ensure that youth are getting the same HIV prevention messages at schools, at home and through non-governmental organizations (NGOs) that are implementing life-skills and peer education programs in their communities. FY 2009 activities will ensure scale-up of the Families Matter! curriculum.

Once the funding of Health Sciences Research Council's (HSRC's) healthy relationships initiative becomes available in December 2008; the prevention specialist will develop a strategy for implementation of a prevention with positives strategy across CDC funded treatment and care partners.

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 were 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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14063	14063.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9625.09

Mechanism: N/A

Prime Partner: University of the Western Cape

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 22497.22673.09

Planned Funds: \$157,287

Activity System ID: 22673

Activity Narrative: SUMMARY:

The University of the Western Cape (UWC) program forms part of University Technical Assistance Program (UTAP) aimed at strengthening human capacity development and ensuring sustainability of efforts in multiple program areas.

BACKGROUND:

UWC's activities focus on increasing the prevention of HIV through multiple approaches aimed at key sectors that increase the reach of prevention messages, and ensuring that preventive messages are received in different areas of life - in school, at community sport activities and within the community. The program prioritizes prevention messages aimed at youth both in and out of schools and the general adult population. It addresses key issues around social norms that mitigate the impact of prevention. The project focuses on improving the capacity of sports coaches and managers involved in community sport programs to integrate HIV prevention messages into their activities. Another focus of the project is to increase the capacity of traditional healers and medical professionals to more effectively integrate their HIV/AIDS services and develop effective prevention messages and services. These activities increase the expertise in prevention programming within the academic, health worker, education, and community sectors by incorporating quality assurance processes into the development of materials, as well as monitoring the impact of activities.

ACTIVITIES AND EXPECTED RESULTS:

UWC will carry out two separate activities in this program area.

ACTIVITY 1: HIV/AIDS Prevention Through Sports Participation

This activity is led by the UWC's Department of Psychology, which has a long-standing project exploring the benefits of sports in lifestyle change and disease prevention, with support from the UWC Department of Sports and Recreation. The United Nations Sports for Development Inter-Agency Task Force and UNICEF's sports for development division have recognized and endorsed the critical role sports has in development through Sports Plus Programming, where health messages are incorporated into sports activities. Within such programming, life skills, health behavior skills and HIV prevention skills are added to sports activities. This is known as Sports Plus Programming. Sport is potentially a powerful component in the fight against HIV/AIDS. In Africa, there are examples of several prominent non-governmental organizations (NGOs) using sports as leverage for HIV information. The most prominent are 'SCORE' and 'Kicking AIDS Out'. These are primarily directed at children sports participants. The 'Preventing Aids through Sports Participation,' developed and piloted in FY 2008 on the West Coast Winelands, will be rolled out to an inner-city township.

The project trains sports teachers, sports coaches and administrators in HIV prevention such that it can be incorporated into their roles and actions as coaches. In this way children affiliated with, and engaged in sports in schools and communities will receive the HIV prevention messaging as part of their coaching in their sports. Both males and females can be reached through the sports against HIV/AIDS messages. Whereas males tend to avoid HIV/AIDS prevention messaging, they can be readily reached through their involvement in sports and where anti-HIV/AIDS messages will be delivered in a medium acceptable to both male and female sports participants.

Using FY 2009 funding, sports coaches, mentors, administrators and organizers within designated regions in Western Cape Province will be trained in the manual through workshops. Sports coaches and administrators will be identified from the West Coast/Winelands region (primarily rural) and Langa (an urban township) of the Western Cape Province. Both sports coaches in community clubs and school-based sports teachers are targets of the activity. The training manual will be adapted to address needs of the urban township coaches, and opportunities for sharing of experiences and lessons between the two regions. Sixty coaches, sports teachers and administrators will be trained. There will be two training workshops in each region, with three months of spacing between the two workshops. The training will be staggered to enable 'digestion' of the material and for ensuring that the information is incorporated into local coaching practices. Monitoring and evaluation of the training will be included in the activities through measuring the impact of training as well as measuring the effectiveness of the training materials and methodologies. This will be documented by one of the facilitators. Materials and methodology will be reviewed as needed.

This activity is part of a broader strategy to engage with higher education institutions and sports coaches accrediting bodies to introduce HIV through sports participation into their mainstream sports and sports coaching curricula. During FY 2009 initial discussions will be held with representatives of these institutions. Their input into the development of the final manual and training methodology will also be canvassed.

The project will actively engage the coaches who are also involved in female-dominated sports. In the project area meetings numerous female coaches of female teams attended. In particular netball and basketball (to a lesser extent) are popular female sports at club and school level. Therefore netball and basketball coaches will be actively recruited as participants. The workshop curriculum and manual content will address the HIV messaging from a gender-specific and gender-sensitive perspective.

ACTIVITY 2: Training Health Care Providers and Traditional Health Care Practitioners on Collaboration for HIV/Aids Prevention and Care

This activity is led by the Department of Anthropology and Sociology at UWC and builds on its experience of engaging traditional healers in understanding the cultural meanings of illness and facilitating the building of relationships between traditional healers and bio-medical health care professionals.

Evidence from the initial training in FY 2008 suggests that traditional healers will need to be further

Activity Narrative: educated on HIV/AIDS. Using FY 2009 funds, a refresher training will be conducted. Feedback from a 100-hour training program will be finalized, and accredited through UWC and the South African Qualifications Authority (SAQA). The process of accreditation is one of the key tasks in FY 2009. Six workshops will be held with traditional healers and formal health care professionals in the Western, Eastern and Northern Cape. A policy brief will be developed and presented to the Department of Health on the interaction between the formal health care sector and the Traditional Healers Council concerning HIV/AIDS prevention and care in the Western and Eastern Cape (where work was begun in FY 2008). Ninety formal health care workers, herbalists and traditional healers will receive the training in the integrated module package

To further the reach and understanding of the relationship between traditional and formal health care approaches a short course aimed at general health and traditional practitioners will be developed. During FY 2009, priority will be given to course development, and accreditation with the Health and Welfare Sector Education and Training Authority (HWSETA) and Health Professions Council, with the implementation of the course happening in FY 2010. The use of multi-media (print, powerpoint, video) will be prioritized in the training curriculum in order to further enhance closer understanding and co-operation between formal health care practitioners and traditional healers in relation to issues concerning HIV/AIDS from the different cultural perspectives of biomedicine, traditional healing and the use of medical plants. The integrated program will be translated into isiXhosa. The training programs will be evaluated through participant evaluations, as well as outcome evaluations to understand to what extent participants have integrated the learning. Ten representatives of the National and provincial Departments of Health and representatives of the Interim Traditional healers Council at provisional levels will participate in a collaborative workshop in which policy recommendations are discussed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22497

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22497	22497.08	HHS/Centers for Disease Control & Prevention	University of the Western Cape	9625	9625.08		\$180,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$103,593

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 257.09

Prime Partner: Medical Research Council of
South Africa

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 7956.22921.09

Activity System ID: 22921

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$1,481,115

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Drugs & HIV

Medical Research Council (MRC) will continue to work with the existing non-governmental organizations (NGOs) to ensure outreach and prevention activities are implemented for high risk groups. In November 2008, MRC will conduct a stakeholder consultation to review methods used to achieve project targets in FY 2007. FY 2009 funds will be used to expand services geographically to other parts of South Africa by moving into other areas not covered in FY 2007 and FY 2008.

ACTIVITY 2: Bar Project

The focus will be to expand the reach of the prevention program by rolling out the bar-based intervention to six new sites (drinking venues) in urban areas, and conducting activities to determine its feasibility, acceptability and effectiveness in rural settings.

ACTIVITY 3: Alcohol and HIV

Further formative work will be undertaken to better understand and quantify the pathways through which alcohol affects HIV transmission. This will be a continuation of secondary data analysis of existing data on burden of disease in South Africa that will be undertaken in FY 2008. In addition, following formative work, an intervention to address alcohol and other drug (AOD) abuse and AOD-related HIV risk will be undertaken in two medium sized manufacturing and two service industries in Cape Town and pre- and post-intervention measures will be employed to evaluate effectiveness of the interventions. In each sector, one company will be used as a company where the main intervention will be delivered and the other will be used for comparison purposes with a standard (information only) intervention.

ACTIVITY 4: Alcohol & ARV adherence

Based on the formative project activities from FY 2008, the MRC will refine and pilot an intervention program to reduce non-adherence to antiretroviral therapy (ART) due to alcohol use. The intervention will consist primarily of a counseling program to enhance adherence. In order to monitor and evaluate the program, the MRC will assess those who receive the program before and after their participation in order to determine the extent to which change in their levels of adherence takes place, and to be able to make recommendations about the use of the intervention for the general population.

ACTIVITY 5: Service Quality Metrics

MRC plans to facilitate two additional advisory group meetings in order to further the process of building capacity for service quality monitoring (SQM) and performance measurement within substance abuse treatment settings.

These activities have been modified to include additional foci on 1) developing capacity for service quality and performance monitoring in a sustainable way among key stakeholders, 2) identifying and specifying standardized measures for service quality and performance monitoring (such as provision of HIV services) within substance abuse treatment settings, and 3) taking the recommendations from the advisory group meetings held in FY 2008 forward by developing and designing interventions within these ongoing advisory group meetings to apply the measures.

Using an internal evaluator, the process of introducing service quality measures into the substance abuse treatment system and extent to which key outcomes for this phase of the project were achieved will be evaluated. A major focus will be the extent to which the provision of HIV services and the integration of HIV and substance abuse services are reflected in the SQM data.

ACTIVITY 6: Sexual Violence

The project has not yet started and MRC is in the process of getting institutional review board (IRB) approval. It is a proof of concept study that aims to address the intersection of rape and HIV. The project aims to provide training to service providers in study sites to deliver psychological support to rape survivors, which will impact adherence to HIV post-exposure prophylaxis and decrease risky behavior following the rape. In FY 2008, MRC will set up the study sites in Cape Town and Gauteng, develop training and testing of the training intervention through qualitative interviews. In the first year MRC will mainly do the preliminary qualitative research to establish the feasibility and acceptability of the intervention with the health care workers and the rape survivors as well as setting up of the training of the health workers. In the second year MRC will pilot test the intervention and describe its impact on mental health and sexual risk taking.

NEW ACTIVITY:

The Western Cape provincial Department of Health will be implementing Options for Health, an individual counseling intervention to be implemented by adherence counselors. The intervention is based on a counseling technique called motivational interviewing (MI) and is aimed at increasing medication adherence and reducing sexual risk among people on ART. The intention is to monitor the roll-out of this intervention over a period of five months in order to provide feedback for improving implementation. Specifically MRC intends to: assess the readiness of counselors to adopt a new counseling style; evaluate the training programme in order to assess its adequacy in imparting MI skills and the Options for Health eight-step counseling protocol to counselors so that they can successfully implement it with their patients; assess counselors' fidelity to the counseling protocol during implementation over a five month period in three different populations of people on ART. These include 1) HIV-infected people being prepared for ARV treatment but who are failing to meet the psychosocial criteria required for treatment, 2) people on ARVs who are identified by ARV clinic staff as having problems with their adherence, and 3) adolescents on ARV

Activity Narrative: treatment.

SUMMARY:

There are separate programs being implemented by the 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.

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 on developing 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 i; 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

Activity Narrative: adherence diaries and motivational interviews during the initial period of pill-taking. The MRC is currently 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14019

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14019	7956.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,560,819
7956	7956.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		\$1,000,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$24,728

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4762.09	Mechanism: N/A
Prime Partner: Ubuntu Education Fund	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 8266.22805.09	Planned Funds: \$0
Activity System ID: 22805	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Ubuntu's programming forms a continuum of connected services that address the unique set of challenges that the community faces while still recognizing the many strengths they contribute to overcoming these challenges. Every individual with whom Ubuntu works needs a tailored and holistic range of services to address the context of her situation. Although each Ubuntu program carries its own name and structure, they work in tandem to form a comprehensive response to this challenge. Ubuntu will build on the existing foundation described above and add a few modifications:

Ubuntu's other sexual prevention outreach is based on a series of contacts with community members. Ubuntu will conduct small group mobilization, door-to-door street outreach and clinical outreach. All of these approaches introduce community members to topics. Many of these community members attend multiple sessions of these workshops with different topics. Many people cross over from venue to venue. Our large community events are then often the 3rd, 4th or possibly the 10th time that a community member interacts with Ubuntu's outreach team. The facilitators are trained to utilize this as an educational opportunity as our methodology recognizes best practices in education that promote repeated messaging. Outreach is then connected to Ubuntu's other programs through referrals.

Ubuntu's approach ensures that our team can penetrate to a large segment of the population. One approach that Ubuntu will utilize is a Cypha approach. Ubuntu's Cypha approach is targeted at drawing large crowds within the township. The Cypha approach is made possible by the community mobilization preceding the event. At the same time, Ubuntu places trained staff on site to enable small break-away or focus groups for interpersonal communication. Cypha utilizes Ubuntu's HIV-infected facilitators to spread prevention messages.

Ubuntu's Cypha approach utilizes a culturally appropriate methodology to approach difficult topics such as changing social norms, attitudes, and beliefs, and developing skills to reduce the number of partners, especially overlapping or concurrent sexual partnerships that create an efficient transmission network for the virus to spread rapidly through a population. Ubuntu facilitators discuss explicitly the risks associated with multiple/concurrent sexual partners.

Hip-Hop music plays a large role in gathering a large crowd. Normally crowds attending Ubuntu's outreach events are predominantly female. However, through the Cypha approach, Ubuntu has gathered more than 100 men per event. Utilizing popular hip-hop artists from within the community, Ubuntu collaborates on producing lyrics that promote behaviors that are not often talked about in predominantly male gatherings in South Africa. These topics include mutual monogamy and mutual knowledge of HIV status

Ubuntu encourages men to discuss the realities of their lives through the performer's lyrics and the break-away discussions. Facilitators are trained with Men As Partners approach. This best practice curriculum that has been successful internationally, teaches multiple strategies for healthy behaviors that actually work in the true context of their lives. The Men As Partners curriculum changes harmful gender norms. The curriculum addresses rape multiple, concurrent partnerships, cross-generational sex and low and inconsistent condom use.

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

In order to scale up impact, Ubuntu will share curriculum and methodology with many different government institutions, NGOs and other stakeholders. Ubuntu currently sits on multiple government-led outreach committees that combine the most important stakeholders in Port Elizabeth. These committees address various issues from HIV management to nutrition in TB treatment. Ubuntu will lead a campaign to form a prevention outreach committee that can link to these other efforts. Not enough attention is paid to the prevention messages that must surround VCT, TB treatment and HIV management. As a leading institution in Port Elizabeth, Ubuntu will play a role in ensuring that community and clinical services are linked to messages about risky behavior, knowing your status, alcohol and substance abuse and other key priority areas. This initiative overlaps between AB prevention and other prevention.

As a Department of Health accredited condom distribution site, Ubuntu will continue to ensure consistent availability of quality condoms, and promote consistent and correct condom use among people who are sexually active. Ubuntu will also link its condom distribution to its workshops and multimedia high impact messaging events. Through these events and support group activities Ubuntu will encourage correct condom use for all couples including discordant couples to protect the HIV-negative partner from becoming infected. Our men as partners messaging will further encourage limiting outside partners.

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 and 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/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:

Activity Narrative: 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:

Ubuntu Education Fund will carry out four separate activities in this program area.

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 voluntary counseling and testing (VCT). Outreach activity will focus on risk perception around multiple and concurrent partnerships and as part of incorporating a stronger gender perspective into outreach activities, Ubuntu is partnering with EngenderHealth 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 community-based organizations (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/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 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.

Activity Narrative: With formal groups there are workshop series over 3-4 weeks on HIV prevention and care. Topics range from general HIV/AIDS information; sexually transmitted infections (STIs), tuberculosis (TB) and other opportunistic infections; stigma; living positively; 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13847

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13847	8266.08	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	6632	4762.08		\$50,000
8266	8266.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	\$90,000

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

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8681.09

Mechanism: N/A

Prime Partner: South African Democratic
Teachers Union

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19447.22840.09

Planned Funds: \$259,960

Activity System ID: 22840

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

According to the COP technical considerations, peer education activities now fall under this program area. The activity has therefore been removed from orphan and vulnerable children program care (previously care).

ACTIVITY 3: Thirty-six peer education support group facilitators and AIDS ambassadors will be trained on support group formation and on the curriculum issues to be followed in support groups.

ACTIVITY 4: The South African Democratic Teachers Union (SADTU) will establish 12 peer education care and support groups in regions of high incidences of HIV infection. These will be organized for people living with HIV and AIDS (PLWHA) and/affected individuals to promote healthy living, care, awareness of and access to treatment of opportunistic infections (OIs) and sexually transmitted infections (STIs), positive prevention including partner reduction and consistent and correct condom use, being faithful, coupled with treatment access and strict adherence through treatment buddies will be promoted. Risk assessments and risk reduction processes will be organized to address members' needs. Harmful behaviors leading to increased risk and compromised health such as alcohol abuse and casual sex without a condom will be addressed. Information sessions on good nutrition and use of nutritional supplements will be promoted. Ongoing counseling including voluntary counseling and testing (VCT) campaigns for family members will be organized to promote acceptance, support of PLWHA and allow families to respond to health needs and/or protect the health of other family members. Meetings will be held fortnightly and facilitated by peer education facilitators and AIDS ambassadors.

ACTIVITY 5: Regional meetings for out of school youth.

ACTIVITY 6: To take control of HIV prevention in all types of sexual partnerships, open adult debates will be held to encourage partner reduction, correct and consistent condom use, recognition of sexual minority groups and addressing HIV prevention strategies available to those groups. Activities aim to instill the need for co-responsibility of the others' health and family in partners for mutual faithfulness and mutual knowledge of one's status.

ACTIVITY 7: Local leaders will organize in accessible taverns and sheebens (township alcohol hotspots) to introduce condom use and demonstrate correct condom use and supply and maintain supply for alcohol addicts.

ACTIVITY 8: In order to support quality assurance, monitoring and evaluation mechanisms. peer education facilitators (union leaders), support group facilitators, and orphan and vulnerable children caregivers will be trained on inputs and outputs or each activity, and required outcomes and indicators for monitoring, support and reporting processes. This will include:

- Establishing selection criteria for peer educators, caregivers and support group facilitators
- Selecting appropriate curricula and materials, that can be used in local trainings and implementation that contributes towards achievement of objectives
- Reviewing of training and supervision approaches, including refresher trainings
- Implementing strategies for program monitoring using indicators, supportive supervision and observational approaches
- All activities will be evaluated to improve the design, implementation, revision, messaging, focus and relevance of prevention programming
- A monitoring and evaluation plan will be designed with data collection forms for each stage of implementation per program area

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-infected 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 a 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19447	19447.08	HHS/Centers for Disease Control & Prevention	South African Democratic Teachers Union	8681	8681.08		\$450,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$89,671

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8683.09	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: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 19445.22873.09	Planned Funds: \$208,744
Activity System ID: 22873	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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 programme 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-infected 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) using 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19445

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19445	19445.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$215,000

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 2803.09	Mechanism: N/A
Prime Partner: Olive Leaf Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 12323.23151.09	Planned Funds: \$340,666
Activity System ID: 23151	
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY: This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to scale up Hope worldwide (HWW) South Africa activities in other prevention activities specifically in prevention with positives and condom education. HWW will continue its prevention activities with a specific focus on abstinence education at both primary and secondary schools. HWW will continue to implement the other prevention activities specified in the FY 2008 COP and these will be completed according to schedule in 2008. The outcome of the PEPFAR South Africa Interagency Partner Evaluation was that HWW should focus only on AB, where they have a strong program, but not to continue support HWW in Other Prevention. Therefore there is no need to continue funding this activity with FY 2009 COP funds.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 13960	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13960	12323.08	U.S. Agency for International Development	Olive Leaf Foundation	6669	2803.08		\$48,500
12323	12323.07	U.S. Agency for International Development	Olive Leaf Foundation	4485	2803.07		\$50,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 8709.09	Mechanism: N/A
Prime Partner: Montefiore Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 22498.22973.09	Planned Funds: \$0
Activity System ID: 22973	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In late FY 2008, Montefiore Hospital's youth program looked to provincial youth peer education programmes to open doors to implementing the Advise, Consent, Test, Support (ACTS) program in other provinces. In addition, Montefiore Hospital was asked to assist these youth programmes by providing training on routinely offered voluntary counseling and testing (VCT) and providing sexual prevention messages.

\$388,000 will go toward other prevention activities due to the high risk nature of youth sexual relationships. It is of utmost importance that both young men and women are equipped with the necessary knowledge to make informed decisions about their sexual and reproductive health, and that services to address their sexual and reproductive health needs are accessible and efficient. In this vein, the ACTS program proposes implementing a new initiative to engage small youth-serving non-governmental organizations (NGOs) to deliver prevention programs in three new provinces: Limpopo, Mpumalanga and KwaZulu-Natal. We will work with the appropriate provincial and district department of health offices to coordinate these new sub-partner efforts with existing prevention as well as counseling and testing activities in their service areas. Recruitment for these new community partners will take place via advertisements in provincial or district media to ensure fair and open competition. Successful applicants will receive small- to medium-sized grants to develop and deliver prevention programs directed at higher risk youth including those living in townships and transit corridors as well as young women in their 20s. Prevention programs that focus on reducing multiple concurrent partners, cross generational and transactional sex; increasing awareness of youth risk for HIV via social marketing, peer education programs and the active involvement of youth living with HIV; promoting abstinence, being faithful and condom (ABC) messages with novel approaches to ensuring correct and consistent condom use will also be encouraged to apply. The programs will also educate youth about HIV/AIDS, provide HIV counseling and testing and emphasize other key prevention messages in line with the goals set forth by the South African Government. The new sub-partners will be provided with ACTS collateral materials including HIV education video content; standard operating procedure and work plans with measurable objectives and timelines within which they must meet their targets. The evaluation of these sub-partners will take place as continuing quality improvement activities recorded on a quarterly basis.

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 providing 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.

ACTIVITIES 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22498

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22498	22498.08	HHS/Centers for Disease Control & Prevention	Montefiore Hospital	8709	8709.08		\$388,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4747.09

Prime Partner: GOLD Peer Education Development Agency

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 8240.22966.09

Activity System ID: 22966

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$224,279

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Activities in FY 2009 are being scaled up with a deliberate focus on addressing areas with the highest rates of infection. GOLD has commenced and will be strengthening its messaging to drive provincial campaigns and provide training to ensure that peer education activities emphasize combating behaviors that drive high HIV transmission. For older youth who are no longer abstaining, the promotion of high consistent condom use and reduced and inter-generational and transactional sex will continue with more depth, while providing secondary abstinence as a viable choice. GOLD will continue to scale up, strengthen and more effectively target GOLD's current prevention efforts in order to increase their impact on reducing new infections amongst youth in both schools as well as out of school youth. This is described in GOLD's alignment to the NSP and how GOLD is emphasizing prevention priorities identified by PEPFAR.

BACKGROUND:

GOLD has spent much of 2008 strengthening the approaches of its model to enable peer educators to reach out of school youth, orphans and vulnerable children more effectively and two new curricula sessions will be introduced to support this as part of the ongoing program in 2009. In addition, gender mentoring will focus on promoting delay of sexual debut especially for girls and empowering young women to reduce risk and seek to change harmful gender norms that place both girls and boys at increased risk

Revised GOLD standards in FY 2009 include outputs that GOLD will monitor which involve activities that integrate educators, parents/guardians, church leaders and other influential community adults to ensure that youth receive concurrent messages at home, in school, at church and at social gatherings. GOLD has introduced an advocacy and program visibility service which will involve supporting existing approaches beyond behavior change communication in a creative way and confront the contextual factors that make it difficult for young women to adopt safer behaviors. In addition, there is a stronger emphasis on including positive male role models to support programs to create enabling communities for positive behavior change.

A significant modification to the FY 2008 Background narrative is that GOLD has not been working with an organization called Wagon of Hope. This sub-partner name is incorrect and is an additional one that is not in line with the number of 15 in total that GOLD agreed to work with in FY 2008. All the others are correct. Ten and not nine additional organizations will be selected and trained in September 2008 to recruit peer educators. These organizations will be confirmed at the end of August 2008 and are selected according to a rigorous process of application and assessment. To implement GOLD Peer Education, an organization must have adequate infrastructure to support the program and a track record in youth behavior change interventions. For some organizations that are selected to implement the GOLD peer education program, not all the required capacities will be fully developed but support will be provided to enable organizations to move towards having a profile that enables them to meet GOLD standards for quality peer education programs within a community development framework.

ACTIVITIES AND EXPECTED RESULTS:

Recruitment of new peer educators will take place in January 2009 as planned according to the GOLD peer educator selection process and criteria. Peer educators volunteer or are nominated by their peers according to a set of criteria. This process yields a diverse group of teens from all the different sub-cultures who are leaders, chosen on their shared experience with learners or community youth. Peer educators are nominated as change agents within their communities to mobilize their communities towards transformation and health enhancing behavior change. They undergo a written and oral interview, an interview panel of past peer educators and educators, written parent/guardian approval and a pre-test for baseline purposes

The nominated peer is someone who fulfils the following criteria:

1. Will represent his/her class and grade/community group
2. Will be trained and equipped in the areas of HIV/AIDS, sexuality and lifestyle education
3. Has a passion to lead by example and be a nation builder
4. Is opinionated
5. Is reliable and trustworthy
6. Is willing to work in a cross-cultural team
7. Possesses leadership qualities
8. Is someone who wants to help people
9. Has the strength of character to influence other peers easily
10. Is prepared to be trained in fulfilling the four roles of a peer educator
11. Is willing to examine his/her own life choices, and question whether these decisions are having a positive and healthy impact on the future
12. Will be committed to attending all the peer educator training sessions and outputs over the program life-cycle

No other implementing organizations will be selected. The sentence that states that between 2007 and 2008, another batch of thirteen additional organizations will be selected to become GOLD implementing partners is not correct. This sentence is not correct and does not line up to all other targets set in the narrative in 2007 for the 2008 and 2009 plan. This sentence can be omitted. The sentence in the original narrative states that nine additional organizations will be assessed in July 2008 and selected and trained in September 2008 to recruit peer educators. This is less than what will take place in FY 2009. The correct sentence should state that ten additional organizations will be assessed in July 2008 and selected and trained in September 2008 to recruit peer educators. It should be noted that the peer educators in the GOLD program are comprehensively equipped and supported to advocate and refer sexually active youth for HIV testing and counseling.

Activity Narrative: GOLD will train 25 program managers and 109 peer educators from 25 implementing organizations, as well as 330 teachers, to implement the structured three-year GOLD model (with an optional fourth year) in 132 secondary schools and communities through equipping and supporting adolescent peer educators (PEs).

There will 132 sites reached of which three will be community sites targeting out of school youth peer educators instead of secondary school sites.

There will no longer be 8,008 adolescent PEs reached (for both program areas and 4,004 reached for this program area only), but 9,702 for both of the program areas within the 132 sites. Six of these PEs will be full time post school peer educators who will be fulfilling specific PE roles and outputs as part of the optional fourth year of the GOLD program where they will be given a stipend to positively impact their peers and will also be trained as co-facilitators. The increase in PE numbers is due to the fact that all new sites as well as existing sites will have new junior PE's and existing peer educators in junior peer education and senior peer education will enter a new program in 2009 and become senior and mentor peer educators respectively.

SUMMARY:

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

Activity Narrative: 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 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13761

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13761	8240.08	U.S. Agency for International Development	GOLD Peer Education Development Agency	6598	4747.08		\$300,000
8240	8240.07	U.S. Agency for International Development	GOLD Peer Education Development Agency	4747	4747.07	New APS 2006	\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4644.09	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: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 7949.22773.09	Planned Funds: \$186,899
Activity System ID: 22773	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Modification to FY 2009 has only been in the way of enhancing the other sexual prevention (OSP) program, with the only new addition of Families Matter.

ACTIVITY 1: Condom Distribution

Since FY 2007, Youth for Christ South Africa (YfCSA) has established and/or adopted condom distribution outlets in the various communities where the OSP Program is being rolled out. Youth facilitators identify high-risk transmission areas in their geographic areas where condom availability is most needed and promoted through posters at such points as local pubs (taverns), clubs, guest houses and lodging facilities and areas where transactional sex most likely happens. Youth facilitators also promote prevention of HIV transmission through promotion of abstinence outside of marriage and/or a long term, committed and faithful relationships; being faithful to abstinence-based decisions and values; and awareness raising that engagement in sex, protected and unprotected, increases the risk of HIV contraction, especially outside of a long-term committed and faithful relationship. Youth facilitators organize and establish community-based youth clubs and/interest groups where prevention of the HIV is promoted through promotion of abstinence and being faithful lifestyles and various other prevention methods, including correct and consistent condom use.

ACTIVITY 2: Behavior Change Campaigns

This activity will focus on overtly calling and campaigning for behavior change amongst sexually active out of school youth and the general community by addressing and highlighting the dangers and risk factors associated with risky behavior such as drug, substance and alcohol abuse; transactional and cross-generational sex; negative peer pressure; compromise of personal goals and values, etc. Youth facilitators, with their community-based group (youth clubs, peer educators, interest groups, church youth groups, etc) will engage in planning and hosting regular community wide campaigns that will also mobilize communities and populations with the use of a wide range of information, education and communication (IEC) materials provided by Khomanani, a government HIV/AIDS IEC campaign.

ACTIVITY 3: Lifeskills and Leadership Camps

Lifeskills and leadership camps aimed at training and equipping youth with critical personal and interpersonal skills; a wide range of critical lifeskills and leadership skills to also enable the youth to be effective peer educators and agents in their communities and groups. Youth facilitators and with YfC staff shall facilitate camps that will also cover vital topics of HIV/AIDS, factors fueling the spread of HIV, behavior change, multiple and concurrent sexual partnerships, etc. The camps will inculcate aspects of team building, leadership development and communication.

ACTIVITY 4: Intensifying of Prevention Education

It is imperative that condom distribution is not seen and rolled out indiscriminately or even viewed as being carried out independently of adequate education in the context of sexual and reproductive health and sexually transmitted infections (STIs) and the promotion of abstinence and being faithful. Condom distribution is part of a bigger comprehensive HIV prevention strategy. In youth clubs and other groupings of out of school youths, youth facilitators shall facilitate sessions to further influence youths' skills, knowledge and attitudes regarding behavior change.

ACTIVITY 5: Families Matter Program

In FY 2009, YfCSA is introducing, with the support of CDC South Africa, a new activity of a Families Matter Program. In this program, YfC aims at engaging parents and youth with a positive parenting and family program; awareness of the challenges faced by youth and the existent factors that abound accelerating the continued spread of HIV/AIDS. This being a new activity and area of focus, YfCSA shall work closely with the youth activity manager of CDC South Africa to establish and implement the Families Matter Program.

ACTIVITY 6: Gender Empowerment

In FY 2009 YfCSA will focus gender empowerment activities such that they include the issue of gender-based violence as well and gender imbalances. This will be done through the implementation of youth clubs and community wide events. YfCSA will continue to implement the YfCSA developed curriculum specifically for girls called "Phakama" (rise up). This program shall particularly look at empowering girls with skills, attitudes and knowledge to help them take pride in themselves and be empowered to negotiate issues such as relationships and sex, at an equal footing with boys. This program shall also help boys respect girls by addressing myths and stereotypes that are rooted in customs, culture and traditions. This will also include wider challenges such as human rights and specifically women's rights, mother-to-child transmission (MTCT). MTCT is being included in the curriculum due to the high number of pregnant girls between the ages of 16-24 that are being reached by YfC. Through the implementation of the above mentioned activities with young girls, YfC hopes to empower girls in sexual decision making, hence reducing the number of newly infect females,

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13913

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13913	7949.08	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	6649	4644.08		\$250,000
7949	7949.07	HHS/Centers for Disease Control & Prevention	Youth for Christ South Africa (YfC)	4644	4644.07	NEW APS	\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4632.09	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: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 7933.22861.09	Planned Funds: \$0
Activity System ID: 22861	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities that started in FY 2008 will continue in FY 2009.

- Condom dispensers will be inserted in 150 factories associated with SACTWU. It is planned that 375,000 male condoms and 6,000 female condoms will be distributed.
- During the month of April each year, an annual blitz is held in the industry where factories are visited by internal shop steward master trainers, and workers are educated on specific prevention messages. It is anticipated that 50,000 workers will be reached.
- The South African Clothing and Textile Workers' Union (SACTWU) Worker Health Program trainers will also provide workplace training throughout the year. This is made up of a 30 minute training module conducted at factories. Approximately 30 factories will be visited throughout the year where 5,000 workers will be educated on the above stated issues relating to prevention.
- The drama group will conduct workplace drama, with a particular script delivering abstinence and being faithful prevention messages. The group will perform this script at an estimated 30 factories, relaying the message to an estimated 5,000 workers. SACTWU has two months of shutdown in the industry over December and January; therefore the projected annual targets are divided over 10 months.

The following modifications apply:

Recently, a new script has been developed for the drama club addressing tuberculosis (TB), which will be performed at factories educating workers on this topic. It is also intended for the drama club to do outreach work at at least one high school per month within the communities that SACTWU members live and work. It is anticipated that targets will be increased in this program area due to this outreach work.

Further outreach work is planned at schools based within communities in which SACTWU members live and work. Twenty five female adolescents will be trained as peer educators in the following prevention areas: abstinence, being faithful, gender-based abuse and violence, and risk reduction through the avoidance of alcohol and drug abuse. All current peer educator and workplace training material was updated and revised in July 2008. In the new training material, including the script targeting adolescents, a greater emphasis has been placed on risk reduction through the avoidance of alcohol and drug abuse. This is directly due to the high prevalence rate of substance abuse amongst SACTWU's members and their families.

All nurses and lay counsellors will be trained to ensure that drug and alcohol education is included within the voluntary testing and counseling (VCT) services provided at SACTWU's VCT sites. Currently, education on abstinence and/or being faithful is also included in the training provided by lay counsellors based at SACTWU's VCT sites.

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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13818

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13818	7933.08	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	6624	4632.08		\$125,000
7933	7933.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	\$90,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 262.09	Mechanism: N/A
Prime Partner: National Institute for Communicable Diseases	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 15938.22855.09	Planned Funds: \$0

Activity System ID: 22855

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15938

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15938	15938.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4624.09	Mechanism: N/A
Prime Partner: Medical Care Development International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 21163.22916.09	Planned Funds: \$0
Activity System ID: 22916	

Activity Narrative: In response to OGAC's review of the PEPFAR South Africa FY 2009 Country Operational Plan, the Prevention Steering Committee directed the country team to reprogram 20-30% of the PEPFAR South Africa sexual prevention portfolio

SUMMARY:

Medical Care Development International - South Africa (MCDI-SA) is a US-based private voluntary organization 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.

BACKGROUND:

MCDI-SA will expand their PEPFAR funded programs to other sexual prevention activities. All MCDI-SA activities are based on the goals, guiding principles and strategies developed and published in the HIV & AIDS and STI National Strategic Plan, 2007-2011, and are in ongoing collaboration with the iLembe District Department of Health and KwaZulu-Natal Department of Health.

ACTIVITY 1: HIV Positive Youth Support Groups

To support youths receiving a positive HIV test result, the current PEPFAR-funded project will establish nine HIV Positive Youth Support Groups, three in the Ndwedwe, Maphumulo, and Mandeni sub-districts. The groups will be community rather than clinic-based, an approach found to be successful with Medical Care Development International (MCDI)-established and UNICEF-funded prevention of mother-to-child transmission (PMTCT) and voluntary counseling and testing (VCT) support groups in these areas. Each HIV Positive Youth Support Group will include an HIV-infected facilitator trained to educate on prevention behaviors, focusing on the abstinence/be faithful (ABC) approach, as well as 'Positive Living' and other relevant HIV-related skills and information necessary for maintaining health, nutrition, and overall well-being.

ACTIVITY 2: Mobile HIV/AIDS Education Unit

Because iLembe District comprises widely dispersed households and community clusters, MCDI will organize a mobile education unit to reach poorer, more remote areas that are underserved. The mobile unit will travel between traditional authorities to educate youths and their communities. This will raise knowledge and awareness on HIV/AIDS/STIs and TB (HAST), the location of VCT facilities, stigma, discrimination and sexual abuse. It will use low-cost movies locally produced by Art for Development as a platform for a participatory method of action and reflection. Information, education and communication (IEC) materials with information on abstinence, faithfulness, correct and consistent use of condoms, promotion of VCT, adherence to antiretroviral (ARV) and tuberculosis (TB) treatment, as well as anti-stigma, anti-discrimination and anti-violence messages, will be developed, distributed and discussed in the local language, Zulu. The Mobile Education Unit will provide up to 90 annual visits within three sub-districts aiming to increase knowledge on safe sexual behavior, the importance of ARV and TB drug adherence, and increase voluntary counseling and testing (VCT) uptake among the traditionally underserved.

ACTIVITY 3: Radio Messages to Promote Correct Condom Use

Previous community surveys done by MCDI have discovered that about a third of the general population relies on radio messages for health information. Using community radio stations in iLembe District and eThekweni, as well as Ukhozi Radio, a mainstream radio station with the highest listenership in southern KwaZulu Natal, MCDI will develop and produce a series of Zulu-language radio messages communicating prevention messages, including correct use of condoms, targeted to the general population.

ACTIVITY 4: Support Groups for Parents

Working through groups of local religious leaders, MCDI will facilitate the establishment of parents groups, in which parents can discuss and support each other in talking about sex and prevention of HIV and sexually transmitted infections (STIs) with their children. In local culture, it is considered taboo for parents to discuss anything of a sexual nature with children. Working with a trained MCDI facilitator and MCDI-trained religious leaders, this will provide concerned parents with an outlet to air their concerns about the spread of HIV and AIDS and to practice ways to discuss safe sexual behaviors effectively with their children.

ACTIVITY 5: Training of School Nurses

For additional support to youths, MCDI will provide training and support to all 19 school nurses in iLembe District to include HIV/AIDS, other STI and teenage prevention education in their everyday work. In biannual workshops, nurses will be trained in behavior change and communication methods. Training school nurses allows the school system to serve as a sustainable source for youth prevention education and referral to treatment and care services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21163

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21163	21163.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$1,200

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 224.09	Mechanism: CTR
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 21081.22949.09	Planned Funds: \$0
Activity System ID: 22949	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY/BACKGROUND:

Family Health International South Africa (FHI-SA) worked with the University of the Western Cape (UWC) on this program in FY 2005 and FY 2007. It will continue to work with UWC through FY 2008, but in FY 2009, the University of the Western Cape will no longer be a part of the program. Considering that UWC has been well mentored under this program for two years, its peer education system is well established and is able to sustain itself through other sources of funding.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2009 FHI-SA will work with the University of the Free State and the University of Limpopo and will provide training to a new cadre of peer educators on these campuses. FHI-SA will further provide refresher training to those peer educators who were trained before to update their knowledge and skills. FHI-SA will continue to strengthen other prevention strategies, supporting community outreach programs like HIV prevention awareness campaigns conducted by partners like the Department of Health and the Department of Education within and beyond these two campuses.

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 Technikon. 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21081

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21081	21081.08	U.S. Agency for International Development	Family Health International	6583	224.08	CTR	\$48,500

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,630

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 479.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 7884.23165.09

Planned Funds: \$208,987

Activity System ID: 23165

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

In South Africa, Humana People to People has until now implemented eight Total Control of the Epidemic (TCE) areas in Mpumalanga and Limpopo Provinces with 400 field officers working at any one time with PEPFAR funding. Humana has started 12 new TCE areas in four provinces with funding from the Global Fund to fight AIDS, TB and Malaria and thereby extended the total outreach to 2.5 million people in five provinces.

ACTIVITY 1: Household-Based Person to Person

In FY 2009 Humana People to People plans to start one new TCE area to take the place of an area in Bushbuckridge Municipality that will close on the 30th of September 2009. The total number of TCE areas will remain as 10. TCE will further develop and strengthen referral networks in general and make more use of family planning services and services against substance/alcohol abuse. In their door-to-door campaign, field officers will continue to emphasize reduction of multiple and concurrent partners.

ACTIVITY 2 Human Capacity Building

In addition to the training described above, Humana People to People will also use FY 2009 funding to send management and supervisory staff for further training at Frontline Institute in Zimbabwe and KwaZulu Natal Experimental college as a way to strengthen overall leadership of TCE activities as TCE continues to expand in South Africa.

ACTIVITY 3 Linkages with Sectors and Initiatives

As well as continuing to strengthen the links that have already been established, Humana People to People will create linkages with more governmental and non-governmental organizations and departments as the TCE program expands into new areas with new stakeholders. Additionally with the addition of the Hope Humana projects many of the OSP activities run by the Passionates, such as campaigns to special vulnerable groups and condom distribution will have been handed over to HOPE following the closure of the TCE. Hope Humana leads HIV/AIDS interventions run by Humana and came to a start in FY2007 with funding from PEPFAR to carry out counseling and testing (CT) and home-based care (HBC). Hope Humana in Bushbuckridge and Mopani work in close conjunction with TCE as long as TCE is in the area; Hope will continue in the area after the closure of TCE and seek to attract funding from other sources to sustain its activities in the future, hereunder the Department of Health and Social Services.

ACTIVITY 4 Monitoring and Evaluation

Corps commanders and division commanders will now meet as part of the leadership of TCE worldwide every two months at Humana's international headquarters in Zimbabwe, replacing the quarterly meeting mentioned in COP FY 2008. This has allowed the TCE commanders to learn quickly from best practices used in other countries where TCE is operating and has as a result meant that TCE in South Africa as been able to reach a much higher percentage of its goals.

Since TCE in South Africa has expanded, it has become necessary to increase the number of coordinating offices (corps offices) from one to three. This has led to the formation of a Corps Commander Forum (CCF), where the corps commanders and their deputies meet and make sure that all TCEs in South Africa are moving in the right direction. The CCF takes place over two days every month and one day is used for discussions about results, public relations and partnership, while the second day is used for producing materials such as pamphlets, manuals and newsletters. Humana will continue to use its tried and tested methods for monitoring and evaluation that have proven themselves efficient and easy to use as well as comprehensive. TCE will from time to time make improvements on its M&E tools based on experience in South Africa and in other countries that gets pooled together in the aforementioned meeting. In the TCE areas in South Africa that are PEPFAR funded Humana has adapted some of its systems to specifically capture the required indicators in abstinence and being faithful (AB) and other program areas effectively and accurately.

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

Activity Narrative: 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 (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

Activity Narrative: 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

New/Continuing Activity: Continuing Activity

Continuing Activity: 13977

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13977	7884.08	U.S. Agency for International Development	Humana People to People in South Africa	6672	479.08		\$430,500
7884	7884.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$183,672

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$30,500

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 2813.09

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: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 3552.23160.09

Planned Funds: \$400,255

Activity System ID: 23160

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2009 funds will be used to implement the healthy relationships group-based positive-prevention intervention in the OR Tambo District of the Eastern Cape, and to conduct a rapid assessment of the Phaphama-2 one-on-one positive-prevention intervention at four clinics/voluntary counseling and testing (VCT) sites in the Cape Town Metropole.

ACTIVITY 1: Implementation of the Healthy Relationships Intervention

In the OR Tambo District, four trainers/quality assurance (QA) specialists will train two local health authority staff in each of the six local service areas as trainers of the healthy relationships intervention. These 12 trainers will then collectively train approximately 60 group facilitators, recruited from local non-governmental organizations (NGOs), community-based organizations (CBOs) and treatment sites throughout the OR Tambo District, to conduct the healthy relationship intervention. Group facilitators will work in pairs to provide the healthy relationships intervention to support groups for PLHIV. The four QA specialists will conduct monitoring and QA to ensure that the healthy relationships intervention is given as intended.

ACTIVITY 2: Rapid Assessment of the Phaphama-2 Intervention

HSRC will conduct a rapid assessment of the Phaphama-2 intervention at four clinics/VCT sites in Cape Town. The Phaphama-2 intervention is a brief risk-reduction intervention against sexually transmitted infection (STI)/HIV risk and alcohol misuse delivered by counselors to clients in a single 1-hour individual session. It is currently being evaluated for its effectiveness/generalizability in a study currently being carried out among 1800 STI patients in three clinics in South Africa, under carefully controlled research conditions. The intervention is also being evaluated for its efficacy among PLHIV in a sub-study at one of the three clinics in the Ekurhuleni (East Rand) Metro. The rapid assessment will seek to assess the effect of this intervention under the "real world" conditions among PLHIV attending STI clinics or VCT sites. Clients will be asked by one of the project staff (not involved in delivering the intervention) to complete a brief questionnaire about demographic characteristics and risk behavior prior to participating in the intervention. After receiving the intervention, clients will be asked to complete a brief qualitative exit interview giving their opinion of the intervention, its relevance to their own circumstances, and any changes that they intend to make to modify their own risk. Two people will be trained as trainers/evaluators of the Phaphama-2 intervention. They will train two counselors from each of the four clinic sites to deliver the intervention. These eight counselors will each deliver the intervention to an average of two clients per week. The rapid assessment will take place over a six-month period, or until approximately 400 clients have completed the intervention and at least 200 of these clients have also completed the assessment (pre- and post-intervention questionnaires).

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 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, CBOs, FBOs and 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.

Activity Narrative: 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 1 to 2 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-infected status to a sex partner (reducing violence and coercion, key legislative issue). Skills for making effective HIV disclosure decisions will be taught for disclosing HIV status to non-sex partners, particularly family members, friends, and employers (stigma and discrimination, key legislative issue). The interventions will also address building skills for reducing HIV transmission risk through behavior change with a particular focus on one of the key legislative issues: 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, and hence increasing gender equity in HIV and AIDS programs. 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 an additional 50 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 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 3 and 6 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13970

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13970	3552.08	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	6671	2813.08	HSRC	\$824,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$70,083

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4755.09	Mechanism: N/A
Prime Partner: Mpilonhle	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 8241.22985.09	Planned Funds: \$169,908
Activity System ID: 22985	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Mpilonhle shall increase its efforts in the following areas:

ACTIVITY 1:

During Mpilonhle's health screening and health education activities its health counselors and health educators will continue to emphasize the value of reducing multiple and concurrent partnerships, as well as cross-generational and transactional sex. These issues are already addressed in Mpilonhle's current activities, as can be seen in the last paragraph of the activity narrative, but we shall emphasize them more strongly in line with the FY 2009 COP technical considerations.

ACTIVITY 2:

Mpilonhle shall encourage the participation of school governing boards and parents in its training sessions on HIV prevention, promotion of reproductive and general health, and care and support for PLWHA and orphans and vulnerable children.

ACTIVITY 3:

Mpilonhle shall continue to improve its referral systems for linking up participants in its programs with community-based health facilities, support services, and support groups, particularly to access reproductive health services, and services as available in this rural area for substance abuse issues.

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 PEPFAR 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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14027

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14027	8241.08	U.S. Agency for International Development	Mpilonhle	6688	4755.08		\$250,000
8241	8241.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	\$200,000

Emphasis Areas

Construction/Renovation

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

Estimated amount of funding that is planned for Human Capacity Development \$11,627

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$83,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9232.09	Mechanism: N/A
Prime Partner: International Organization for Migration	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 21174.23173.09	Planned Funds: \$776,724
Activity System ID: 23173	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

This new partner was awarded under the FY 2008 funding competition. 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/AIDS prevention and care program. Building on experiences and lessons learned from the International Organization for Migration (IOM) pilot projects in 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.

BACKGROUND:

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 and will run for three years, from September 2008 until August 2011. Once this initial expansion phase has been consolidated in these geographical areas, it is proposed that opportunities be reviewed in other provinces with large commercial farming sectors, such as KwaZulu-Natal, Free State, Western Cape and Eastern Cape.

The IOM will execute the Ripfumelo project and assume overall responsibility for the coordination and management of all project activities. Ripfumelo will fall under IOM's regional Partnership on HIV and Mobility in Southern Africa (PHAMSA) program, which targets economic sectors characterized by high levels of labor mobility, and which aims to reduce the HIV incidence and mitigate the impact of AIDS among migrant and mobile workers and their families.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV in the Workplace

Approximately 120 farm owners and managers will be encouraged and supported in developing, reviewing, strengthening, and implementing HIV and AIDS workplace policies and programs.

ACTIVITY 2: Social Change Communication

An evidenced-based communication campaign will be developed and implemented to support all other components of the project. The campaign will seek to persuade farm workers to make and sustain positive changes in their sexual behavior such as abstinence, faithfulness, correct and consistent condom use and partner reduction. The campaign will be designed to address gender, poverty, and other social issues that present a barrier to behavior change. The social change communication process builds the capacity of the IPs to develop localized, targeted campaigns and tools that are, owned, and disseminated by farm workers.

ACTIVITY 3: Peer Education

Approximately 650 farm workers will be trained as peer educators who will provide information and support to their colleagues. Specifically, their role will be to facilitate better access for farm workers to local primary health care services, especially CT, and to de-stigmatize HIV.

ACTIVITY 4: Improving Life Skills (including Recreational Activities)

This component seeks to develop and implement healthy recreational activities and to address some of the lifestyle choices that fuel the HIV epidemic. Project partners, in consultation with farm workers, will identify life skills such as Adult Basic Education and Training (ABET) and financial literacy that impact HIV vulnerability and local partners or service providers to assist trainings. The members of the target group will identify healthy recreational options such as sports and choir groups, and the IP will help them develop a program to roll out these activities. Some of the participants involved in these life skills and recreational activities will be trained as peer educators and/or gender advocates.

ACTIVITY 5: Gender

Approximately 800 gender advocates and/or male role models will be trained to address discriminatory gender dynamics and prejudices.

ACTIVITY 6: Organizational/Institutional Capacity Development

IOM will build capacity of local IPs to enable them to sustain interventions. By helping the local IPs to become "one-stop-shops" for local farms and other small, micro, and medium-sized enterprises (SMMEs), they can provide a cost effective mechanism for companies to address HIV and AIDS.

ACTIVITY 7: Building Knowledge and Understanding

Activity Narrative: Mini-baseline assessments and integrated biological and behavioral surveys (IBBS) will establish the HIV prevalence in the target areas and provide important information about the target demographic (i.e. age, job category, gender, employee status, etc.). HIV prevalence will be linked to social and behavioral questionnaires in an attempt to better understand the relationships between HIV infection and various social, economic, migrational, behavioral and health issues. The surveys will provide employers, employees, policy-makers and others with a more accurate appreciation of the epidemic in the various farming communities and a deeper understanding of complex factors that contribute to HIV vulnerability.

SUMMARY:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21174

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21174	21174.08	U.S. Agency for International Development	International Organization for Migration	9232	9232.08		\$800,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 466.09 **Mechanism:** HPI
Prime Partner: Health Policy Initiative **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 6427.23063.09 **Planned Funds:** \$0
Activity System ID: 23063
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR OP funds were allocated for Health Policy Initiative (HPI) to provide training to 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; work closely with JHPIEGO and the NDOH to jointly develop prevention messaging for traditional leaders, traditional healers and traditional surgeons that can be incorporated into existing traditional male circumcision activities; and work with these groups to build capacity in the delivery of appropriate, accurate prevention messaging in the context of male circumcision. The circumcision activities of HPI will be completed according to schedule in 2008 and will also be funded in COP 2009. Other OP activities will not be funded as this is not a strong area for HPI. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15074

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15074	6427.08	U.S. Agency for International Development	Health Policy Initiative	7034	466.08	HPI	\$388,000
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

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 328.09 **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:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 2989.23076.09 **Planned Funds:** \$2,007,110
Activity System ID: 23076

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

In FY 2008, emphasis was placed on working with young women aged 15-24, however, research has indicated the need to focus on young men and women as a target audience and to shift the focus audience to 18-32 year olds in particular, as this is when most infections are occurring amongst young women, which indicates the need for a focused intervention emphasizing partner limitation and correct and consistent condom usage. The shift to focus on young people recognizes that the norms and attitudes that may place young men at risk of infection later in their lives needs to be raised earlier so as to influence these norms and values.

Turntable Trust works in the rural areas of KwaZulu-Natal to engage youth 15-24, young people 18-32 and adult men on activities that will promote consistent and correct condom usage, highlight the risks associated with transactional intergenerational sex and the linkages between alcohol consumption, sex and HIV.

Owing to changes at the Department of Correctional Services (DCS) as well as a change in emphasis in programming by John's Hopkins University, it is not foreseen that any activities will take place with DCS in FY 2009.

BACKGROUND:

JHU has initiated the Scrutinize Campaign together with Matchboxology, its new partners Mediology and CellLife, that aim to encourage young South Africans 18-32 years of age to assess their risk of HIV infection and to encourage delaying sexual debut and partner reduction through use of the mass media including the outdoor media and cellular technology. CellLife will support the mass media outreach of all communications partners in South Africa with free short message service technology to promote consistent and correct condom usage, increase risk perceptions in relation to transactional intergenerational sex and the linkages between alcohol consumption and HIV infection.

ACTIVITIES AND EXPECTED RESULTS:

JHU will in FY 2009 scale up a new campaign to be initiated in FY 2008 targeting adult men on HIV prevention using male celebrities, including footballers capitalizing on the 2010 Football World Cup to promote consistent and correct condom usage, increase risk perceptions in relation to transactional intergenerational sex and the linkages between alcohol consumption and HIV infection.

Trailblazers, which was co-produced with the South African Broadcasting Corporation (SABC), has been fully absorbed into the programming of SABC Education, which will enable these resources to be directed to the further development of the Circles Drama Series, the Scrutinize Campaign and a new campaign to be initiated in FY 2008 targeting adult men.

JHU has formed a strategic partnership with Health-E to support in-depth media reporting on the key drivers of the epidemic in South Africa including looking at issues relating to correct and consistent condom usage, transactional intergenerational sex and the linkage between alcohol, drugs, sex and HIV. Finally, the Wits HIV and the Media Project will work to mobilize editors and journalists to focus on the key drivers of the epidemic in particular around men, male behavior and multiple and concurrent partners.

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 of HIV infection 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 young girls 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

Activity Narrative: 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 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13953

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13953	2989.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$2,600,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$295,322

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 268.09

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 2968.23032.09

Planned Funds: \$0

Activity System ID: 23032

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. In FY 2009, Population Council APS program areas were incorporated into their "Population Council" COP entry (previously a separate entry). This program area will continue as an FY 2009 program area under the partner heading entitled "Population Council". Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29684	29684.07	HHS/Centers for Disease Control & Prevention	Africare	12183	12183.07	New CDC TA Mech Africare	\$25,000
29683	29683.07	HHS/Centers for Disease Control & Prevention	Columbia University	12180	12180.07	New CDC TA Mech Columbia	\$25,000
29682	29682.07	HHS/Centers for Disease Control & Prevention	Tulane University	12184	12184.07	New CDC TA Mech Tulane	\$25,000
29681	29681.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	12182	12182.07	New CDC TA Mech JHPIEGO	\$150,000
29680	29680.07	HHS/Centers for Disease Control & Prevention	Family Health International	12181	12181.07	New CDC TA Mech FHI	\$25,000
14271	2968.08	U.S. Agency for International Development	Population Council SA	6759	268.08		\$582,000
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

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7412.09

Mechanism: APS

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 16317.23037.09

Planned Funds: \$0

Activity System ID: 23037

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. In FY 2009, Population Council APS program areas were incorporated into their "Population Council" COP entry (previously a separate entry). This program area will continue as an FY 2009 program area under the partner heading entitled "Population Council". Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16317

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16317	16317.08	U.S. Agency for International Development	Population Council SA	7412	7412.08	APS	\$350,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4753.09	Mechanism: N/A
Prime Partner: LifeLine North West - Rustenburg Centre	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 8252.23094.09	Planned Funds: \$0
Activity System ID: 23094	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITIES AND EXPECTED RESULTS:

- Focus on superior service delivery by ensuring competent personnel to promote HIV prevention strategies other than abstinence and be faithful.
- Update and enhance imaginative and effective training material to advance safe sex practices, including the reduction of multiple and concurrent partners and other HIV prevention and support initiatives.
- Augment existing monitoring and evaluation activities with a state of the art data management and reporting system. This will enhance monitoring and evaluation activities to ensure accurate and reliable data compilation to guide and improve programs and aim for implementing future research activities.
- Facilitate active involvement of men in peer education, child rearing and HIV prevention activities within the community.
- Initiate participation of members of school governing bodies, parents and members of at risk populations (MARPS) in trainings and other activities pertaining to knowledge of prevention of HIV, other sexually transmitted infections (STIs), as well as other preventable diseases.
- Increase activities within mining areas by requesting hostel management to allow personnel to present training sessions on mining property during hours when miners are not on duty.
- Target informal settlements adjacent to mining areas targeting the commercial sex workers, girls and women. Emphasis in this training would be multiple and concurrent partnerships, male circumcision and cross generational relationships.
- Refer clients who may be at risk and/or have a history of STIs to local health facilities for screening and management.
- Implement a more effective referral and network system with existing and other partners to enhance consistent condom use, family planning, counseling and testing and substance/alcohol abuse to increase prevention education to a wider population.
- Reduce risk perception, promote risk reduction, and use evidence-based information to address the key drivers of the epidemic. Implement "couple encounter" weekend groups where couples attend behavior changing training. This would especially be targeted at 15-25 year age group to encourage late onset of sexual debut as well as focusing on responsibility of cross generation relationships.

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 Rustenburg 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-served 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
South Africa Page 534

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13990

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13990	8252.08	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	6678	4753.08		\$100,000
8252	8252.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	\$79,000

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

Estimated amount of funding that is planned for Human Capacity Development \$13,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9691.09	Mechanism: N/A
Prime Partner: Lifeline Mafikeng	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 22500.23091.09	Planned Funds: \$0
Activity System ID: 23091	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY AND BACKGROUND:

HIV prevention activities will especially emphasize fidelity, though they are balanced with abstinence messages, especially targeted towards youth and condom promotion (i.e. correct and consistent use of male and female condoms) 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.

ACTIVITIES AND EXPECTED RESULTS:

Lifeline Mafikeng will carry out three separate activities in this program area.

ACTIVITY 1: Outreach

Programs targeting teenagers aged 13-18 years will focus mainly on abstinence or delayed sexual debut and will encourage those who are sexually active to pledge abstinence once again. In the programs for older youth and adults, the focus will be on encouraging a pledge of faithfulness to monogamous relationships and to avoid cross-generational relationships. Lifeline Mafikeng will also work with the traditional leaders and community members to transform male norms and behaviors in order to reduce violence and sexual coercion, which is rife in the community. Commercial sex workers and farm workers are a vulnerable with little access to health care and information and will be targeted with the mobile units and trend setters for testing, referral and information. Programs will include prevention and living positively programs to promote maintaining a negative HIV status and living positively to ensure quality of life.

ACTIVITY 2: HIV Prevention Messaging

Activities conducted at identified sites will include HIV counseling and testing, along with concurrent HIV prevention and marketing activities. Trend setters will undertake the HIV prevention and marketing activities, which will include placing banners, canvassing the area on foot, distributing pamphlets and invoking discussion with pedestrians, conducting information and education sessions on HIV/AIDS, projecting culturally appropriate abstinence and being faithful messages, performing HIV/AIDS-related dramas and performances, establishing "post-test clubs" and performing condom demonstrations and distribution.

ACTIVITY 3: Post-test Clubs

Post-test clubs (PTCs) are a model used in Uganda which helps people living with HIV and AIDS (PLWHAs) to cope with infection in which both HIV-infected and HIV-negative members adopt and maintain effective prevention behavior. Formation of PTCs can assist in changing the social norms in support of HIV risk reduction (UNAIDS, 1999). Post test clubs will be established at each of the partner community-based organizations (CBOs). The activities of the PTCs include addressing issues of HIV prevention, stigma reduction and positive living while also addressing issues of gender-based violence and cross generational relationships.

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.

Activity Narrative: 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.

HIV Prevention Activities (HVAB and HVOP)

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.

Activity 3: 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 which are visited bi-monthly will be conducted by community outreach volunteers and trend setters. 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. Special emphasis for persons not yet sexually active will be the pros and cons of abstinence, benefits of later sexual debut, and one partner relationships. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22500

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22500	22500.08	HHS/Centers for Disease Control & Prevention	Lifeline Mafikeng	9691	9691.08		\$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

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 268.09	Mechanism: N/A
Prime Partner: Population Council SA	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 23767.09	Planned Funds: \$944,691
Activity System ID: 23767	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

In FY 2009, technical assistance (TA) will be provided to three provinces to raise awareness on the importance of sustainable inter-sectoral collaboration for sexual and gender-based violence. TA will be provided for debriefing sessions of sexual assault, antiretroviral therapy (ART) and voluntary testing and counseling (VCT) providers from Department of Health (DOH), Department of Justice (DOJ), the South African Police Services (SAPS) and the Social Development (SD) in Gauteng, Free State and the Eastern Cape to address staff retention, stress and burn out.

BACKGROUND:

The PHE from FY 2008 (below) has ended. The results from the desktop reviews on screening for domestic violence and round table were conducted. The finalization of the male involvement strategy will result in the presentation of the draft policy framework and male involvement strategy to the National Department of Health (NDOH), and the dissemination of the draft to provinces under the guidance of the NDOH. Recommendations from community discussions to inform information, education and communication (IEC) targeted at male involvement in reproductive health (RH) will be implemented in FY 2008.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Scale-up of a comprehensive post-rape care and HIV post exposure prophylaxis (PEP)

In FY 2009 the Population Council (PC) will continue to provide technical assistance on the implementation and scale-up of a comprehensive post-rape care and HIV post exposure prophylaxis (PEP) strategy (which includes male involvement in reproductive health). The strategy also includes strengthened legal and mental health components and is being implemented at Tintswalo Hospital and 25 facilities (including two hospitals and two community health centres) in Mpumalanga, Limpopo, KwaZulu Natal and Eastern Cape, and two Primary Health Care (PHCs) in North West, KwaZulu Natal, Mpumalanga and Free State province to ensure sustainability of the program. The monitoring and referral systems developed in FY 2008 will be adapted to all 25 intervention sites. Champions will be identified during a two day training that PC will conduct in the provinces to support and monitor the intervention onsite and give monthly feedback to the facility managers on implementation progress and challenges. The overall management and data collection systems developed in FY 2008, which will include the retrospective data collection to assess the number of survivors who sero convert after the assault (with or without PEP) at Tintswalo hospital, will inform DOH and PC's activities to address the gaps/best practice. One of the envisaged activities could include TA to the DOH to include and monitor this indicator to be able to assess the impact of the program. PC will conduct quarterly support site visits with the provincial, district and facility managers and champions, and will also provide TA for regional exchange site visits on a bi-annual basis to allow providers to share best practices. These visits will be supported through separate funding from PEPFAR allocated to strengthening the response to sexual assault at the regional level. Reports from all visits will be generated and reported to PC on a quarterly and on an ad hoc basis to address challenges and inform the action plan. Data quality will be monitored and strengthened in collaboration with the district health information systems team and PC trained data capturers. The multi-sectoral project advisory committee established in FY 2007 will continue playing a role in bringing key stakeholders together to share information and experiences, identify gaps in the implementation of the comprehensive models, and assess on-going opportunities for strengthening linkages between the health and criminal justice systems. PC will provide TA for the establishment of similar committees in the other two provinces, and encourage active involvement and participation at the service provider level. PC will undertake all activities with the DOH at all levels, including cost sharing on activities like training, material development, sharing of tools, policies and protocols, campaign activities and selected workshops.

ACTIVITY 2: Scale up to other facilities in Mpumalanga and three provinces (Limpopo, Eastern Cape and KwaZulu-Natal)

A situational analysis on the implementation of the comprehensive post-rape care and HIV post exposure prophylaxis (PEP) strategy, a screening for domestic violence (DV) and the Thohoyandou Victim Empowerment Program (TVEP) which aims to increase and improve service access for victims of sexual and gender-based violence (SGBV) will be conducted, documented and presented at two hospitals and two community health centres (CHCs) in Mpumalanga, KwaZulu Natal, Limpopo and Eastern Cape for scale-up. Focus group discussions will also be conducted with men (two per province) to determine the role of men in sexual assault care. Buy-in and planning meetings will be held at provincial and district levels to ensure that there is increased accessibility and availability of comprehensive sexual assault care including PEP and psychosocial support (HIV & AIDS and STI Strategic Plan for South Africa Key Priority Area 1:2). Provinces will be supported to encourage other government departments including the South African Police Services (SAPS), Department of Justice (DOJ), and Department of Social Development (SD) to the buy-in. Coordination and planning meetings will be held to ensure a collaborative effort in addressing sexual assault care and domestic violence. Monitoring, intervention, referral tools and training materials will be shared with new provinces. PC will provide TA to strengthen linkages between service providers in the public sector and Thuthuzela Centres (TTC) to develop a mechanism that ensures good client flow, sharing of best practice, coordination and collaboration. Population Council (PC) will provide TA to provinces on sexual assault and DV awareness campaigns and intersectoral collaboration events nationally (one campaign/event per province and one national event).

ACTIVITY 3: Psychosocial support for government service providers

PC will provide TA in four provinces for debriefing sessions of sexual assault providers from the Department of Health (DOH), DOJ, SAPS and SD. A psychologist will be contracted to conduct eight debriefing sessions (two per province), and PC will support provinces to strengthen provincial debriefing

Activity Narrative: sessions with the available resources in various departments, and the debriefing material developed and provided by the psychologist. A debriefing package for use in other facilities will be developed and shared.

ACTIVITY 4: Information Dissemination

PC will provide TA to the four provinces to share lessons learned from the implementation of the intervention at various forums at the district, provincial and national levels. PC will also present findings and reports to the National Department of Health (NDOH) and the international community. Lessons learned from PC work on sexual assault in the region and internationally will be shared with South African stakeholders.

TYPE OF STUDY: Continuing.

PROJECT TITLE: Expanding Access to Comprehensive Post-Rape Services.

NAME OF LOCAL CO-INVESTIGATOR: The Tshwaranang Legal Advocacy Centre (TLAC) of Limpopo and Mpumalanga provinces.

PROJECT DESCRIPTION: Population Council (PC) and Rural Aids and Development Action Research (RADAR) implemented and evaluated a rural, multi-sectoral model for post-rape care in Limpopo during FY 2007. Obstacles in providing comprehensive post-rape care 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 obstacles. During FY 2008 the intervention strategy will be implemented in rural areas of Limpopo and Mpumalanga in collaboration with the Tshwaranang Legal Advocacy Centre (TLAC).

EVALUATION QUESTION: The aim of this public health evaluation (PHE) is to add a strengthened legal and mental health component to the existing model for post-rape care and HIV post-exposure prophylaxis (PEP) in two areas of rural South Africa. The evaluation question involves examining whether the more comprehensive post-rape care and HIV post-exposure prophylaxis programs (i.e., with the strengthened legal and mental health components) effectively address the obstacles identified in the FY 2007 study.

PROGRAMATIC IMPORTANCE: 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 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, study findings reveal an often poor link between medical post-rape services and the necessary legal and police procedures.

The PHE undertaken by PC and TLAC will seek to explore the effect of incorporating a legal services component into a health services model and the relationship between the health and criminal justice systems. There are currently no examples of such an approach in South Africa, with the exception of Thuthuzela Centres, which do provide access to the criminal justice system by working with the South Africa Police Services. These centers, however, do not provide legal advice and assistance to clients. The model will provide the opportunity to explore whether a justice model can usefully be included in a health services model.

Although interventions 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 less successfully prosecuted. Lack of confidence in legal proceedings appears to discourage survivors from seeking medical care or reporting to police. This PHE will contribute to the knowledge base needed to inform the design of interventions that address the lack of comprehensive physical and mental healthcare for rape victims, as well as the lack of legal recourse. The emphasis areas of this activity will be on increasing women's legal rights, reducing violence and coercion, human capacity development (training), local organization capacity building, and strategic Information.

TIMELINE AND FUNDING: The total project timeframe is two years. This entry describes activities during Year 2 of project, which involves implementing and evaluating the intervention strategy developed in Year 1; analysis of evaluation data; and dissemination of findings. Budget request for the second year is \$350,000.

METHODS: Prior to the commencement of the intervention, Population Council and TLAC will collect data from the South African Police Services occurrence books, a review of applications for protection orders and court records detailing outcomes of rape cases. A random sample of these baseline data will be drawn from the previous year, describing (1) who accesses and the criminal justice system; (2) the services that they use; (3) case outcomes; (4) current problems around networking and referrals between the health and criminal justice systems; and (5) what impedes women's access to justice? From these observations the short, unobtrusive methods of interview to be used later in the study will be informed. This later portion of the PHE involves the continuous monitoring of the HIV/PEP register kept at the Tintswalo Hospital. (This register is a restricted site study in which Tintswalo Hospital serves as the hub for the surrounding rural areas.) The register will yield monthly data on the number of individuals who received the comprehensive HIV post-exposure prophylaxis model. This monitoring activity will form the sampling frame for women who will be contacted to participate in the (probably rapid) qualitative and quantitative assessments of the intervention and its intended outcomes of improved satisfaction with post-exposure services and improved knowledge and attitudes about such services. Taken as a whole, the key problems that need to be addressed will be based on the analyses of the baseline data, with additional observations being gleaned from the purposive sampling of women to be interviewed (methodologies of which are to be determined during the initial phase of the PHE). These two sets of data will then inform the overall case management and data collection systems to be designed and disseminated as the final deliverables.

Activity Narrative: POPULATION OF INTEREST/GEOGRAPHIC AREA: This PHE addresses women in rural South Africa who are either rape victims themselves or vulnerable to rape and its series of adverse outcomes. The geographical area of focus is rural areas of Limpopo and Mpumalanga provinces.

INFORMATION DISSEMINATION PLAN: The results of this PHE will be disseminated at provincial and national levels in South Africa to policymakers and advocates who are in demand of valid data that could inform improved programs addressing PEP in general and post-rape health care in particular. Results will be presented to local, provincial, and national government officials and made available online through the Population Council and other websites. Findings will also be presented at USAID/South Africa at the appropriate time, as well as at national and international conferences as applicable.

BUDGET JUSTIFICATION FOR YEAR 2 (USD): The majority of funds (just under 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 five laptop computers and related support (IT) equipment will be purchased for field data entry and analysis (equipment, approximately 3%). Supplies will include general office supplies, computer supplies, and photocopying of data collection instruments (1.5%). Travel (approximately 6% of the total) will include local transport for the study team and limited international travel for Population Council New York/Washington-based technical expertise visits to South Africa. Finally, communications, office space, and other expenses will account for approximately 10% of the total.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$196,857

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10267.09

Mechanism: TBD National Institute for Communicable Disease NICD follow On (STD Program)

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 23689.09

Planned Funds: [REDACTED]

Activity System ID: 23689

Activity Narrative: SUMMARY:

These activities were in the FY 2008 COP under National Institute for Communicable Disease (NICD), a parastatal organization that works directly with the South African government to provide laboratory testing and surveillance for communicable diseases. However, the NICD cooperative agreement has finished and a To Be Determined (TBD) implementing partner will be awarded the new cooperative agreement in the next year to implement these activities. FY 2009 funds will be used to support: 1) the dissemination of the newly enhanced materials augmenting sexually transmitted infection (STI) clinical management and HIV/STI prevention for health care providers; and 2) marketing and dissemination of an HIV/STI prevention and condom skills-building video targeting high-risk youth (i.e. already sexually active).

BACKGROUND:

The first activity builds on work funded in FY 2008 and addresses a recommended Effective Program for most at risk populations (MARPs), diagnosis and treatment of STIs. By the end of FY 2008 the provider survey will be conducted and, based on results, new materials, curricula augmentations, and job aids are being developed to support public and private sector health care workers in providing more effective STI management, including integration of HIV/STI prevention activities and promotion of HIV testing. This activity builds on previous work to disseminate the new materials to public and private health care workers through professional organizations and national, provincial and district programs through a variety of routes. In the expanded activity, the target populations are still primary care health care workers providing STI management (usually nurses and physicians, and as possible traditional providers and other associated providers [e.g., pharmacists]). Activities have been conducted in collaboration with the provincial, district and local health departments and professional organizations (for the private sector).

The second activity supports the South African government and Gauteng provinces commitment toward interventions aimed at HIV prevention among youth. Adolescents have enhanced behavioral and biologic risk for STI/HIV acquisition, and are recognized as an important population at risk for future HIV infections. Currently, only limited interventions that promote self-efficacy for safe sex choices are available in South Africa; and many interventions that currently exist may be losing effectiveness through over use. To change adolescents' norms, attitudes and behaviors around risky sex, multiple methods of providing safe sex messages (e.g., correct information, skills that promote self-efficacy for safe sex choices) are needed - especially methodologies that youth perceive to be fun and acceptable.

ACTIVITIES AND EXPECTED RESULTS:

NICD will carry out two separate activities in this program area.

ACTIVITY 1: Dissemination of Enhanced Health Provider Interventions

The target population is private and public sector health workers providing STI clinical management. The activities focus on enhancing and strengthening existing provider training curricula, clinical management guidelines, clinical tools and "job aids" (e.g., laminated cards and posters, checklists). The training will also focus on correct condom use and incorporating distribution of condoms in clinical settings. FY 2009 funding will be to: 1) Hire 1.5 FTEs local staff who will help support dissemination of the intervention and will train private providers and in the public sector; they will be conducting training of trainers workshops; 2) Identify public and private sector sites, curricula, and informational activities to which enhanced materials can be directed; these should include pharmaceutical sites and (as possible) traditional providers; 3) Present and disseminate materials to leaders and managers of STI/HIV management and prevention activities in various organizations; 4) Solicit feedback on educational materials from collaborators, and identify opportunities for integrating new materials into already existing curricula, work plans and work settings for health providers; 5) Reproduce and translate new materials into local languages as appropriate; and 6) Collaborate with national, provincial and local government, private sector (e.g., professional organizations), local NGOs and CBOS as appropriate to conduct activities. The prime partner will hire needed staff, commodities, and other services to conduct the activity. It is expected that 300 providers will be trained to provide more effective STI management, including integration of HIV/STI prevention activities and promotion of HIV testing. The 300 providers will be expected to reach 100 STI patients in the next 12 months for a total of 30,000 clients reached. Sustainability will be addressed through identification and training of staff who are familiar with the private and public sector issues and can disseminate the products appropriately through use-friendly processes, including the internet. In addition, sustainability will be addressed because existing training and information, communication and educational (IEC) materials will be enhanced rather than developing new materials. Human capacity development is part of all aspects of the project, as activities are aimed at enhancing STI clinical management of providers.

The activity will contribute directly to preventing transmission of HIV among infected persons, and preventing acquisition of HIV among HIV-negative persons. It is also likely to lead to additional HIV testing, and support HIV-infected men to access HIV clinical care because providers will be trained on HIV testing so that testing can be offered as part of primary care services without waiting at HIV counseling and testing sites.

ACTIVITY 2: Adolescent Prevention Video

The target population is high risk youth (i.e., soon to be or already sexually active). Based on results of the pre-and post-test surveys, the prime partner will collaborate with CDC staff to support marketing and wide dissemination of the video within youth clinics in South Africa. FY 2009 funding will be used to: 1) Hire a local staff person familiar with youth venues and marketing strategies who will support dissemination of the new video; 2) Identify potential youth-friendly venues for provision of the video, and marketing strategies to target those venues; 3) Travel as appropriate for presentation of the video to directors/staff at potential venues, events, and relevant meetings (e.g., national and international conferences); 4) Transfer of video through direct copies, internet services, public health and other services, and national and international

Activity Narrative: conferences; and 5) Collaborate with local, provincial and national government officials as appropriate, as well as NGOs and CBOs and private sector to conduct activities. The prime partner will hire needed staff, commodities, and other services to conduct the activity. Targeted sites for dissemination are those providing youth friendly services, regardless of health or non-health context. Sustainability will be addressed through use of a local person familiar with youth venues and marketing techniques, and who is able to use multiple dissemination techniques (e.g., internet based). Human capacity development is addressed through the information and skills that are provided to youth in the video, as well as through training and development of the local marketer.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1066.09

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: Sexual Prevention: Other
sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 7881.23639.09

Planned Funds: \$428,169

Activity System ID: 23639

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Male circumcision, which was in Other Prevention in FY 2008, has been moved into the male circumcision program area. The description below outlines activities falling into this program area.

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/AIDS (PLHIV) and prevention for both HIV-infected and HIV-negative people. Prevention forms a part of all the PHRU's programs and through these efforts PHRU has recognized that a one size fits all approach to prevention does not work for all populations. Under this program area PHRU is targeting high risk populations, in particular men, adolescents and pregnant women, in order to have the greatest impact.

BACKGROUND:

Prevention is the cornerstone to curbing the spread of HIV. All PHRU's activities include prevention as a fundamental component of the activity. In FY 2009 the PHRU will focus on particular communities that are at higher risk for HIV infection and whose needs have not been addressed in mainstream prevention, including single men, men who have sex with men, people engaging in multiple and concurrent partnerships, adolescents and pregnant women. This aligns with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 strategy to target prevention programs to higher risk groups. PHRU already has programs for these high risk groups and through this targeted funding, PHRU will increase their participation in PHRU programs.

ACTIVITIES AND EXPECTED RESULTS:

All people identified through these programs will be encouraged to be tested for HIV and enter into appropriate HIV services, or to stay negative. All the programs described below will have major input from the PHRU communities. The programs will be monitored using both qualitative and quantitative methods to establish their effect in the different communities.

ACTIVITY 1: Men who have sex with men (MSM)

The issue of MSM has not been widely addressed in HIV-related services. The fact that the South African epidemic is largely in the heterosexual community has focused HIV-prevention on this population. However, the recognition that there is a gap in services for MSM has prompted PHRU to develop expertise and programs to address this issue. Through collaborative research with the University of California San Francisco PHRU has learned that the prevalence amongst MSM in Soweto is around 25%. In a recent paper at the AIDS 2008 conference in Mexico, HIV prevalence among this population in the Western Cape is 31%. These men are clearly at risk of HIV infection and need urgent attention.

The Western Cape provincial Department of Health (DOH) has requested PHRU to assist them to expand HIV services in the primary care clinics to MSM. This will include training health care workers on the special needs of this population including risk reduction counseling, STI screening and treatment, and alcohol and drug abuse counseling. There have been few programs addressing the needs of this vulnerable population and even less addressing HIV. This activity will address this gap. PHRU will develop and expand programs in Soweto (Gauteng) and Cape Town (Western Cape) and will train other organizations as needed. PHRU will link with other organizations that do outreach to the MSM community such as Triangle and Desmond Tutu HIV Foundation in Cape Town, Soweto HIV/AIDS Counselors Association (SAHACO) and Gay and Lesbian Memory in Action (GALA) in Johannesburg, and the Human Sciences Research Council (HSRC) and OUT in Pretoria. People referred from these groups will be able to receive a comprehensive prevention, care and treatment program. This program will include risk reduction counseling, advising consistent condom use with lubricants, provision of condoms, voluntary counseling and testing (VCT), sexually transmitted infection (STI) treatment, tuberculosis (TB) screening and HIV care and treatment. The MSM community will be consulted and involved in the development of this initiative. PHRU has actively engaged with other organizations working with MSM.

ACTIVITY 2: Multiple and concurrent partnerships

The risk of HIV transmission increases considerably when either partner engages in sexual activity with other partners. In a poster presented at the 2008 AIDS conference in Mexico it was shown that although, in a period of a year, men are more likely to engage in multiple concurrent partnerships (MCP), women are more likely to engage in multiple serial partnerships. These partnerships include cross-generational sex which is often accompanied by gifts which sustain the relationship. Alcohol and drug abuse increases these sorts of interactions. PHRU will intensify efforts to understand the nature of these relationships in our communities, many of which are poorly resourced, have high unemployment rates and where there may be a culture of concurrent relationships. Concurrent relationships are seen as culturally acceptable and the norm through peer pressure and the notion of masculinity in South Africa. Being mobile and abusing alcohol and drugs can increase risky behavior and infidelity. PHRU will draw on knowledge from their programs that have engaged with couples and men to develop strategies to address this issue in our communities. Prevention with HIV-infected and HIV-uninfected people as well as concordant and discordant couples will be addressed. Risk reduction counseling, advising consistent condom use and partner reduction, reducing concurrent partners and increasing time between partners will be encouraged. PHRU's and the University of the Witwatersrand School of Journalism's AIDS and the Media project was established in 2003 with funding from USAID and is now funded by PEPFAR through Johns Hopkins University. This project engages and trains journalists and media practitioners on various aspects of HIV/AIDS. The focus going forward is on MCP and male norms and will be able to draw on and publicize these findings.

ACTIVITY 3: Men

Activity Narrative: Men and single men have been underserved in HIV prevention efforts. The majority of prevention has been targeted towards empowering women to negotiate safer sex and to PMTCT, with men being left out. In addition, when prevention has been targeted to men it has been assumed that they are a homogenous group. Media often portrays men in a negative fashion as the perpetrators of violence, of spreading HIV and of being irresponsible. PHRU will include family planning in the prevention package as it is generally seen as a women's issue and is seldom discussed. Moreover, high unemployment rates in South Africa disadvantages the men in engaging in traditional cultural practices such as lobola (giving a gift to the bride's parents). PHRU will develop programs together with men such that messages will have greater impact. It is expected that more men will be tested and engage in HIV services.

ACTIVITY 4: Adolescents

The particular issues involving adolescents are addressed in the counseling and testing (CT) and pediatric care and treatment program areas. Abstinence and delaying sexual debut is the central focus of this initiative. PHRU has outreach activities in schools in Soweto, including providing CT. Through this and HIVSA's camp project for adolescents and walk-ins to the Kganya Motsha adolescent clinic, adolescents are identified through these outreach activities. Under this program area PHRU will investigate and address the issue of delaying sexual debut and cross-generational relationships in the communities in which PHRU works. PHRU will capacitate adolescents to make informed decisions and to empower them to not engage in sexual activity until they are older. KidzPositive is providing similar services in Cape Town.

ACTIVITY 5: Pregnant women

Women have been shown to be more susceptible to HIV infection while pregnant. Pregnant women access many programs including PMTCT. PHRU will use risk reduction counseling and encourage women to have open dialogue with their partners around pregnancy and HIV infection, to bring their partners in for testing and to engage with them around fatherhood. In addition, PHRU will encourage repeat testing at 32 weeks or in labor as per South African government guidelines.

The above activities will link with local NGOs and CBOs in the communities where PHRU works. PHRU will train these organizations on prevention for vulnerable groups. PHRU will support these activities through developing strategies, providing the means and identifying venues for outreach activities. PHRU will provide outreach material, set up referral networks, ensure HIV services are accessible, monitor and evaluate the interventions. PHRU will also train the health care providers on the special needs of these communities to ensure that clients get appropriate care. Once they have been shown to work, PHRU will expand these programs.

PHRU has run three very successful Priorities in AIDS Care and Treatment conferences which are targeted to public sector health care workers (doctors, nurses and pharmacists) and program and facility managers. These practical conferences have been well received by participants who find that they are able to take away useful information and knowledge to improve the quality of care and treatment access at their facilities. Through these conferences PHRU been able to disseminate its research findings and HIV prevention, care and treatment experiences and has invited other PEPFAR partners to share their experiences, knowledge and best practices. Over 800 people have attended these conferences.

SUMMARY:

The approach taken by the 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,

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14263

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14263	7881.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$369,570
7881	7881.07	U.S. Agency for International Development	Perinatal HIV Research Unit, South Africa	4482	1066.07	PHRU	\$160,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10278.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 23727.09

Activity System ID: 23727

Mechanism: TBD Prevention Action Tank
USAID

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Activity Narrative: SUMMARY:

USAID and CDC will support the National Department of Health (NDOH) to create and lead an HIV prevention consultative core action group (or "Action Tank"). The purpose of the Action Tank will be to help the South African government (SAG) accelerate the scale-up of HIV prevention through an inclusive, broad-based process to develop comprehensive, coordinated, evidence-based, target-driven national prevention implementation strategy. The group is slated as an "action tank" because in addition to providing expert advice and recommendations, its primary purpose is to facilitate large scale prevention action under NDOH leadership. The establishment of the Action Tank will be done through an active and participatory approach that will engage key stakeholders and facilitate the alignment of prevention actions based on understanding the SA HIV epidemic.

The creation of the Action Tank will be a multi-tiered process that will progressively strengthen the capacity and engage the leadership of the NDOH and other key actors. This may include: a rapid prevention program situation analysis, identification of challenges and barriers to effective scaled-up prevention programming, identification of programming gaps and best practices, development of a plan to focus strategic implementation for maximum results, and an on-going process for prevention program evaluation and utilization of new information. The process will engage stakeholders and other donors in order to achieve consensus on the implementation strategy.

BACKGROUND:

South Africa is the most affected country in the world, with an estimated 5.7 million HIV-infected people and an estimated 530,000 new infections annually. While there is some indication that the prevalence may be starting to decline (from 29% in 2005 to 28% in 2007 in antenatal clinics), the continued rate of new infections, the increasing numbers of patients on treatment and ever growing numbers of orphans and vulnerable children result in an incontrovertible burden on the South African health, social, and economic systems. There is an urgent need for effective prevention programs at a national scale and that can be sustained by the SAG and civil society for the long term.

Former South African President Mbeki provided little leadership to prevent the spread of this epidemic. In addition, the previous Minister of Health did not make HIV programming a priority, did not encourage coordinated action, and criticized donor-supported HIV programs. In stark contrast to most PEPFAR focus countries, donors, including the USG, have not played a direct, major role in strategy or policy formulation in recent years. However, the change in national leadership and the new Minister of Health offer an opportunity to help the SAG shift the prevention paradigm. The NDOH has placed prevention among the high priorities in HIV programming and seems to be open to developing a robust partnership for prevention. The SAG emphasized the need for an integrated, inter-departmental approach to dealing with the pandemic and this will be an important component of a strategic implementation action plan.

The examples of successful prevention programs around the globe, such as Cambodia, Senegal, Kenya, Zimbabwe, India, and Haiti that have seen significant changes in social norms and individual sexual behavior all have the common denominator of high level political support and engagement. These examples demonstrate that barriers to scaled-up prevention efforts can be overcome through evidence-informed action.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity and Consensus Building

Together with the NDOH, the USG will help support an inclusive process, bringing together multiple sectors, key donors and actors, and ensuring strong participation by civil society, affected communities, and people living with HIV, to garner consensus on the state of current prevention programs in relation to the epidemic, identification of program gaps and best practices, and develop a comprehensive implementation strategy for the HIV prevention. Engaging the NDOH in the PEPFAR prevention program stock-taking exercise will be a part of this process.

ACTIVITY 2: Creating the Action Tank

USAID and CDC will work closely with the NDOH to facilitate the creation of a core group, the Action Tank and establish its terms of reference. It is expected that the Action Tank, led by the NDOH, will facilitate the implementation of the National HIV prevention plan, will work with international and national technical agencies, and national, provincial, and district level HIV authorities to assess HIV prevention scale-up on an ongoing basis, and identify factors that impede program expansion. In the long term, the Action Tank may facilitate the initiation of joint reviews of the HIV prevention program and support the revision of the prevention implementation plan as needed, based on epidemiologic trends, evaluation findings, and the emergence of new prevention tools.

ACTIVITY 3: Action Tank Actions

Based on the Action Tank terms of reference and the needs of the NDOH, the Action Tank may support the following types of processes to facilitate a coordinated, evidence-based national scale up of prevention programs under the leadership of the NDOH:

-Establishment of clear achievable targets for the prevention program: Using available information and research findings, the Action Tank, with technical assistance, may help the NDOH establish concrete measurable indicators for HIV prevention including coverage, intensity of prevention efforts, and outcome and impact of the HIV prevention program.

-Effective utilization of HIV prevention information: South Africa has strong HIV and behavioral surveillance systems, high quality data from population-based surveys, and information from a variety of quantitative and qualitative research activities; and the drivers of the epidemic are clearly understood and outlined in the HIV

Activity Narrative: and AIDS and STI National Strategic Plan. The Action Tank might help the NDOH take on a more robust leadership in assuring that all actors (in the public and private sectors) clearly understand this information, including HIV prevalence and incidence, the sources of new HIV infections, the size and characteristics of groups most at risk, important sources of HIV-related vulnerability (e.g., drug and alcohol use, cultural norms, social, economic, etc.), and how to use this information to continually refine the prevention response and fill gaps. The Action Tank may also help the NDOH identify gaps in HIV prevention information that could be filled through research or action research.

-Addressing factors that increase vulnerability: The Action Tank might assist the NDOH to develop an advocacy and/or action plan to address the broader social, cultural, and structural issues that increase vulnerability to HIV transmission. This may involve assuring greater synergy between and among governmental departments, and identifying priority policy actions.

-Improved integration of HIV prevention with treatment and other clinical services: The Action Tank might assist the NDOH in developing activities to assure real field-level integration of prevention with HIV, TB, and STI treatment programs, and explore methods to encourage integration of HIV prevention in other service delivery settings.

This activity contributes to the PEPFAR goals and objectives by strengthening the prevention portfolio and developing a coordinated national framework in which to implement prevention in South Africa. This will contribute to reducing new infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10277.09

Mechanism: TBD World Cup CDC

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 23728.09

Planned Funds: [REDACTED]

Activity System ID: 23728

Activity Narrative: SUMMARY:

In June 2010, South Africa will host the FIFA World Cup Soccer Event. This is an international association football (also known as soccer) competition played by the men's national teams of the members of Fédération Internationale de Football Association (FIFA), the sport's global governing body. The championship has been awarded every four years since the first tournament in 1930, except in 1942 and 1946, due to World War II. The tournament consists of two parts, the qualification phase and the final phase (officially called the World Cup Finals). The qualification phase, which takes place over the three years preceding the Finals, is used to determine which teams qualify for the Finals. The current format of the Finals involves 32 teams competing for the title, at venues within the host nation over a period of about a month. The World Cup Finals is the most widely-viewed sporting event in the world, with an estimated 715.1 million people watching the 2006 tournament final. While a large number of people are estimated to view the tournament, a significant number of people are expected to travel to South Africa as spectators. This qualification phase and the World Cup Finals provide the USG team with a unique opportunity to develop and broadcast targeted prevention messages and prevention interventions with a potential for broad reach throughout South Africa. In addition, the USG team will link with the South African Tourism Industry to ensure that HIV prevention activities are widespread.

BACKGROUND:

The 2010 World Cup Soccer will be one of the biggest events hosted by South Africa to date. It is anticipated that large numbers of tourists will travel to South Africa as spectators for the event. It is anticipated that a large amount of alcohol will be consumed during the 2010 Soccer World Cup. Alcohol consumption places individuals at increased risk of engaging in sexual practice that put them at increased risk of contracting HIV. The World Cup Event provides the USG team with the unique opportunity to collaborate with multiple PEPFAR partners and develop an HIV prevention framework around the World Cup Activities. The USG will make efforts to engage well-known soccer champions to become HIV prevention champions. The target group for this activity is the general population. Activities will target men and women of all ages who will be fans and spectators of the soccer event. Activities will not only be implemented during the 2010 World Cup Event, but also during the qualification phase taking place towards the end of FY 2008. It is also expected that the HIV prevention momentum generated during the event will be sustained through local soccer clubs, community sports events, and through groups such as Soccer for Life. The emphasis area for this activity is alcohol, multiple concurrent partnerships, risky sexual practices and gender. In addition, the activities will also target commercial sex-workers and potential clients.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: Development of a strategy around the World Cup Soccer Event**

In order to develop and implement a strategy with existing PEPFAR partners, the USG will hold a consultative forum with existing partners to capitalize on the work they are already engaged in. The idea is to engage as many of our PEPFAR partners as possible. This will ensure extended reach of the activities being implemented. At the partner consultative forum, partners will identify activities that they can implement within the framework. A monitoring and evaluation plan will also be developed to ensure maximum reach of activities.

ACTIVITY 2: Develop targeted messages

Together with PEPFAR partners, the USG team will develop a core set of targeted messages aimed around World Cup Soccer. These messages will be rolled out to communities around the country, as well as around the qualifying phase and final phase of the World Cup Events. The medium for disseminating the messages will be determined based on the framework and strategy developed in Activity 1.

ACTIVITY 3: Creating linkages

The USG team will use this opportunity to create linkages with the South African Tourism Industry, sponsors of the world cup event, and other stakeholders to ensure that HIV prevention plays a dominant role in and around events associated with the World Cup.

This activity will contribute to the PEPFAR goals and objectives by ensuring that HIV prevention messages reach large numbers of individuals. It will target a particular group of individuals who will possibly be engaged in high risk behaviors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10279.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 23729.09

Activity System ID: 23729

Mechanism: TBD Prevention Action Tank
CDC

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: [REDACTED]

Activity Narrative: SUMMARY:

USAID and CDC will support the National Department of Health (NDOH) to create and lead an HIV prevention consultative core action group (or "Action Tank"). The purpose of the Action Tank will be to help the South African government (SAG) accelerate the scale-up of HIV prevention through an inclusive, broad-based process to develop comprehensive, coordinated, evidence-based, target-driven national prevention implementation strategy. The group is slated as an "action tank" because in addition to providing expert advice and recommendations, its primary purpose is to facilitate large scale prevention action under NDOH leadership. The establishment of the Action Tank will be done through an active and participatory approach that will engage key stakeholders and facilitate the alignment of prevention actions based on understanding the SA HIV epidemic.

The creation of the Action Tank will be a multi-tiered process that will progressively strengthen the capacity and engage the leadership of the NDOH and other key actors. This may include: a rapid prevention program situation analysis, identification of challenges and barriers to effective scaled-up prevention programming, identification of programming gaps and best practices, development of a plan to focus strategic implementation for maximum results, and an on-going process for prevention program evaluation and utilization of new information. The process will engage stakeholders and other donors in order to achieve consensus on the implementation strategy.

BACKGROUND:

South Africa is the most affected country in the world, with an estimated 5.7 million HIV-infected people and an estimated 530,000 new infections annually. While there is some indication that the prevalence may be starting to decline (from 29% in 2005 to 28% in 2007 in antenatal clinics), the continued rate of new infections, the increasing numbers of patients on treatment and ever growing numbers of orphans and vulnerable children result in an incontrovertible burden on the South African health, social, and economic systems. There is an urgent need for effective prevention programs at a national scale and that can be sustained by the SAG and civil society for the long term.

Former South African President Mbeki provided little leadership to prevent the spread of this epidemic. In addition, the previous Minister of Health did not make HIV programming a priority, did not encourage coordinated action, and criticized donor-supported HIV programs. In stark contrast to most PEPFAR focus countries, donors, including the USG, have not played a direct, major role in strategy or policy formulation in recent years. However, the change in national leadership and the new Minister of Health offer an opportunity to help the SAG shift the prevention paradigm. The NDOH has placed prevention among the high priorities in HIV programming and seems to be open to developing a robust partnership for prevention. The SAG emphasized the need for an integrated, inter-departmental approach to dealing with the pandemic and this will be an important component of a strategic implementation action plan.

The examples of successful prevention programs around the globe, such as Cambodia, Senegal, Kenya, Zimbabwe, India, and Haiti that have seen significant changes in social norms and individual sexual behavior all have the common denominator of high level political support and engagement. These examples demonstrate that barriers to scaled-up prevention efforts can be overcome through evidence-informed action.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity and Consensus Building

Together with the NDOH, the USG will help support an inclusive process, bringing together multiple sectors, key donors and actors, and ensuring strong participation by civil society, affected communities, and people living with HIV, to garner consensus on the state of current prevention programs in relation to the epidemic, identification of program gaps and best practices, and develop a comprehensive implementation strategy for the HIV prevention. Engaging the NDOH in the PEPFAR prevention program stock-taking exercise will be a part of this process.

ACTIVITY 2: Creating the Action Tank

USAID and CDC will work closely with the NDOH to facilitate the creation of a core group, the Action Tank and establish its terms of reference. It is expected that the Action Tank, led by the NDOH, will facilitate the implementation of the National HIV prevention plan, will work with international and national technical agencies, and national, provincial, and district level HIV authorities to assess HIV prevention scale-up on an ongoing basis, and identify factors that impede program expansion. In the long term, the Action Tank may facilitate the initiation of joint reviews of the HIV prevention program and support the revision of the prevention implementation plan as needed, based on epidemiologic trends, evaluation findings, and the emergence of new prevention tools.

ACTIVITY 3: Action Tank Actions

Based on the Action Tank terms of reference and the needs of the NDOH, the Action Tank may support the following types of processes to facilitate a coordinated, evidence-based national scale up of prevention programs under the leadership of the NDOH:

-Establishment of clear achievable targets for the prevention program: Using available information and research findings, the Action Tank, with technical assistance, may help the NDOH establish concrete measurable indicators for HIV prevention including coverage, intensity of prevention efforts, and outcome and impact of the HIV prevention program.

-Effective utilization of HIV prevention information: South Africa has strong HIV and behavioral surveillance systems, high quality data from population-based surveys, and information from a variety of quantitative and qualitative research activities; and the drivers of the epidemic are clearly understood and outlined in the HIV

Activity Narrative: and AIDS and STI National Strategic Plan. The Action Tank might help the NDOH take on a more robust leadership in assuring that all actors (in the public and private sectors) clearly understand this information, including HIV prevalence and incidence, the sources of new HIV infections, the size and characteristics of groups most at risk, important sources of HIV-related vulnerability (e.g., drug and alcohol use, cultural norms, social, economic, etc.), and how to use this information to continually refine the prevention response and fill gaps. The Action Tank may also help the NDOH identify gaps in HIV prevention information that could be filled through research or action research.

-Addressing factors that increase vulnerability: The Action Tank might assist the NDOH to develop an advocacy and/or action plan to address the broader social, cultural, and structural issues that increase vulnerability to HIV transmission. This may involve assuring greater synergy between and among governmental departments, and identifying priority policy actions.

-Improved integration of HIV prevention with treatment and other clinical services: The Action Tank might assist the NDOH in developing activities to assure real field-level integration of prevention with HIV, TB, and STI treatment programs, and explore methods to encourage integration of HIV prevention in other service delivery settings.

This activity contributes to the PEPFAR goals and objectives by strengthening the prevention portfolio and developing a coordinated national framework in which to implement prevention in South Africa. This will contribute to reducing new infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10280.09

Mechanism: TBD Prevention Action Tank Secretariat

Prime Partner: To Be Determined

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 23730.09

Planned Funds: [REDACTED]

Activity System ID: 23730

Activity Narrative: SUMMARY:

USAID and CDC will support the National Department of Health (NDOH) to create and lead an HIV prevention consultative core action group (or "Action Tank"). The purpose of the Action Tank will be to help the South African government (SAG) accelerate the scale-up of HIV prevention through an inclusive, broad-based process to develop comprehensive, coordinated, evidence-based, target-driven national prevention implementation strategy. The group is slated as an "action tank" because in addition to providing expert advice and recommendations, its primary purpose is to facilitate large scale prevention action under NDOH leadership. The establishment of the Action Tank will be done through an active and participatory approach that will engage key stakeholders and facilitate the alignment of prevention actions based on understanding the SA HIV epidemic.

The creation of the Action Tank will be a multi-tiered process that will progressively strengthen the capacity and engage the leadership of the NDOH and other key actors. This may include: a rapid prevention program situation analysis, identification of challenges and barriers to effective scaled-up prevention programming, identification of programming gaps and best practices, development of a plan to focus strategic implementation for maximum results, and an on-going process for prevention program evaluation and utilization of new information. The process will engage stakeholders and other donors in order to achieve consensus on the implementation strategy.

BACKGROUND:

South Africa is the most affected country in the world, with an estimated 5.7 million HIV-infected people and an estimated 530,000 new infections annually. While there is some indication that the prevalence may be starting to decline (from 29% in 2005 to 28% in 2007 in antenatal clinics), the continued rate of new infections, the increasing numbers of patients on treatment and ever growing numbers of orphans and vulnerable children result in an incontrovertible burden on the South African health, social, and economic systems. There is an urgent need for effective prevention programs at a national scale and that can be sustained by the SAG and civil society for the long term.

Former South African President Mbeki provided little leadership to prevent the spread of this epidemic. In addition, the previous Minister of Health did not make HIV programming a priority, did not encourage coordinated action, and criticized donor-supported HIV programs. In stark contrast to most PEPFAR focus countries, donors, including the USG, have not played a direct, major role in strategy or policy formulation in recent years. However, the change in national leadership and the new Minister of Health offer an opportunity to help the SAG shift the prevention paradigm. The NDOH has placed prevention among the high priorities in HIV programming and seems to be open to developing a robust partnership for prevention. The SAG emphasized the need for an integrated, inter-departmental approach to dealing with the pandemic and this will be an important component of a strategic implementation action plan.

The examples of successful prevention programs around the globe, such as Cambodia, Senegal, Kenya, Zimbabwe, India, and Haiti that have seen significant changes in social norms and individual sexual behavior all have the common denominator of high level political support and engagement. These examples demonstrate that barriers to scaled-up prevention efforts can be overcome through evidence-informed action.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity and Consensus Building

Together with the NDOH, the USG will help support an inclusive process, bringing together multiple sectors, key donors and actors, and ensuring strong participation by civil society, affected communities, and people living with HIV, to garner consensus on the state of current prevention programs in relation to the epidemic, identification of program gaps and best practices, and develop a comprehensive implementation strategy for the HIV prevention. Engaging the NDOH in the PEPFAR prevention program stock-taking exercise will be a part of this process.

ACTIVITY 2: Creating the Action Tank

USAID and CDC will work closely with the NDOH to facilitate the creation of a core group, the Action Tank and establish its terms of reference. It is expected that the Action Tank, led by the NDOH, will facilitate the implementation of the National HIV prevention plan, will work with international and national technical agencies, and national, provincial, and district level HIV authorities to assess HIV prevention scale-up on an ongoing basis, and identify factors that impede program expansion. In the long term, the Action Tank may facilitate the initiation of joint reviews of the HIV prevention program and support the revision of the prevention implementation plan as needed, based on epidemiologic trends, evaluation findings, and the emergence of new prevention tools.

ACTIVITY 3: Action Tank Actions

Based on the Action Tank terms of reference and the needs of the NDOH, the Action Tank may support the following types of processes to facilitate a coordinated, evidence-based national scale up of prevention programs under the leadership of the NDOH:

-Establishment of clear achievable targets for the prevention program: Using available information and research findings, the Action Tank, with technical assistance, may help the NDOH establish concrete measurable indicators for HIV prevention including coverage, intensity of prevention efforts, and outcome and impact of the HIV prevention program.

-Effective utilization of HIV prevention information: South Africa has strong HIV and behavioral surveillance systems, high quality data from population-based surveys, and information from a variety of quantitative and qualitative research activities; the drivers of the epidemic are clearly understood and outlined in the HIV

Activity Narrative: and AIDS and STI National Strategic Plan. The Action Tank might help the NDOH take on a more robust leadership in assuring that all actors (in the public and private sectors) clearly understand this information, including HIV prevalence and incidence, the sources of new HIV infections, the size and characteristics of groups most at risk, important sources of HIV-related vulnerability (e.g., drug and alcohol use, cultural norms, social, economic, etc.), and how to use this information to continually refine the prevention response and fill gaps. The Action Tank may also help the NDOH identify gaps in HIV prevention information that could be filled through research or action research.

-Addressing factors that increase vulnerability: The Action Tank might assist the NDOH to develop an advocacy and/or action plan to address the broader social, cultural, and structural issues that increase vulnerability to HIV transmission. This may involve assuring greater synergy between and among governmental departments, and identifying priority policy actions.

-Improved integration of HIV prevention with treatment and other clinical services: The Action Tank might assist the NDOH in developing activities to assure real field-level integration of prevention with HIV, TB, and STI treatment programs, and explore methods to encourage integration of HIV prevention in other service delivery settings.

This activity contributes to the PEPFAR goals and objectives by strengthening the prevention portfolio and developing a coordinated national framework in which to implement prevention in South Africa. This will contribute to reducing new infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 9226.09

Mechanism: TBD Public Private Partnership USAID

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 23744.09

Planned Funds: ██████████

Activity System ID: 23744

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. PEPFAR funds will be used to support implementation of a peer education prevention program for South African workers and managers in SMEs. The partner to implement these activities is to be determined. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; information, education and communication; and linkages with other sectors and initiatives. The target population will include adults (men and women of reproductive age), factory workers, host country government workers and workers in both the public and private sector.

BACKGROUND:

While a growing number of large companies in South Africa are now providing HIV/AIDS related services to their employees, very few small (20-50 employees) or medium (50-200) sized enterprises have made progress towards developing comprehensive strategies to combat the epidemic. SMEs face significant obstacles in providing HIV/AIDS services to employees. In a random sample of SMEs in Gauteng and KwaZulu-Natal conducted by the Center for International Health and Development (Connelly and Rosen 2005), six major barriers to action on the part of SMEs were identified: 1) lack of information about HIV/AIDS services; 2) lack of access to these services; 3) little perception of costs or damages being imposed by AIDS, leading to low willingness-to-pay for services; 4) stigma among employees, who were not requesting HIV-related programs or benefits; 5) lack of external pressure from labor unions, shareholders, or advocacy groups; and 6) the relative weight of other problems facing the companies, making HIV/AIDS a low business priority. The study also reported that the vast majority of AIDS-related attrition occurs among easily replaceable, non-critical, and/or unskilled employees. Because SMEs offer fewer benefits, have higher employee turnover, and employ fewer skilled workers than do larger companies, they are less likely to capture the uncertain benefits of investments in HIV/AIDS programs than are large companies. Given the complexity of the disease and the widespread impact that HIV/AIDS has on companies, communities and local economies, diverse resources and skills are needed. This often requires a multifaceted approach ranging from awareness and prevention to care and treatment to public advocacy. Through public-private partnerships, businesses can deal more effectively and efficiently with the challenges that HIV/AIDS present. Businesses possess expertise and skills that, if applied to the HIV/AIDS pandemic could assist in developing innovative approaches and deploying resources in ways that could greatly assist the fight against HIV/AIDS. Businesses also have experience in product launches, supply chain management and manufacturing. They also have the ability to access and understand important subsets of the population, their employees, major business partners, and customers. Nongovernmental organizations (NGOs), on the other hand, often have resources that are key in the response to HIV/AIDS. They have complementary networks, and are trusted by individuals and communities in ways that businesses are not. They have a tradition within the community of aggressively dealing with crisis and they frequently have the leadership in place that can marshal the necessary resources. Government brings crucial resources in the form of infrastructure, policy, regulations, human capacity and the political will to act. Public-private partnerships provide an opportunity for businesses to leverage the diverse resources of another organization and generate value above and beyond what the individual organization could generate on their own.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 8711.09
Prime Partner: Tshepang Trust
Funding Source: GHCS (State)

Mechanism: N/A
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP
Activity ID: 23712.09

Program Budget Code: 03
Planned Funds: \$0

Activity System ID: 23712

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were initially allocated to Other Prevention. However, the activities listed as Other Prevention was better located within ARV Services, as the prevention activities were Prevention with Positives activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10273.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)

Mechanism: TBD Prevention Strategic Planning
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP
Activity ID: 23720.09

Program Budget Code: 03
Planned Funds: ██████████

Activity System ID: 23720

Activity Narrative: SUMMARY:

In close collaboration with the National Department of Health (NDOH), the Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID) will conduct a prevention program assessment to provide overall HIV/AIDS programmatic support to the national and provincial Departments of Health, develop a U.S. Government (USG) prevention strategy, and determine the best way to shape the prevention portfolio for the upcoming phase PEPFAR II. Based on the FY 2008 COP evaluation and the previous review of the prevention program conducted by the Prevention Technical Team, CDC and USAID feel that it is critical to conduct a broad program assessment in order to provide strategic direction. The assessment will allow the USG to take stock of the prevention portfolio through a rapid inventory all the PEPFAR prevention services and activities (who is doing what activities, where, and with which populations) and considering the drivers of the epidemic, and areas with highest rates of new infections, the assessment will identify challenges, gaps, and provide recommendations for effective programming for a South African prevention strategy for PEPFAR II.

BACKGROUND:

The aim of the this activity is to provide technical assistance to the South African PEPFAR team in "taking stock" of the existing program and shaping future direction of the prevention portfolio. In addition based on the findings of the prevention assessment, this project will provide clear recommendations for technical assistance and strategic implementation of activities in the prevention arena that address specific programmatic gaps. This activity will also provide a platform for partners to collaborate with each other, as well as share tools and methodologies for greater impact.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

FY 2009 funding will be used to select a local contractor to work with CDC and USAID to design the programmatic review. The contractor will then be responsible for conducting site visits to PEPFAR prevention partners. USG prevention activity managers will be able to take part in the partner assessments. The contractor will collect, collate, and review all prevention materials. Findings will be presented to the interagency PEPFAR team.

ACTIVITY 2: Developing Consistent Messages

After the contractors have reviewed and presented all materials to the PEPFAR team, the contractor together with USG and the individual partners will work to ensure that the prevention messages are consistent with the priorities of the PEPFAR prevention program, are in line with the NDOH messages, and that there are no conflicting messages being delivered from prevention partners. 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 3: Dissemination of Findings

FY 2009 PEPFAR funding will be used to bring together the USG team, the contractors, and prevention TWG to map out a way forward for the prevention portfolio. The outcome of this meeting will be the development of the South Africa PEPFAR Prevention Strategy that will form the basis for a way forward for CDC and USAID prevention programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 10274.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 23721.09

Activity System ID: 23721

Mechanism: TBD Prevention Strategic Planning

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: [REDACTED]

Activity Narrative: SUMMARY:

In close collaboration with the National Department of Health (NDOH), the Centers for Disease Control and Prevention (CDC), and the United States Agency for International Development (USAID) will conduct a prevention program assessment to provide overall HIV/AIDS programmatic support to the national and provincial Departments of Health, develop a U.S. Government (USG) prevention strategy, and determine the best way to shape the prevention portfolio for the upcoming phase PEPFAR II. Based on the FY 2008 COP evaluation and the previous review of the prevention program conducted by the Prevention Technical Team) ; CDC and USAID feel that it is critical to conduct a broad program assessment in order to provide strategic direction. The assessment will allow the USG to take stock of the prevention portfolio through a rapid inventory all the PEPFAR prevention services and activities (who is doing what activities, where, and with which populations) and considering the drivers of the epidemic, and areas with highest rates of new infections, the assessment will identify challenges, gaps, and provide recommendations for effective programming for a South African prevention strategy for PEPFAR II.

BACKGROUND:

The aim of the this activity is to provide technical assistance to the South African PEPFAR team in "taking stock" of the existing program and shaping future direction of the prevention portfolio. In addition based on the findings of the prevention assessment, this project will provide clear recommendations for technical assistance and strategic implementation of activities in the prevention arena that address specific programmatic gaps. This activity will also provide a platform for partners to collaborate with each other, as well as share tools and methodologies for greater impact.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Capacity Building

FY 2009 funding will be used to select a local contractor to work with CDC and USAID to design the programmatic review. The contractor will then be responsible for conducting site visits to PEPFAR prevention partners. USG prevention activity managers will be able to take part in the partner assessments. The contractor will collect, collate, and review all prevention materials. Findings will be presented to the interagency PEPFAR team.

ACTIVITY 2: Developing Consistent Messages

After the contractors have reviewed and presented all materials to the PEPFAR team, the contractor together with USG and the individual partners will work to ensure that the prevention messages are consistent with the priorities of the PEPFAR prevention program, are in line with the NDOH messages, and that there are no conflicting messages being delivered from prevention partners. 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 3: Dissemination of Findings

FY 2009 PEPFAR funding will be used to bring together the USG team, the contractors, and prevention TWG to map out a way forward for the prevention portfolio. The outcome of this meeting will be the development of the South Africa PEPFAR Prevention Strategy that will form the basis for a way forward for CDC and USAID prevention programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 12255.09**Prime Partner:** Central Contraceptive Procurement**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 23725.09**Activity System ID:** 23725**Mechanism:** Central Contraceptive Procurement**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$339,836

Activity Narrative: SUMMARY:

In June 2010, South Africa will host the FIFA World Cup Soccer Event. This is an international association football (also known as soccer) competition played by the men's national teams of the members of Fédération Internationale de Football Association (FIFA), the sport's global governing body. The championship has been awarded every four years since the first tournament in 1930, except in 1942 and 1946, due to World War II. The tournament consists of two parts, the qualification phase and the final phase (officially called the World Cup Finals). The qualification phase, which takes place over the three years preceding the Finals, is used to determine which teams qualify for the Finals. The current format of the Finals involves 32 teams competing for the title, at venues within the host nation over a period of about a month. The World Cup Finals is the most widely-viewed sporting event in the world, with an estimated 715.1 million people watching the 2006 tournament final. While a large number of people are estimated to view the tournament, a significant number of people are expected to travel to South Africa as spectators. This qualification phase and the World Cup Finals provide the USG team with a unique opportunity to develop and broadcast targeted prevention messages and prevention interventions with a potential for broad reach throughout South Africa. In addition, the USG team will link with the South African Tourism Industry to ensure that HIV prevention activities are widespread.

BACKGROUND:

The 2010 World Cup Soccer will be one of the biggest events hosted by South Africa to date. It is anticipated that large numbers of tourists will travel to South Africa as spectators for the event. It is anticipated that a large amount of alcohol will be consumed during the 2010 Soccer World Cup. Alcohol consumption places individuals at increased risk of engaging in sexual practice that put them at increased risk of contracting HIV. The World Cup Event provides the USG team with the unique opportunity to collaborate with multiple PEPFAR partners and develop an HIV prevention framework around the World Cup Activities. The USG will make efforts to engage well-known soccer champions to become HIV prevention champions. The target group for this activity is the general population. Activities will target men and women of all ages who will be fans and spectators of the soccer event. Activities will not only be implemented during the 2010 World Cup Event, but also during the qualification phase taking place towards the end of FY 2008. It is also expected that the HIV prevention momentum generated during the event will be sustained through local soccer clubs, community sports events, and through groups such as Soccer for Life. The emphasis area for this activity is alcohol, multiple concurrent partnerships, risky sexual practices and gender. In addition, the activities will also target commercial sex-workers and potential clients.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: Development of a strategy around the World Cup Soccer Event**

In order to develop and implement a strategy with existing PEPFAR partners, the USG will hold a consultative forum with existing partners to capitalize on the work they are already engaged in. The idea is to engage as many of our PEPFAR partners as possible. This will ensure extended reach of the activities being implemented. At the partner consultative forum, partners will identify activities that they can implement within the framework. A monitoring and evaluation plan will also be developed to ensure maximum reach of activities.

ACTIVITY 2: Develop targeted messages

Together with PEPFAR partners, the USG team will develop a core set of targeted messages aimed around World Cup Soccer. These messages will be rolled out to communities around the country, as well as around the qualifying phase and final phase of the World Cup Events. The medium for disseminating the messages will be determined based on the framework and strategy developed in Activity 1.

ACTIVITY 3: Creating linkages

The USG team will use this opportunity to create linkages with the South African Tourism Industry, sponsors of the world cup event, and other stakeholders to ensure that HIV prevention plays a dominant role in and around events associated with the World Cup.

This activity will contribute to the PEPFAR goals and objectives by ensuring that HIV prevention messages reach large numbers of individuals. It will target a particular group of individuals who will possibly be engaged in high risk behaviors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 4640.09**Prime Partner:** Kagiso Media, South Africa**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 23726.09**Activity System ID:** 23726**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$873,814

Activity Narrative: SUMMARY:

The Kagiso Educational Television (Kagiso) prevention of mother-to-child transmission (PMTCT) activity focuses on male involvement in HIV prevention within the context of PMTCT to reduce the number of new HIV infections among men, and promote behavior change. This activity is being implemented through the expansion of a grassroots campaign targeting community-based men's groups. The campaign aims to raise male awareness of HIV and PMTCT and ensure that men understand the implications of HIV and HIV-acquisition on their female partners. This activity is linked to an activity in the PMTCT that is being implemented by Kagiso. In addition Kagiso is also implementing a public-private-partnership with South African Breweries, targeting men but focusing on HIV prevention and alcohol.

BACKGROUND:

Using FY 2006 PEPFAR funding, the grassroots male campaign aimed at targeting men around PMTCT 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 transfers, and to address gender, stigma and masculinity in the context of South African culture and how it relates to PMTCT. During the PEPFAR South Africa Partner Evaluation, the review team determined that the PMTCT activity should be split to ensure that the prevention aspects of the male awareness campaign were not lost. For this reason, FY 2009 funding for this activity is split between PMTCT and other prevention.

The "You Can Count on Me" campaign aims to sensitize men to issues relating to HIV, to create a platform from which to address cultural and gender issues that impede safer sexual practices. In addition the campaign aims to ensure that men take action as fathers, husbands, partners and that their partners, and children can count on them to remain HIV negative through behavior change.

FY 2009 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/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 South African Football Players Union (SAFPU) to expand its reach training the Union's HIV/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:

Kagiso will carry out the following five separate activities in this program area.

ACTIVITY 1: Conducting Workshops

Using FY 2009 funding, Kagiso will continue to 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 HIV prevention and then each group of men will identify a community-based action or activity illustrating male support for HIV prevention and build on its outcomes. These actions may range from wearing t-shirts with emblems supporting prevention of HIV, holding community meetings to address myths around HIV or encouraging men to go with their partners to be tested. With monitoring and ongoing support from the workshop facilitators, the men will implement the activity in their communities. These activities will focus on HIV prevention. With the training curriculum accredited by the national accreditation board, master trainers and community facilitators will have established one key stepping stone on the road to 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 the U.S Government (USG) and the South Africa National Department of Health (NDOH) to a grassroots level. Using FY 2009 funding, KTV & C 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) as well as those relationships established at a district and regional level.

ACTIVITY 2: Media Campaign Rollout

FY 2009 funding will be used to support a media campaign working on the theme of "Real Men Talking to Real Men." This campaign will draw on the successes of previous year's case studies being documented for television in FY 2007 and FY 2008 and being complemented by a community radio campaign driven by the real life stories of the men in the project. The media campaign will also leverage the hosting of the Soccer World Cup in South Africa in 2010 to develop story angles for a range of media organizations focusing on the country and its challenges and successes. The media campaign will operate at two levels with the mass media campaign being an opportunistic one leveraging partnerships or securing airtime with the public broadcaster under its commitment to public education as well as it being a signatory to a world alliance of media organizations committed to curbing the spread of HIV. The second level is deepening the relationship with community radio and possibly newspapers with more specific messages drawing on the idea of "Fathers to Fathers" or "Men to Men," 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. Master

Activity Narrative: trainers and community facilitators will be trained in media skills and presenting and using the media to create opportunities for themselves, the campaign and the communities they support. Community radio supports indigenous languages and the campaign will develop an innovative crossover between the traditionally English-speaking mainstream commercial media and the hugely popular vernacular media.

ACTIVITY 3: Men's Clubs

Building on the findings of previous years, FY 2009 funding will be used to strengthen the male networks and support structures identified in FY 2008. As the campaign has shown since inception, men are interested in playing a role in their community and they are interested in the information and the knowledge it brings for them. Men do not attend support groups and so a different approach is being used to reach men. This is driven by the project's master trainers and community facilitators. Men's groups 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. FY 2009 funding will help equip some master trainers and community facilitators to take these messages to the workplace. Where possible the community radio will link these initiatives encouraging men who already gather monthly under the banner of - for example - a burial society or a soccer club to get involved in the campaign.

Men will continue to be 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 these sessions is to encourage the development of support networks (however informal) 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.

ACTIVITY 4: Consolidation

FY 2009 funding will be used to consolidate the learning of all the training workshops and media campaign. FY 2009 funds will address weaknesses highlighted in FY 2008 and build on the strengths to ensure the master trainers and community facilitators will continue to develop a set of skills enabling them to function as trainers, entrepreneurs or even media professionals, generating further income for themselves and their families.

ACTIVITY 5: Public Private Partnership with South African Breweries

Using the premise of the male involvement work in both prevention and PMTCT, Kagiso will collaborate with South African Breweries to develop and implement activities focused around men, alcohol and HIV prevention. FY 2009 funding will be used to develop the scope of work, design the activities and pilot the initial phases of the activity.

This activity contributes to PEPFAR 2-7-10 goals by increasing awareness of HIV/AIDS, reducing the number of new infections, and getting men to take responsibility as husbands, partners and fathers to protect themselves and their partners against contracting HIV/AIDS. Targeting men and ensuring men identify and implement community-based activities in support of HIV prevention will improve community-wide support for prevention services. A focus on alcohol will also address risk behaviors and behavior change in the context of HIV. This activity contributes to PEPFAR 2-7-10 goals by increasing awareness of HIV and AIDS, reducing the number of new infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.03: Activities by Funding Mechanism****Mechanism ID:** 10472.09**Prime Partner:** Woord en Daad**Funding Source:** GHCS (State)**Budget Code:** HVOP**Activity ID:** 24816.09**Activity System ID:** 24816**Mechanism:** NPI**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: Other sexual prevention**Program Budget Code:** 03**Planned Funds:** \$0

Activity Narrative: SUMMARY:

In cooperation with the High Five program (non-USAID), Mfesane will employ and train four peer education facilitators, adding to the three who are already active. The new peer education facilitators will reach a total of 900 in-school youth aged 10-14 years old. Through these peer education facilitators, Mfesane will adapt and distribute consistent and correct prevention messages that address the key drivers of the HIV/AIDS epidemic.

In partnership with local schools, Mfesane employs creative strategies to reach youth with messages about HIV/AIDS, gender stereotypes, self awareness and other life skills. Mfesane also partners with Scripture Union to train peer education facilitators and to obtain prevention education materials. This program encourages abstinence until marriage, delaying sexual debut for younger youth, practicing mutual monogamy and reducing numbers of sexual partners.

BACKGROUND:

Woord en Daad, a Dutch faith-based organization, works through its long-standing South African partner organization, Mfesane, to provide quality prevention, HIV counseling and testing (CT), and care services to members of communities the municipalities of Saldanha Bay in Western Cape, and Nelson Mandela Bay in Eastern Cape. These semi-urban, informal, underserved settlements have high HIV incidence.

ACTIVITIES AND EXPECTED RESULTS:

Mfesane will carry out five separate activities in this program area.

ACTIVITY 1: Recruitment of peer education facilitators

Four peer education facilitators will be hired, more than doubling the current active group of three. Peer education facilitators are young adults with the ability to provide guidance to youth aged 10-14 years.

ACTIVITY 2: Training of peer education facilitators

At the end of 2009, the new peer education facilitators will participate in a 1-week training at Scripture Union. The training covers 27 modules and integrates pre- and post-course evaluation forms to measure its impact. The course focuses specifically on building the capacity of facilitators to improve their skills for working with youth. It also emphasizes the importance of a comprehensive and integrated HIV prevention approach.

ACTIVITY 3: Adaptation of education materials

By the end of 2009, the materials will have been adapted and disseminated.

ACTIVITY 4: Selection of schools

School selection will be done in cooperation with the district Department of Education in the project area. The district Department of Education will identify a group of potential schools for Mfesane to work with. Once Mfesane has this list, it will approach at least six schools and partner with them to work out a plan.

ACTIVITY 5: Peer education implementation

Each peer educator will work with small groups of 10 students and will reach a total of 30 students every month.

Four small group sessions are conducted each month using different strategies. Groups will alternate between same-sex and mixed-sex, and different ways of imparting information to young people will be explored. Prevention messages to delay sexual debut until marriage or to begin practicing secondary abstinence even after having been sexually active will be an integral part of the information sessions to prevent HIV, other STIs, and pregnancy among unmarried youth. The "Be Faithful" approach will focus on enforcing partner reduction and mutual monogamy. Learners will be given comprehensive information on consistent and correct condom use to assist them to transition safely to practicing abstinence at a later stage. Facilitators will also teach the importance of abstaining from alcohol and drugs to reduce risk behaviors. Modules include information on HIV/AIDS, gender-based violence, male norms and values, rights, gender stereotypes, self-development and other information important for building life skills. All participants receive a journal and write down their experiences. The program aims to influence students' behavior to prevent HIV infections among youth. Four to six months after the end of these four sessions, a follow up session will be conducted to reinforce the prevention messages and to encourage behavior change. Facilitators provide students with written information and reference numbers (e.g. for CT centers). To measure the effectiveness of the sessions, pre- and post-evaluations will be done by subject area.

Cooperation Strategy

Government: see above (implementation of MoU);

Individual schools: Mfesane establishes links with school management and other personnel such as psychologists and Life Orientation teachers. In this way, Mfesane can access target groups during school hours, which benefits the pupils.

Mfesane also partners with the organization High Five to implement its HIV/AIDS activities.

While USAID does not fund High Five's overall program, it funds its specific HIV/AIDS activities through

Activity Narrative: Mfesane. High Five's program comprises hikes and other social activities to encourage healthy and responsible lifestyles. It also provides a service to the district Department of Education's Safe Schools program in the West Coast/Winelands area.

Scripture Union: Scripture Union trains Mfesane peer education facilitators and also provides Mfesane with prevention education materials that other PEPFAR partners have developed.

Linkages with other programs: Students will receive the contact details of other programs; including those that Mfesane runs, such as OVC, care and other sexual prevention activities.

Calculation of indicators:

Number of peer education facilitators trained: 4. One peer education facilitator can reach one group of 30 students per month for 10 months. There are 7 peer educators, so in this way 30 groups can be reached, making a total of 2100 beneficiaries.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5678.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10991.25065.09

Activity System ID: 25065

Mechanism: TBD-MARPs

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funds will be used to continue to implement the activities as indicated in FY 2008. Of the FY 2008 activities that have not been implemented, we anticipate implementation to take place by February 2009. Once the systematic framework has been implemented, FY 2009 funds will be used to develop specific activities that address gaps in service delivery for sex-workers and other most at risk groups.

SUMMARY:

As part of an integrated approach addressing most at risk populations (MARPs), this activity focuses on the development of a strategic and systematic framework to deliver HIV Prevention to Persons Engaged in High-Risk Behaviors (PHPEHRB). Groups that are acknowledged to be core transmitters in South Africa, even within a generalized epidemic, are: migrant populations, persons engaging in commercial and transactional sex, members of the uniformed services and persons working along transport corridors. This activity aims to develop a strategic and systematic framework to deliver HIV prevention messages to these target groups. In addition, funding will be used to facilitate the development of national referral networks and linkages focusing on HIV counseling and testing, behavior change interventions and referral to treatment, care and support services for commercial sex workers (CSWs), men who have sex with men (MSMs) and alcohol abusing population of South Africa. The major emphasis area for this activity is the development of linkages with other sectors and initiatives in order to develop a systematic framework. Minor emphasis areas include community mobilization/participation; development of networks, linkages and referrals and information, education and communication. The target population is high-risk vulnerable groups, including CSWs, MSMs, substance abusing populations, including alcohol, and migrant workers.

BACKGROUND:

Although this activity appeared in the FY 2007 COP, activities have not yet been implemented and it is a new activity with the partner. Detailed scope of the activity is to be determined in collaboration with the South African PEPFAR Prevention Technical Working Group and the global PHPEHRB Technical Working Group. Discussions are currently underway with the PHPEHRB Technical Working Group and it is anticipated that a more specific scope of work will be available in November 2007. The unspent FY 2007 and a portion of FY 2008 funding will be used to conduct a mapping activity that will provide additional qualitative information, mapping and size estimates to inform program design and measure coverage.

ACTIVITY 1: Mapping

FY 2007 and FY 2008 will be used to conduct a mapping exercise of persons engaged in high risk behaviors. The purpose of this mapping exercise is to identify specific needs for most at risk groups both in terms of geographic hot spots and magnitude of key groups. This will be an important entry point to engaging existing partners as well as new partners to expand their work with these populations (which often requires distinct approaches. This activity will be initiated with FY 2007 funding and FY 2008 funding will be used to expand the mapping exercise and plan for expansion of interventions.

ACTIVITY 2: Development of a systematic framework

In collaboration with other donors, the National and Provincial Department of Health, the PEPFAR PHPEHRB Technical Working Group, and non-governmental organizations (NGOs), FY 2008 funding will be used to identify gaps in delivery of HIV prevention to PHPEHRB. The identification of gaps will be based on the findings of the mapping exercise above. A national plan that addresses challenges in implementation of HIV prevention to at risk populations will be developed. The framework/national plan will focus on the implementation of behavior change interventions, and the development of networks and linkages suitable for most-at-risk populations. In order to develop the systemic framework, a national consultative forum will take place to identify groups working with PHPEHRB. At this forum the results of the mapping activity will be presented and a comprehensive strategy focused on providing sufficient coverage of at risk populations will be developed. The consultative forum will ensure participation of government and non-government agencies in the development of a national framework for working with high risk groups in the context of HIV.

ACTIVITY 3: Implementation of specific interventions targeting most-at risk populations

Based on the findings of the mapping activity (Activity 1) and the development of the systemic framework (Activity 2); FY 2008 funding will be used to support groups working with people engaged in high risk behaviors. FY 2008 funding will be used to expand coverage and intensify HIV prevention programs for migrant populations, persons engaging in commercial and transactional sex, injection and non-injection drug users, men who have sex with men, members of the uniformed services and persons working along transport corridors.

ACTIVITY 4: HIV and alcohol interventions

Alcohol abuse has been identified as a substantial risk factor for HIV transmission. Recognizing that irresponsible alcohol use can contribute to a range of social harms, including sexual risk behavior that can lead to HIV infection, FY 2007 PEPFAR funding, was used to provide the South African PEPFAR task team with information for the development of a PEPFAR strategy aimed at addressing alcohol and HIV. The Medical Research Council (MRC) will present the findings of this report to the South African PEPFAR team in March 2008. Based on these findings, PEPFAR funds will be used to develop an intervention that will promote responsible drinking and the adoption of HIV preventive behavior. Drinking venues (bars, taverns, shebeens) are identified as ideal venues in which to implement such interventions, since they are locations in which: (a) casual sexual partners are met; (b) sexual risk behaviors are initiated and/or take place; and (c) patrons are a "captive audience" for health promotion and similar interventions. In addition, this activity

Activity Narrative: will address gender, because shebeen/tavern "culture" is often associated with interpersonal and gender-based violence and sexual assault, some of which is associated with HIV infection. It would be a missed opportunity to not also consider reducing alcohol-related violence as part of the intervention. In addition, activities will be implemented to include alcohol education in interventions targeting youth, adults in the general population and most-at-risk groups.

This activity will contribute PEPFAR 2-7-10 goals by preventing infections in PHPEHRB and encouraging HIV counseling and testing, and appropriate referral to treatment, care and support services. In addition, this activity will enable the South African USG PEPFAR team to scale programs serving most at risk populations, including, but not limited to CSWs and alcohol abusing populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14281

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14281	10991.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6763	5678.08	TBD-MARPs	
10991	10991.07	HHS/Centers for Disease Control & Prevention	To Be Determined	5678	5678.07	TBD	

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 12199.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 29715.09

Activity System ID: 29715

Mechanism: TBD New Combined FOA

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds:

Activity Narrative: CDC will issue an FOA to one prime partner that will work in conjunction with multiple partners to implement geographically focused combined prevention activities. In order to award this FOA in this financial year, CDC has revised and combined existing FOAs for this purpose.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 12200.09

Mechanism: TBD Prevention Review Response

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29717.09

Planned Funds: ██████████

Activity System ID: 29717

Activity Narrative: In response to OGAC's review of the PEPFAR South Africa FY 2009 Country Operational Plan, the Prevention Steering Committee directed the country team to reprogram 20-30% of the PEPFAR South Africa sexual prevention portfolio

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7311.09

Mechanism: N/A

Prime Partner: GRIP Intervention

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29718.09

Planned Funds: \$101,945

Activity System ID: 29718

Activity Narrative: Funds from GRIP AB reprogrammed to GRIP OP. The programme aims to reduce violence in prostitution settings, and the Prevention of Secondary Trauma caused by family conflict for survivors of rape and Sexual assault .These prevention programmes are new programmes that will ensure more direct focus on Sexual prevention programmes which is GRIP's core function.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 2810.09

Mechanism: CARE UGM

Prime Partner: Leonie Selvan

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29713.09

Planned Funds: \$305,835

Activity System ID: 29713

Activity Narrative: In response to OGAC's review of the PEPFAR South Africa FY 2009 Country Operational Plan, the Prevention Steering Committee directed the country team to reprogram 20-30% of the PEPFAR South Africa sexual prevention portfolio.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 4616.09

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29714.09

Planned Funds: \$13,703

Activity System ID: 29714

Activity Narrative: In response to OGAC's review of the PEPFAR South Africa FY 2009 Country Operational Plan, the Prevention Steering Committee directed the country team to reprogram 20-30% of the PEPFAR South Africa sexual prevention portfolio.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$2,500,000

Program Area Narrative:

Biomedical Transmission Program Area Narrative 2009

Although South Africa has a generalized epidemic driven primarily by sexual transmission, there is still a need to address biomedical prevention. Activities implemented in this program area include those at the hospital and health facility levels, including injection and blood safety, and prevention initiatives such as injecting drug users (IDUs) and male circumcision.

Male Circumcision:

Traditional male circumcision takes place within some of the provinces in South Africa. Although traditional circumcision takes place among several tribal groups, it is primarily the Xhosa people who engage in the practice. In FY 2008, the Medical Research Council (MRC) undertook a country-wide situation analysis to determine the status of traditional circumcision within the country. The findings of the analysis should be released in April 2009, and these should provide the United States Government (USG) team with a better understanding of the traditional context of male circumcision. Multiple and continuous reports of adverse events resulting from traditional practices makes this an issue of concern among the PEPFAR team. The MRC's situation analysis also investigated the prevalence of reported adverse events and unsafe circumcision practices. Although the USG team had hoped to initiate activities in FY 2007 and FY 2008, these activities have not taken place because South Africa does not have a national male circumcision policy, FY 2009 activities have not been defined, even though funds have been allocated to this activity. When the SAG decides to implement a male circumcision policy, USG activities will be determined in collaboration with the SAG. In the interim, the USG team has set up a task team to focus on male circumcision and to continue liaison with the SAG. Male circumcision remains a priority for the USG team and as soon as the SAG provides the go ahead, the USG will reprogram funding and implement activities.

Injection Safety:

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 utilize single use 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 HIV transmission through the Track 1 Making Medical

Injections Safer (MMIS) project led by the John Snow Research and Training Institute, Inc. (JSI). 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 (a core activity) is provided to professional and non-professional staff. The project works at national, provincial, and district government levels in all nine provinces of South Africa. Buy in from the SAG, partnerships with local organizations, and synergies with other PEPFAR projects have been used to ensure sustainability and rapid scale-up. A multi-pronged approach is used in training. This consists of providing in-service and on-the-job training to three different levels of workers: senior management, middle managers and clinical personnel, and waste handlers, as a short-term approach. JSI/MMIS will conduct pre-service training, incorporating 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, MMIS is working with the NDOH to develop an agreed-upon set of norms and standards for injection safety. The Council for Health Service Accreditation of Southern Africa (COHSASA) will establish an accreditation process to assess compliance with these standards. These processes will comply with the results of the first national injection safety survey conducted by JSI, COHSASA, and the MRC in 2007.

The NDOH's 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 South African 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 an increase in health system capacity and quality of care.

No other major donors are working directly in injection safety at this time.

Blood Safety:

Blood transfusion in South Africa is recognized as an essential part of the health-care 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, even though 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 will support processes in this merger.

In 2005, SANBS took steps to develop and implement a new donor 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 operating procedures, adaptation of the operational IT system, and the inclusion of measurement systems for monitoring and evaluation has been implemented and refined. This very significant achievement has been supported by the 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, 277,920 units of blood were procured. Of these donations, 56% were from regular, repeat donors who provide very low-risk donations, which 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 plasma donations - 0.53%. The number of undetected HIV positive units in the blood supply by a window period incidence model estimated that approximately 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, must be monitored carefully, and will need refinement and appropriate adjustments. The impact of the Donor Status Risk Management Model on blood safety, the measurement of outcomes, and optimization of the model will be major components of the SANBS program in FY 2009.

SANBS has spent considerable time on planning and implementing strategies to expand the donor pool. SANBS has coordinated with the NDOH and the Department of Education to provide prevention education to potential young donors. This education aims to help young donors to protect 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 2009, SANBS will utilize PEPFAR funds to expand and to 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 served by the organization. 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 health-care providers. In the future, SANBS will link with other PEPFAR partners specifically working in antiretroviral treatment 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 played an important role in the development of the new risk model in South Africa. 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 that 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.

Injecting Drug Use:

Current research done by the MRC indicates that although injecting drug use in South Africa is not a substantial public health problem nor a major driver of the HIV epidemic, injecting drug use is on the increase because South Africa has become a major drug transit route. This is a cause of increased concern for the USG biomedical program. FY 2009 funding will be used to continue to collaborate with the MRC. The MRC is collaborating with drug treatment programs around the country to link HIV prevention and treatment to drug treatment programs. This initiative, albeit small, has had considerable success. Reports indicate that IDUs enrolled in drug treatment programs are willing to undergo HIV testing. In addition, considerable strides have been made through community outreach with IDUs with respect to reducing harmful practices such as sharing needles, using old needles, preventing sexual transmission, and drug taking. FY 2009 funding will be used to expand these activities to rural populations and to strengthen the outreach activities to injecting drug users.

POST-EXPOSURE PROPHYLAXIS

Gender-based violence and rape are widespread throughout South Africa. Coupled with the high HIV prevalence, this is a huge concern for the USG prevention team. With initial funding from the Gender-Based Violence and HIV Initiative, the U.S. Department of Defense (DOD), CDC and USAID have developed a program aimed at addressing post-exposure prophylaxis (PEP) for rape survivors. FY 2009 funds have been added to the imitative funds to ensure expansion of activities around PEP. In order to expand access to PEP services, the MRC is working with the National Department of Health to roll out a health worker training program and to develop standards for PEP service delivery. The first training course will be conducted in early 2009; this aims to ensure that 50 health-care workers are trained in the provision and implementation of PEP. FY 2009 funding will also ensure that the Thuthuzela Care Centres -- a best practice model that integrates justice and health services -- are expanded throughout the country. The DOD will continue to train and sensitize healthcare workers on rape and PEP, ensuring access of PEP service to military personal in need.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 4628.09	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: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04

Activity ID: 7926.22585.09

Planned Funds: \$500,000

Activity System ID: 22585

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

The American Association of Blood Banks (AABB) has provided technical assistance to the South African National Blood Services (SANBS) for the past four years. Due to the existing internal technical capacity of SANBS, AABB's technical assistance support is focused on providing high-level guidance and resources to strengthen SANBS program improvements in capacity, policies and systems. This includes supporting a safe blood donor base by education and selection, the improvement of SANBS training programs to address skill and knowledge shortages, the educational strategies related to national and regional learning programs, the strengthening of the information and technology systems, and the activities to comply with the provisions of the South Africa National Health Act.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Training is an important aspect of program sustainability. It also serves as a critical catalyst in the effectiveness of a sound communication and change control program. SANBS has recognized this. SANBS understands the critical need for training in a time where they have experienced organizational restructuring and desire system strengthening. Their challenges in development, change control, training, and program consistency are compounded by the wide dispersion of blood systems staff in the nine provinces. In addressing these challenges, SANBS has created staffed training departments for both the donor and technical areas of the business. Therefore, AABB's technical assistance support in training has been focused on providing resources, guidance, and trainer development of the training departments rather than conducting training sessions for the individual SANBS technical and donor staff. While the total number of trained individuals for AABB's program in South Africa is not as high when compared to AABB's other PEPFAR countries, the workshops have to be developed for a much higher level audience. This results in the development of workshops having more complex content and quality to meet the needs of the participants. The workshops also have to be facilitated by a high level of subject matter expert. By increasing the skill level and knowledge of the trainers that train the donor and technical staff, this effectively ensures system stability and sustainability throughout SANBS. The following are some of the key activities and accomplishments of AABB in the area of training in this past year including continued activities intended for 2009.

Workshops: Conducted two workshops for the skill enhancement of the SANBS Training Departments focusing on Training the Trainer, Project Management, and Management Development. The training department personnel that AABB has trained in these workshops in turn are responsible for training all the SANBS donor and technical staff. Therefore, this training by AABB has a direct impact on the skill and knowledge advancement of the entire SANBS donor and technical staff throughout South Africa. In 2009 AABB will conduct two additional training workshops in Project and Management Development for the purpose of addressing the needs and skill shortage of SANBS.

2009 activities will also be expanded to include seeking formalization and accreditation for a Trainer Certification Program. This program will focus on developing and enhancing the training skills of healthcare professionals in the areas of adult learning, effective communication, developing training programs, change control, and the overall training process. The process of formalizing this program for accreditation will require the development of approved trainer's manuals, participant's manuals, program activities, presentations, workshops and seminars, hand outs, an approved curriculum, comprehension documentation, and other related materials as required by such agencies as the South African Qualifications Authority and the South African Department of Education and/or the Health Professional Council of South Africa. This Trainer Certification Program will compliment the curriculum of the new SANBS training facility for use in South Africa with the intent of being able to offer this program later to other African countries.

Training and Improving Practices of Professional Staff: In 2008, a Pediatric Transfusion Conference in Rwanda for the AABB PEPFAR Countries, which included South Africa, was held. The main purpose of this conference was to discuss and review current cellular therapy practices related to pediatric transfusion. AABB sponsored two South African delegates that attended and spoke at the conference. Intention is for AABB to host another conference in the upcoming year. More than 10 participants representing South Africa attended numerous managerial and technical development sessions at the AABB Annual Meeting last October. AABB membership was provided to four individuals from South Africa allowing access to educational information and materials for development and advancement of safe blood practices. These memberships also increased the professional development capabilities of SANBS staff through the support of AABB as material and knowledge was shared throughout the organization. AABB will continue to provide four memberships in the upcoming year.

ACTIVITY 2: Incorporation of Western Province Blood Transfusion Service (WPBTS)

The National Health Act requires a single national blood transfusion service. This means that in the future the WPBTS will merge with SANBS creating a sole provider. In 2008 funding was used to support this merger, specifically in the area developing a standardized national training program for both donor and technical staff. It was recognized that both WPBTS and SANBS had training programs with strengths and weaknesses. It was also understood if the two combined the strengths of their programs into one utilizing the best practices, a much stronger standardized national training program would emerge. Therefore, AABB facilitated a workshop for the purpose of training program standardization that utilized 11 training program subject matter experts from the staffs of both SANBS and WPBTS. The resulting action assignments developed from the workshop required the subject matter experts from both groups to work together for the common goal of developing a national training program of consistency, standardization, and improvement. This activity of developing a national training program has helped open up communications and support

Activity Narrative: with both groups working towards a common goal of improving a national blood transfusion service. AABB will continue to coordinate and facilitate the identified activities in 2009 and support WPBTS representatives being actively included in the workshops related to the development of a standardized national training program. A listing of the outcome from the activities include but are not limited to a standardized documentation system, national training consistency, continuing education program, and a competency assessment program.

ACTIVITY 3: Establishment of Training Center

SANBS is developing a national and regional Training Center that will focus on training of donor and technical staff and to develop programs to educate healthcare professionals in the advancement of transfusion practices. In 2008, AABB brought in a team of technical specialists and performed an assessment of the South African training systems to determine what improvements were needed to support the goals of the Training Center. The assessment included reviewing the training systems in Johannesburg, Durban, and Cape Town. A finalized report was developed resulting in items being identified that would need improvement or changes if a Training Center was to be successful. With AABB's help, improvement projects were identified and prioritized, project definitions were drafted, and action assignments were developed. These projects include the need for curriculum expansion for soft computer skills, training support, mentoring system for consistency in the field, infrastructure improvements for distance learning, space and equipment needs for future needs, program accreditation, and material resources for education support. AABB facilitated and helped coordinate the action assignment activities related to these projects. In 2009, AABB will continue supporting and facilitating the completion of the projects utilizing available technical resources as needed. This includes ensuring milestones are recognized and met, objective monitoring and measuring of progress, overseeing issue resolution and coordination to carry out the plan of each project. Once projects are completed, AABB will ensure formalized closure is performed.

ACTIVITY 4: Policy and System Strengthening

In 2008, AABB supported SANBS in the development of a new evaluation form to use for screening potential donors. Documents and regulatory information were supplied by AABB to support both the development of the regular and condensed version of the form. AABB has organized a workshop at the Annual AABB Conference being held in October 2008 for the purpose of reviewing the new forms. Evaluation form subject matter experts will be present to not only review, but also discuss the regulatory and safety aspects of the new forms. In 2009 AABB will continue to support process improvements in the training system as previously identified and continue to provide assistance as needed for the establishment of an accreditation program which is ongoing. In addition, in 2009 AABB will expand its activities to include the development of Transfusion Service National Disaster Plan. This will be extremely important because of World Cup Soccer being held in South Africa in 2010. The beginning of this support will be exposure of SANBS Leadership to lectures and workshops held at the AABB Annual Meeting concerning disaster planning. From this introductory information a formal project will be initiated with AABB support given in all project phases from initiation, planning, executing, coordinating, and closing. The successful final outcome of this project will be an approved Transfusion Services Disaster Plan that meets the needs of South Africa.

ACTIVITY 5: Information Technology System

SANBS is rolling out the Meditech operational (information) system and has used AABB for technical assistance. Although AABB did not provide additional technical assistance in 2008 for this project, future assistance will be made available, especially with the goal of creating a system in which the Meditech and SAP computer systems are linked to a Data Warehouse. This essential component of the information system will allow the management of the blood donor base, effectiveness analysis of donor education and selection programs, risk management, and optimal management of the blood inventory. AABB will assist in the development of data reporting and its use for the purposes of monitoring improvement to blood safety and blood services operations.

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.

ACTIVITIES 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)

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13381

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13381	7926.08	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	6456	4628.08	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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 511.09

Prime Partner: South Africa National Blood
Service

Funding Source: Central GHCS (State)

Budget Code: HMBL

Activity ID: 3059.22889.09

Activity System ID: 22889

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Biomedical Prevention: Blood
Safety

Program Budget Code: 04

Planned Funds: \$2,000,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Taking into account that FY 2009 will be the last year of PEPFAR Track 1 funds, it is essential to ensure that programs implemented by the South African National Blood Services (SANBS) and the Western Province Blood Transfusion Service (WPBTS) are institutionalized and sustainable. PEPFAR activities will be sustained by:

- (a) Implementing the last phase of the stepwise transfer of all PEPFAR-funded staff positions to the SANBS and the WPBTS payrolls.
- (b) Completing all the outstanding components of the SANBS Transfusion Medicine Training Center (TMTC), including the accreditation and/or certification of all training and continuing professional development courses based on distance learning materials; evaluation of the course materials and course outcomes; and ensuring that the course material is appropriate or could be adapted for use also in the Southern African Development Community (SADC).
- (c) Expanding the data warehouse to capture all blood transfusion activities in terms of quality, effectiveness, efficiency and cost.
- (d) Documenting all standard operating procedures into the quality management system.
- (e) Utilizing the data warehouse to optimize the hospital transfusion committees by making available to individual hospitals, and possibly to individual clinicians and hospital departments, data on the safety and the appropriate use of blood products.
- (f) Refining and institutionalizing the blood safety indicators.

DONOR RECRUITMENT, EDUCATION AND SELECTION:

The programs will be enhanced and expanded by:

- (a) Evaluation and measurement of the outcomes of the pilot projects where four fixed donor clinics have been established in black communities by measuring the demographic profile of the donor population compared to that of the country.
- (b) Further refine the self-exclusion donor health questionnaire to ensure that it is language and culture specific, and that all donors understand the content of the questionnaire.
- (c) Monitor and evaluate donor educational programs and their outcomes on blood safety and blood sufficiency.
- (d) Collaborate with government and NGOs involved in HIV education and testing to identify prospective blood donors with low-risk life style.
- (e) Utilize the blood donor educational youth programs linking safe blood with low-risk blood donation to spread HIV prevention messages. This will be strengthened by utilizing the Peer Promoter Program as a component of the youth donor recruitment and education project.
- (f) Establish measures and ongoing evaluation of the donor education programs by utilizing the fact that regular donors are repeatedly tested for HIV and other infections.
- (g) Assess and improve the donor loyalty programs and investigate and evaluate the influence of donor incentives.

HUMAN CAPACITY DEVELOPMENT:

The TMTC will serve as a national and regional facility by:

- (a) Accreditation with the relevant South African educational, Health Professions Councils, and governmental training quality assurance institutions. This will take into account the impact of the pending restructuring of the statutory educational and training quality assurance systems.
- (b) Conduct, with AABB, a comprehensive need assessment for training and human capacity development in the SADC region to develop and establish systems that will identify potential leaders and ensure optimal development of blood service personnel.
- (c) Establish appropriate links and memoranda of understanding with all stakeholders involved in the support, training and development of blood service staff in Anglophone African countries. (d) The SANBS model and materials will be offered to other blood services in the region to develop regional training facilities and distance and e-learning materials.

PLASMA REPOSITORY AND REGIONAL REFERENCE CENTER:

The regional reference center will be established as a national and regional resource. The quality of the plasma repository will be enhanced by establishing methods to collect serial samples from seroconversion donors with low viral loads that had been detected with individual donation nucleic acid test screening. It is a priority to fully train technical staff in this specialized technology; this training will be at international reference centers and will ultimately transfer the relevant technology to the SANBS laboratory. It is envisaged that the plasma repository will be used as the basis for a regional external quality assurance system. The value of this resource for the region will be maximized by establishing links with international commercial companies manufacturing test kits and international reference centers such as that of the WHO. Processes and systems will evaluate the sensitivity and specificity of blood screening tests. The plasma repository will also be a valuable instrument and could be used to identify HIV strains that may be suitable for vaccine development.

DATA WAREHOUSE (DW):

The DW will be expanded to include information on the institutions financial management system, human resource capacity, training and education programs, quality management systems, and blood safety indicators. The DW will make it possible to use accurate and timely available information to optimize the management of the blood service, evaluate and measure the outcome and cost-effectiveness of all programs, manage performance of staff, monitor and refine the quality management system, and document and evaluate all training programs.

WPBTS:

Activity Narrative: The focus will be on donor recruitment, standardizing all blood safety procedures, training blood service personnel, aligning the information systems and including national data on the DW.

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 courses 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

Activity Narrative: 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, 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 center, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13813	3059.08	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6621	511.08		\$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

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$479,148

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 6084.09	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: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 12129.22891.09	Planned Funds: \$0
Activity System ID: 22891	

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to fund the South African National Blood Service (SANBS) 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. This activity represented the country-funded portion of the SANBS activity. The PEPFAR South Africa Interagency Partner Evaluation panels decided that country funding was no longer needed, given the existence of Track 1 funding for SANBS and a planned end to the agreement in FY 2009, as well as a well-established South African blood safety program. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13815	12129.08	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6622	6084.08	SANBS country buy-in	\$242,500
12129	12129.07	HHS/Centers for Disease Control & Prevention	South Africa National Blood Service	6084	6084.07	SANBS country buy-in	\$150,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$664,910

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 249.09

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 2945.23084.09

Activity System ID: 23084

Mechanism: Safe Medical Practices

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Biomedical Prevention: Injection Safety

Program Budget Code: 05

Planned Funds: \$664,910

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The project has recently embarked upon activities aimed at strengthening its occupational health and safety aspect. Focusing mainly on phlebotomy, such activities have been conducted in partnership with the South African National Blood Services (SANBS). In FY 2009, the Making Medical Injections Safer (MMIS) project is planning to coordinate the development of a National Training Curriculum and adopt with SANBS and other partners a set of National Guidelines to be used for phlebotomy. These will go a long way in relieving pressure on the nursing staff as well as providing much needed norms and standards in the context of a generalized HIV epidemic.

In addition, MMIS has embarked on a number of partnerships to support waste management in the context of HIV/AIDS treatment. These have included skills and knowledge transfer to the nine provincial coordinators of the country's Comprehensive Care, Management and Treatment Plan, training sessions in preparation for the down-referral of treatment related services, as well as input to the overall training curriculum related to HIV/AIDS treatment.

FY 2009 should also see the execution of the follow-up injection safety survey. This endeavor comes at a time when a set of policies, strategies and guidelines have been developed and implemented by MMIS and its main partner, the National Department of Health (NDOH). It will provide insight into the extent to which the scale and scope of such operations need to be sustained. A presentation to the NDOH's management committee including findings from the 2006 survey, interventions initiated since, as well as the approach to be used for the planned 2009 survey has been approved by the Director-General of Health and is scheduled for October 7, 2008.

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 BCC 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.

ACTIVITIES 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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13951

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29459	29459.05	Department of Health & Human Services	Kenya AIDS NGO Consortium	323	323.05		\$291
29458	29458.06	U.S. Agency for International Development	CARE International	12060	12060.06	CARE	\$151,999
29457	29457.06	U.S. Agency for International Development	Family Health International	12059	12059.06	FHI	\$410,211
29456	29456.06	U.S. Agency for International Development	Population Services International	12058	12058.06	PSI	\$105,000
29455	29455.06	U.S. Agency for International Development	Population Services International	12058	12058.06	PSI	\$700,030
29454	29454.06	U.S. Agency for International Development	World Relief Corporation	12057	12057.06	WR	\$53,992
29453	29453.06	U.S. Agency for International Development	Tuberculosis Control Assistance Project	12056	12056.06	TBCAP	\$205,744
29452	29452.06	U.S. Agency for International Development	US Centers for Disease Control and Prevention	12055	12055.06	HHS/CDC	\$200,000
29451	29451.06	HHS/Centers for Disease Control & Prevention	National Institute for Medical Research	2842	1153.06		\$301,550
29450	29450.06	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	12078	12078.06	FXB-GAP	\$38,000
13951	2945.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	6667	249.08	Safe Medical Practices	\$2,223,732
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

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Family Planning

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$28,550

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$3,208,216

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 12198.09

Mechanism: N/A

Prime Partner: Society for Family Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 29712.09

Planned Funds: \$991,640

Activity System ID: 29712

Activity Narrative: The NDOH has requested that SFH begin to rollout MC activities in KZN and GP.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 9800.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 24965.09

Activity System ID: 24965

Mechanism: TBD - Male Circumcision

USG Agency: U.S. Agency for International
Development

Program Area: Biomedical Prevention: Male
Circumcision

Program Budget Code: 07

Planned Funds: ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

No male circumcision training or service delivery will take place without the express consent of the National Department of Health. If such approval were to be obtained, these funds would be allocated to a partner for the provision of safe clinical male circumcision in accordance with World Health Organization, Office of the Global AIDS Coordinator and South African Government policies and guidelines.

SUMMARY:

USAID will fund the dissemination of findings from the 2007 male circumcision mapping and will fund the training, mentoring and service delivery of safe clinical male circumcision if the South African National Department of Health consents to male circumcision programming.

BACKGROUND:

Although not widespread, prevalence rates for male circumcision in South Africa range from 20% to nearly 100%. The prevalence also varies by ethnic group and is higher in some areas of the Eastern Cape and KwaZulu-Natal. Male circumcision is usually done for cultural or religious reasons rather than for health benefits. For example, certain ethnic groups, such as the Xhosa, routinely practice male circumcision as part of boys' initiation and transition to adulthood. In this context, circumcision is performed by traditional practitioners rather than by medically trained personnel in a health facility. A recent study conducted in South Africa showed that male circumcision very significantly reduces the risk of HIV acquisition. Two further large-scale studies of circumcision for HIV prevention in Uganda and Kenya showed similar results. Based on the information from the three clinical trials, UNAIDS and WHO have issued normative guidance and recommendations regarding policy and program development. With a potential of up to 60% reduction in the acquisition of HIV in males, circumcision may be considered an option for uninfected men as part of a larger HIV prevention package. Scaling-up male circumcision in South Africa may therefore soon become a priority, as a component of national comprehensive HIV prevention programs. South Africa has draft regulations/policy on governing the conditions under which the traditional male circumcision as part of an initiation ceremony may be carried out. There is an intergovernmental task team examining issues/policies surrounding traditional male circumcision. The USG PEPFAR team has ongoing consultations with the National Department of Health and UNAIDS on how to move the male circumcision agenda forward.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Dissemination of Mapping Results

This activity will support the dissemination of mapping findings from the male circumcision mapping that is expected to be completed in FY 2007. In FY 2007, it is expected that the WHO Tool Kit, with additional information, will be used to collect mapping information on the geographic spread, prevalence, cost, access and availability of male circumcision. With FY 2008 funding, the results will be disseminated widely within the public and private sector to help inform policy and to inform where to best target safe clinical male circumcision activities. It is expected that the NDOH will utilize the information to develop policies for male circumcision. PEPFAR support to policy development is coordinated via JHPIEGO and the NDOH TBD funding.

ACTIVITY 2: Support to training, mentoring and service delivery of safe clinical 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, USAID is proposing the following male activities:

USAID will identify relevant partners to conduct training, mentoring and delivery of safe clinical male circumcision. It is expected that a South African NDOH accredited training curriculum would be developed with JHPIEGO PEPFAR funding and in coordination with PEPFAR funding for the NDOH TBD program. This curriculum could be rolled out to identified partners to train and mentor clinical staff in the delivery of safe clinical male circumcision. The partners are TBD.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.07: Activities by Funding Mechanism****Mechanism ID:** 466.09**Prime Partner:** Health Policy Initiative**Funding Source:** GHCS (State)**Budget Code:** CIRC**Activity ID:** 23083.09**Activity System ID:** 23083**Mechanism:** HPI**USG Agency:** U.S. Agency for International Development**Program Area:** Biomedical Prevention: Male Circumcision**Program Budget Code:** 07**Planned Funds:** \$0

Activity Narrative: SUMMARY AND BACKGROUND:

Prevention must be greatly prioritized in the response to AIDS and efforts are being made to find new prevention technologies to bolster the package of already known effective prevention methods. Male circumcision (MC) is one of these new potential methods. With two decades of observational studies there are studies that suggest a link between male circumcision and increased protection against HIV transmission, and a number of studies indicating high levels of potential acceptability. Three randomized control trials on male circumcision were undertaken in Orange Farm, near Johannesburg in South Africa, Rakai, Uganda and Kisumu, Kenya. These results support findings published in 2005 from the South Africa Orange Farm Trial, sponsored by the French National Agency for Research on AIDS, which demonstrated that male circumcision provided at least a 60% reduction in HIV infection among men who were circumcised. The study of 3,274 men was stopped at the interim analysis stage due to compelling evidence that men in the intervention arm were 61 per cent less likely to have become infected with HIV.

The investigators concluded that male circumcision does provide a significant degree of protection. Given the limited impact of other HIV prevention methods across the region, these findings led to considerable excitement about the potential for male circumcision to significantly reduce new infections. Dynamic simulation models indicate that roll-out of male circumcision would lead to dramatic reductions in HIV infection rates and associated mortality over time.

At the same time, concern was raised about whether publicity about the results might lead to "disinhibition", with men misinterpreting the results and reaching the conclusion that the increased protection offered by circumcision allowed for more risky sexual behavior-especially less consistent condom use and more concurrent partners.

In March 2007, the WHO and UNAIDS jointly issued a set of recommendations on male circumcision which included guidance on how best to integrate male circumcision into other HIV services. The relevant section reads: "Male circumcision should never replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package, which includes: promoting delay in the onset of sexual relations, abstinence from penetrative sex and reduction in the number of sexual partners; providing and promoting correct and consistent use of male and female condoms; providing HIV testing and counseling services; and providing services for the treatment of sexually transmitted infections."

ACTIVITIES AND EXPECTED RESULTS:

With the collaboration between Health Policy Initiative (HPI), Sonke Gender Justice Network (SGJ) and Jhpiego, a program will be developed that will be looking into health education on MC and associated interventions that will help men better understand the effect of MC education on the fight against HIV. However there has to be an understanding that MC cannot be implemented as a stand-alone program, but rather be incorporated into broader reproductive health programs. This initiative will draw on innovative promising and best practices as indicated by the research that has been done around MC. In addition, substantial numbers of males are circumcised for cultural reasons. Male circumcision has strong cultural importance in certain communities and it frequently forms part of religious and cultural practices surrounding birth or transition of boys to manhood.

Broad community engagement is required to introduce or expand access to safe male circumcision services. This also serves as a means of communicating accurate information about the intervention, notably that male circumcision provides only partial protection against the risk of acquiring HIV. The role of civil society organizations in addressing the challenges and opportunities of preventive MC is crucial.

All the sectors should be well informed about MC activities and research undertaken. The collaboration between the three partners, namely HPI, Sonke Gender Justice Network and Jhpiego will look at the following strategies in dealing with MC as a strategy that can contribute in the reduction of the spread of HIV.

ACTIVITY 1: Development of IEC materials on MC

Situational Analysis: to gather and/or use existing data on MC available in the country and analyze information related to the target groups such as traditional and faith-based leaders involved in the program and prioritizing key issues. This will be done through site visits, individual and group interviews.

In this initiative HPI plans to collaborate in partnership with partners that also have expertise and long history of working with men; Sonke Gender Justice and Jhpiego as well as the National Department of Health's Women's Health Directorate, the Gender Desk and the HIV/AIDS, STI and TB Directorate to develop information, education communication materials for the MC mobilization program following the recommendations in WHO guidelines.

In developing these materials, messages will be carefully tailored, culturally sensitive, draw on local language and symbols, and be appropriate to the particular level of development and understanding of the population groups for which the messages are designed. For effectiveness to prevent men developing a false sense of security and engaging in high-risk sexual behaviors and also to address gender stereotypes messages will be tailored for men and women. Culturally sensitive and appropriate material will be developed and also made for initiation schools for areas where these institutions exist, to minimize stigma associated with circumcision status.

ACTIVITY 2: Social mobilization activities

There are a wide range of socio-cultural issues to consider in the context of introducing or expanding the availability of male circumcision services. These issues differ according to circumcision history and practice in different communities; hence it is crucial that the MC activity be looked at in context of the geographical

Activity Narrative: area, beliefs, norms etc. MC activities should also act as an opportunity to address the reproductive health needs of men, and such activities actively counsel and promote safer and responsible sexual behavior.

HPI and Sonke Gender Justice will facilitate workshops targeting organizations, local structures and institutions that are dealing with MC and men's reproductive health. Men's imbizo (gatherings) will be used to facilitate community dialogues that will encourage men to talk about MC. HPI will also encourage the use of available guidelines on MC and facilitate compliance to them. HPI will also focus on providing a supportive supervision system to government to create an enabling environment for the implementation and monitoring of educational MC activities and their compliance to available policies. Practical, cost-effective and sustainable methods will be used to reach out to men in all nine provinces. In the discussions that HPI and other partners will facilitate, they will ensure that policy makers and program developers are involved and that this is done in consultation with civil society members, local stakeholders, different population groups and other critical decision makers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5191.09

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: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23610.09

Planned Funds: \$106,800

Activity System ID: 23610

Activity Narrative: SUMMARY:

Reproductive Health and HIV Research Unit (RHRU), as part of an outreach project in deprived inner city areas, will promote the uptake of male circumcision through integration with existing services.

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 (C&T), palliative care and prevention services. RHRU will seek to develop models of service delivery that can be replicated and expanded, and produce 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 health care 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:

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 and counseling that address target groups including males and young people. Key to a successful male circumcision program is integration of comprehensive prevention messages based on an ABC approach. All activities will be conducted in accordance with the South African government's National Strategic Plan.

In FY 2009, RHRU will continue to undertake M&E activities to inform and develop quality HIV care. RHRU will be in a position to conduct pre-approved basic program evaluations (BPEs) of selected prevention related projects in FY 2009. For each BPE, a detailed proposal will be developed and submitted to PEPFAR for review and funding approval. It is anticipated that these evaluations will provide the South African government with important information for policy development and planning in this area.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$70,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.07: Activities by Funding Mechanism****Mechanism ID:** 1066.09**Prime Partner:** Wits Health Consortium,
Perinatal HIV Research Unit**Funding Source:** GHCS (State)**Budget Code:** CIRC**Activity ID:** 23693.09**Activity System ID:** 23693**Mechanism:** PHRU**USG Agency:** U.S. Agency for International
Development**Program Area:** Biomedical Prevention: Male
Circumcision**Program Budget Code:** 07**Planned Funds:** \$359,235

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

See Other Sexual Prevention for the FY 2008 Male Circumcision COP.

SUMMARY:

The Perinatal HIV Research Unit (PHRU) will continue to investigate the feasibility of safe and scalable methods of male circumcision (MC).

BACKGROUND:

Three separate randomized controlled trials of male circumcision have confirmed multiple observational studies and shown adult male circumcision to be very effective in preventing acquisition of HIV in high risk male populations; reducing the risk of HIV acquisition by 50% in all three trials. Furthermore, all three trials confirmed that surgical circumcision was a safe procedure and overall, there were not significant increases in sexual risk behavior in those men who were circumcised.

The challenge to health policy is to scale up circumcision services in high burden countries - such as South Africa. Policy makers will have to ensure that sufficient numbers of young men have access to information to be able to make a choice about whether they want to be circumcised or not and generate demand for the procedure. Very importantly, health services must be able to provide safe surgical circumcision effectively and efficiently; in Soweto alone, it is estimated that about 8,000 men would have to be circumcised per annum to get 60% coverage of male circumcision in a single year's birth cohort. However, currently, the public sector hospital in Soweto supplies just over one circumcision per day.

In the absence of a South African Government decision to implement services, the PHRU will continue to investigate supply and demand side factors that could be critical to the successful rollout of this public health intervention. In conjunction with Dr. Dino Rech, who is the medical manager of a large circumcision program in Orange Farm, an informal settlement near Johannesburg, and who has an interest in circumcision in Africa, the PHRU will perform valuable work that will inform the rollout of circumcision in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: MC instrumentation

PHRU will assess the most appropriate instrumentation for circumcision in resource-poor settings. This will include assessing the packaging and preparation thereof. Design and sourcing and manufacture of novel devices to assist with a circumcision and estimating the costs of a most appropriate kit. PHRU will work with PEPFAR partners in the development of a kit.

ACTIVITY 2: Training

PHRU will assess training requirements for nurses and draw up a detailed curriculum for training of nurses for circumcision both theoretical and practical/experiential.

ACTIVITY 3: Method comparison

PHRU will compare in detail the most appropriate circumcision methods that are currently being used (sleeve, dorsal-and-ventral slits and forceps guided). This design of the comparison will be key informant interviews, post circumcision satisfaction surveys and will include cosmetic outcome, ease of operation, safety and duration of the operation. Travel to countries where each procedure is used widely will be required in order to carry out key informant interviews and post circumcision surveys. The outcome of this will be a publishable report.

ACTIVITY 4: Gender

Recent results from the study in Orange Farm (South Africa) and elsewhere show that male circumcision has a protective effect on High-Risk Human Papilloma virus and on Trichomonas Vaginalis which may in turn have beneficial effect for women. Women need to be included in the issue of male circumcision, they need to get good information on the protective effect and also understand that condoms still need to be used. The PHRU will engage with women to determine the effects of male circumcision on their lives and if there is a tendency to riskier sexual intercourse if their partner is circumcised as has been reported elsewhere. The PHRU will develop strategies to ensure that condoms are still used after circumcision.

Engaging men and women on issues around male circumcision including HIV-testing, family planning, STI treatment and condom use will be integrated into to the PHRU prevention, care and treatment programs. Men who are already circumcised will be encouraged to engage in safe sex practices, to test regularly for HIV, and to enter care and treatment programs if required.

ACTIVITY 5: PACT Conference

PHRU has run three very successful Priorities in AIDS Care and Treatment (PACT) conferences which are targeted to public sector health care workers (doctors, nurses and pharmacists) and program and facility managers. These conferences have different themes and are very practical in nature. They have been well received by participants who find that they are able to take away useful information and knowledge to improve the quality of care and treatment access at their facilities. Through these conferences PHRU been able to disseminate its research findings and HIV prevention, care and treatment experiences and has invited other PEPFAR partners to share their experiences, knowledge and best practices. Over 800 people have attended these conferences.

Activity Narrative: -----

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 242.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 23523.09

Activity System ID: 23523

Mechanism: ACCESS

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$77,672

Activity Narrative: SUMMARY:

Jhpiego, with approval from the South African National Department of Health (NDOH) will implement male circumcision (MC) activities by supporting a Bio-medical Prevention Technical Advisor to the NDOH to help spearhead and coordinate MC within the NDOH, and to continue piloting modules of the WHO MC toolkit.

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 Sade 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: Male Circumcision Technical Advisor at the NDOH

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 Jhpiego'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 to implement activities working on the development of linkages between traditional healers/surgeons and safe clinical male circumcision.

ACTIVITY 2: WHO MC Toolkit

It is expected in FY 2009 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 carry out 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, and 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 participants' 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.

With the NDOH approval, Jhpiego proposes the addition of developing and training health workers on implementing a pre-service MC curriculum in FY 2009. Jhpiego is committed to building sustainable local capacity in all areas of technical assistance. As MC is a new technical area in this COP year and Jhpiego will first receive funding for these activities in October of 2008, the FY 2008 plan and targets were not pre-populated.

This project supports NSP Priority area number two point 2.2. and 2.7 in that it assists in implementing interventions targeted at reducing HIV infection in young people and in developing a comprehensive package that promotes male sexual health. In addition, as the project begins with a situational analysis of the MC environment within South Africa it enables the development and support of a research agenda on HIV prevention technologies. As per the NSP, Jhpiego will address MC issues from a broader reproductive health perspective and strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,715

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Biomedical Prevention: Male
Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23199.09

Planned Funds: \$218,454

Activity System ID: 23199

Activity Narrative: SUMMARY:

Johns Hopkins University/Center for Communication Programs (JHU) 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 to bring about heightened urgency of risk perception to HIV infection among the general population about sexual partnerships and behaviors that place them at risk of HIV infection 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). Low levels of male circumcision are a key factor in the spread of HIV. In South Africa levels of circumcision in areas that traditionally circumcise are lower than previously thought. Studies in Orange Farm and in the rural areas of the Eastern Cape have confirmed the risk reduction benefits conferred by male circumcision. Using the social ecology framework JHU and its partners will work with men and audiences that impact upon them including women, their peers, traditional and community leaders to provide correct messaging on the risk reduction benefits conferred upon men by male circumcision with a primary focus on interpersonal communication channels.

BACKGROUND:

JHU prioritizes interventions focusing on men aged 25-49 and young girls and young people aged 18 - 32. Interventions aim to impact on key drivers including low levels of male circumcision. JHU and its partners use a social-ecology approach to communication that combines the power of interpersonal communication with mass media (including radio, television (TV), outdoor and cellular technology) to engage and mobilize individuals their social networks and communities to create an enabling environment that allows them to reduce risk to HIV infection. In the area of Male Circumcision JHU has worked with UNAIDS, WHO and UNICEF to develop communication guidelines on male circumcision for communication practitioners. The activities that JHU will undertake in relation to male circumcision (MC) includes policy work around developing and implementing strategic communication interventions for male circumcision, training, outreach and message development that are integrated within broader HIV prevention and sexual and reproductive health dialogues with men. Training will be undertaken using the UNAIDS/WHO Training Manual on Safe Male Circumcision using local anesthesia, recommendations from the WHO-UNAIDS Montreaux Meeting and the Communication Guidelines for Male Circumcision jointly developed by JHU together with UNAIDS, UNICEF and WHO.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Interpersonal Communication

JHU will work with its partners to develop a communication toolkit that can be used by partners to facilitate interpersonal communication efforts within community and traditional leadership structures around male circumcision for the reduction of HIV risk. JHU will also develop a series of posters that combine messages on male circumcision with messages that promote partner reduction and consistent condom usage.

Sonke Gender Justice, Lighthouse Foundation (LF), Life Line (LL), Footballers for Life (F4L), The Valley Trust (TVT), Lesedi Lechabile, Mothusimpilo and TurnTable Trust (TTT) will integrate discussions within their men's clubs on issues relating to male circumcision as part of their ongoing dialogues with men around HIV prevention including partner reduction, correct and consistent condom usage and counseling and testing.

LifeLine SA, TVT and Footballers for Life will support workplace interventions within small and medium enterprises, farms and professional footballers clubs to engage with men around male circumcision, HIV prevention including partner reduction, correct and consistent condom usage and counseling and testing. . TVT, LF, Lesedi Lechabile, Mothusimpilo and Turn Table Trust will undertake community conversations with traditional leaders and healers to mobilize them in addressing the cultural dimensions of male circumcision.

ACTIVITY 2: Mass Media

JHU will undertake qualitative research to examine men's attitudes and understanding of male circumcision for the reduction of HIV risk. This study will inform the development of messages on male circumcision that will be used by JHU for the reduction of HIV risk into its mass media outputs including the Scrutinize Campaign targeting younger men, a new drama series Circles, and a new campaign that will target adult men.

ACTIVITY 3: Advocacy

JHU will work with its partner Health-e and the Wits Media Project to promote informed media reporting around Male Circumcision for the reduction of HIV risk. JHU will work in partnership with other communicators including the government to ensure that there is consistency of messaging in relation to MC for the reduction of HIV risk.

ACTIVITY 4: Capacity Building

Mindset Health will develop materials that will be used to build the capacity of health workers to address male circumcision as a part of a broader package of men's HIV prevention, sexual and reproductive health. JHU will provide training to its partners around the evidence concerning male circumcision for HIV prevention and will develop a toolkit of key messages that can be used to guide conversations with men around the issue of male circumcision in the context of men's sexual and reproductive health and HIV prevention. JHU will work with its partners in developing a toolkit for traditional leaders and practitioners on issues relating to male circumcision.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 216.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 22836.09

Activity System ID: 22836

Mechanism: RESPOND

USG Agency: U.S. Agency for International Development

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$0

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, media advocacy and public policy advocacy efforts to achieve its major goal of gender norm transformation to reduce the spread and impact of HIV, 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, treating women as equals, among other behaviors. MAP works with individual men and boys, their sexual 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 and AIDS, caregivers, immigrants/migrants in inner cities and cross-boarder sites, 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, as well as motivating men to know their HIV status and take action if they test positive for 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 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). EngenderHealth MAP also produces information, education and communication (IEC) 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 AND AIDS (see www.iamapartner.org).

Working through national campaigns, such as the 16 Days of Activism on Violence against Women/Children and 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 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 and STIs. EngenderHealth also developed programming linked to voluntary counseling and testing palliative care - based on demand generated through the MAP program. EngenderHealth staff also conducts monitoring and evaluation activities of the efforts through various process and impact assessments. Each workshop and community event is documented, as well as knowledge and attitudinal assessments conducted of participants.

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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Disseminating Messaging

To disseminate accurate information about the benefits of male circumcision in terms of HIV transmission, EngenderHealth will work with its community-based partners to develop an informational brochure to be developed, pre-tested, printed and disseminated to men (and women) in communities across South Africa. The brochure will clarify information about the benefits of circumcision in terms of HIV transmission among men, aspects of medical and traditional circumcision, specific aspects of the process and post surgery, specifically related to delay in sexual activity (up to 6 weeks) and condom use, among other issues. The brochure will be developed and pilot tested among various communities throughout South Africa, and then disseminated to communities via EngenderHealth's Men as Partner Network and the MenEngage Alliance in line with the AB, OSP and HIV testing activities. The brochure will also be posted to EngenderHealth's website for further distribution.

ACTIVITY 2: Hosting at least four community-based dialogues

Throughout the year, EngenderHealth will host at least four community-based dialogues on male circumcision in two provinces, sharing information on the benefits of MC and HIV, and documenting their views on the rollout of mass MC campaign. The focus of the dialogues would be to ask communities what their views on a roll-out (e.g. traditional or medical or both), assess cultural aspects of such a roll-out, and gain their support for additional advocacy at the local, provincial and national level for a formalized community-driven policy on MC and HIV.

ACTIVITY 3: Advocacy

With documentation of the cultural acceptability of medical/ traditional circumcision rollout from community dialogues, EngenderHealth will participate in various advocacy efforts to develop a formalized national policy on the roll-out of MC activities throughout the country. EngenderHealth will bring to this partnership, the cultural implications of such a policy and state of readiness of the communities involved in these

Activity Narrative: dialogues. EngenderHealth will continue to co-chair the MenEngage Alliance of South Africa, working together with various men and organizations such as Jhpiego and Constella Futures to advocate for a Male Circumcision policy. This advocacy will involve participating in a National Department of Health task force on MC, developing and implementing a media strategy (via television., radio and newsprint) promoting the benefits of MC, and raising the benefits of MC in various national HIV and gender forums of interest. EngenderHealth will work to bring more stakeholders into the advocacy efforts, further building the case for a mass rollout of MC activities in South Africa.

New/Continuing Activity: New Activity

Continuing 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

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 4760.09

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 22810.09

Planned Funds: \$24,273

Activity System ID: 22810

Activity Narrative: SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will attempt to address a prevention strategy through the WHO/UNAIDS circumcision policy in adult males. St. Mary's is ideally situated as it is a hospital and the add-on service of this medical procedure will not incur major costs. This procedure will be highlighted in the ARV treatment clinic, discussions with partners of pregnant women in the antenatal clinic, the primary health care clinic as well as through the school nurse visiting schools. The activities will encompass human resources, consumables and medical supplies. The target group for this activity is adult men.

BACKGROUND:

This is a new program activity funded in FY 2009. This activity is linked in with the counseling and testing activity program. Currently the WHO/UNAIDS male circumcision policy has not received South African government (SAG) approval, but is being reviewed. The hospital has a doctor who has been trained in male circumcision with an accredited service provider. Once SAG policy is in place and approval granted (in a letter from the Department of Health), activities will commence.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Counseling

Therapeutic counselors and counselors based in-hospital and at out-patient and primary health care clinic levels will advocate circumcision as a preventative measure together with other preventative methods. This will focus on emphasizing that male circumcision is not a "replacement" for other prevention interventions, including correct and consistent condoms use; reducing multiple concurrent partnerships; and fidelity to a single partner. The school nurse will also address this preventative method in schools. A men's clinic will be open one day every two weeks at the hospital. General education regarding circumcision will be supported to mothers in the PMTCT clinic setting as well as in children's ward which is in-hospital and at the primary health care facility.

ACTIVITY 2: Medical Procedure

Medical procedures will be made available for those interested at the male clinic. A trained medical doctor and a nurse will be available for the procedures. This will only be conducted once approval from the Department of Health is received.

This activity contributes to the overall PEPFAR 2-7-10 goals in the prevention arena.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$45,418,157

Program Area Narrative:

The vision for the PEPFAR South Africa Team for Adult Care and Treatment Team is to support the South African Government (SAG) policies and programs to provide comprehensive HIV care and treatment services to all those in need. It is estimated that currently 5.7 million people in South Africa are HIV-infected and that 1.7 million are in need of treatment.

The 2003 Comprehensive Plan for HIV and AIDS Care, Management and Treatment (Comprehensive Plan) states that its primary aim is comprehensive prevention, care, and treatment for all in need with the target of universal access to antiretroviral treatment (ART) over a five-year implementation period (2004–2009). The goals of this plan are reiterated in the new South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP).

The USG has contributed significantly to these goals and targets, and with the support of the PEPFAR program 550,000 people are currently on ART in South Africa, and more than 1.4 million people receive appropriate care and support, including palliative care. South Africa has exceeded its PEPFAR treatment target of 500,000 set for September 2009 one year early and continues progress to meeting the care and support targets. The PEPFAR-funded treatment programs have maintained excellent retention since implementation in 2004. Cumulatively, only 15% of patients started on ART have died, stopped ART, or were lost to follow-up. Treatment and care partners are progressively improving their capacity to measure outcomes.

Only 13.7% of South Africans have access to medical insurance. The estimated 1.2 million people still in need of ART are primarily dependent on the public sector for care and treatment services. The number in need will continue to rise, especially in light of revised national guidelines raising the threshold for ART eligibility from a CD4 of 200 to 250.

Much more needs to be done to ensure that the ART coverage (currently estimated at 30%) comes closer to the targets set by the SAG. Maintaining the estimated 550,000 people on treatment and reaching the additional 1.2 million who need ART requires

continuous investment in treatment services in South Africa.

The National Department of Health (NDOH) has allocated approximately \$410 million USD for the implementation of the Comprehensive Plan in FY 2009 (prevention, care, and treatment), mainly through conditional grants to the nine provinces. According to the NSP Costing Plan, the total need for funding for ART alone in 2009 is \$710 million for adults and an additional \$128 million for children (total \$838 million), clearly indicating the need for additional funding and support to the SAG and civil society. Much of this funding is directed to the purchase of antiretroviral (ARV) drugs, since all drugs for the public sector ART program are procured and supplied by the SAG. The SAG also provides, in some instances, the ARV drugs for non-governmental and private sector programs with PEPFAR funding other service components. 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. Other contributing donors to the care and treatment program include CIDA, Ireland DCI, DFID, EU, The Global Fund, The Elton John Foundation, and several public-private partnerships. The USG meets with the major donors several times per year in various fora to discuss activities, explore collaborations, and minimize duplication of effort.

Challenges are even greater for Care and Support (C&S), as the majority of SAG funding for HIV & AIDS is for ART-related services. With the transition to a newly elected government in South Africa in FY 2009, it is envisioned that even greater cooperation between the USG and SAG will allow for collaboration on key issues, including accelerating accreditation of facilities, decentralizing care and treatment services to nurse-driven clinic level, and establishing better monitoring and evaluation indicators and systems in the public sector.

In FY 2009, the USG will continue to use a minimum requirement for someone having received C&S, including palliative care, which reflects a minimum standard of HIV-related services, aligning the program more closely to WHO standards. An HIV-infected individual must have received at least one form of clinical and one other type of non-clinical care. 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.

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 USG utilizes prevalence information to direct its assistance to areas of greatest need, especially to ensure equitable access to ART for lower-density rural populations. C&S is delivered at all levels including hospitals, clinics, workplaces, hospices, and home-based programs in communities.

The key treatment priorities for the USG in FY 2009 are: 1) developing human capacity, especially at primary healthcare level; 2) strengthening decentralization of HIV care and treatment, including building capacity for nurse-initiated ART; 3) improving pediatric HIV care and treatment; 4) encouraging early identification of those in need for HIV care and treatment services (e.g. provider-initiated counseling and testing (CT)); 5) CD4 testing for those that test positive and dried blood spot PCR; 6) integrating TB care for HIV-infected clients, including screening and treatment; 7) continuing to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening and reproductive health); and 8) reducing loss to initiation of treatment of people that test HIV positive and loss-to-follow-up once on ART.

The key C&S priorities for the USG in FY 2009 are to strengthen quality HIV and AIDS palliative care service delivery and implement 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 community home-based caregivers (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. PEPFAR partners will advocate for new national guidelines to improve access to pain management including the authority for nurse prescription. In collaboration with SAG, FY 2009 funds will scale up direct delivery of quality palliative care services.

All PEPFAR-funded care and treatment partners follow SAG standards, policies, and guidelines. The majority of care and treatment partners are local entities, and in addition, the three Track 1 treatment partners will start to transition to local implementing partners in FY 2009. The USG program continues to strengthen comprehensive high quality care for HIV-infected and affected people by: 1) scaling up existing effective programs and best practice models in approximately 900 public, private, and NGO sites in all 9 provinces; 2) providing direct care and treatment services through prime partners and their sub-partners; 3) increasing the capacity of the SAG to develop, manage, and evaluate care and/or treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, conducting public health evaluations, and infrastructure assistance; 4) increasing demand for and acceptance of ART 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.

Key linkages are made with prevention and wellness programs, which provide ongoing support for patients once they have tested positive for HIV, including opportunistic infection (OI) management, cotrimoxazole prophylaxis, and prevention with HIV-infected individuals. Care and treatment services are an ideal setting for formulating prevention messaging to HIV-infected clients and their families. Wellness programs are linked to strong community programs, notably home-based care networks that extend care from the facility level to the home.

Support for communications programs to improve demand for treatment and to improve treatment literacy remains an important

focus in FY 2009. These programs address health-seeking behavior among men and youth and strengthen prevention messages, especially on concurrent relationships. The USG ascribes the high rates of adherence and retention in treatment programs to the focus on treatment literacy and active community tracking and support.

Proposed care and treatment activities for FY 2009 include patient information systems logistic support for commodities and pharmaceuticals and public-private partnerships to deliver ARV services at workplace settings and through private practitioners serving the uninsured in remote areas. A significant contribution of PEPFAR-funded care and treatment partners to strengthen the health system is to address the human resource needs in the public sector through different strategies, including consultancies and secondments, national and international fellowships, internship and mentorship programs, and comprehensive clinical and management training.

The USG supports a holistic, family-centered approach to HIV and AIDS care that begins at the onset of HIV diagnosis, throughout the course of chronic illness, to end-of-life care. In order to ensure that all HIV-infected clients have access to basic care services and to minimize loss to initiation (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, who are eligible, receive cotrimoxazole 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 2009 investments will result in an improved continuum of clinical, psychological, spiritual and social care, and prevention services for PLHIV. The NDOH leads and coordinates national efforts to advance palliative care. Partnering with the NDOH at all levels, the PEPFAR partners will continue to support 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, as well as reproductive health services, STI sites, workplaces, and 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 minimum care standard for facilities includes the following elements of the preventive care package and other essential care interventions, including: 1) prophylaxis and treatment for OIs, per national guidelines, cotrimoxazole prophylaxis for stage III-IV disease, CD4<200 or HIV-exposed/infected children; TB screening and management; isoniazid preventive therapy in selected sites, and candidiasis screening and management where the Diflucan/Fluconazole partnership exists; 2) CT to partners and family members; 3) nutrition counseling, clinical measurement and monitoring, micronutrient support according to WHO guidelines, and wrap-around support; 4) STI care; 5) routine screening and management of pain and symptoms; 6) child survival interventions for HIV-infected children (e.g., immunizations, growth monitoring, and infant/young child nutrition); 7) integrated PwP strategies including messaging, condoms, support for disclosure, referral for family planning, PMTCT services, ART adherence education, leading healthy lives, reduction of risk behaviors, and reduced rates of HIV transmission; 8) provision of at least one element of psychological, social, or spiritual care, or prevention services; and 9) referrals for other services.

The minimum standard for services at CHBC levels include 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 insecticide treated nets where appropriate. Home and community settings often facilitate delivery of a more comprehensive response including the provision of bereavement care, household support, and community group meetings. PEPFAR partners will continue to strengthen adherence to national standards 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 non-governmental and faith- and community-based organizations.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4762.09	Mechanism: N/A
Prime Partner: Ubuntu Education Fund	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8263.22806.09	Planned Funds: \$72,818
Activity System ID: 22806	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Ubuntu's care program is the integral service in the organization, as it binds all HIV and AIDS components. The care program is integrated with clinical services in counseling and testing (CT) and HIV management including antiretroviral (ART) readiness and adherence. Ubuntu has strong referral partnerships to help establish a continuum of care for people living with HIV (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 community-based organizations (CBOs) and non-governmental organizations (NGOs), community home-based care providers, and hospice services.

Ubuntu is preparing to open the Ubuntu Centre in March 2010. The Ubuntu Center is a state-of-the-art wellness center which is currently under construction on Ubuntu's grounds in Zwide Township. The Ubuntu center will allow Ubuntu to provide comprehensive HIV-related palliative care services on our grounds including CT, access to treatment, CD4, viral load, TB, post-exposure prophylaxis (PEP) and pregnancy testing. Ubuntu's clinic will house an on-site pharmacy and laboratory. There is a great void in the townships communities of Port Elizabeth for Adult Care services. Ubuntu is in great demand by hospitals and clinics to provide complimentary services. Currently, Ubuntu receives hundreds of referrals by other NGOs and institutions to assist them in providing support. By strategizing with the South African Government, Ubuntu intends to make the Ubuntu center a resource within the system that will ease some of the incredible burden to care for a population with such high levels of poverty and HIV.

Ubuntu will hire a nutritionist to focus on providing nutritional assessments, counseling and provision of services for HIV-infected clients. The nutritionist will also provide technical assistance in the field. Ubuntu would also be able to track more clients in their homes through increasing client travel. This would allow Ubuntu to conduct ongoing assessments of hygiene and safe home environments as well as nutritional assessments including anthropometric, symptom and dietary assessment. This will be provided to all HIV-infected clients before and during ART.

Ubuntu will utilize the skilled team which includes a psychologist, nutritionist, social worker, educator, and a nurse to provide ongoing consultations to care workers in the field. Clients' files will be reviewed in a multi-disciplinary team setting to enable care workers to have technical guidance, mentorship and support. This will assist in providing high quality services for clients.

Ubuntu will increase staffing to provide support for Ubuntu VCT counselors that have been placed on-site to provide the "basic care package". The care workers 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.

Ubuntu will continue to work with the support and collaboration of the Nelson Mandela Metropolitan Department of Health and management of the Port Elizabeth Hospital System. These bodies convene a steering committee to strategize the roll out of HIV and TB care throughout the city of Port Elizabeth. Ubuntu has built strong ties and legitimacy with both of these stakeholders and was asked to join the committee due to its growing reputation as the premier Eastern Cape NGO providing these services.

This steering committee was established to deal with the HIV/TB crisis in the metro. The committee is comprised of ICAP, Ubuntu, Hope Worldwide, ARK and St. Francis Hospice. Each NGO is committed to working with a local clinic to develop strong systems for the continuity of care for TB and HIV services in the community. The committee is supported by the Nelson Mandela Metro and different members from the Department of Health's HIV and TB departments sit on the committee. This committee will enable Ubuntu to scale up services to focus in on TB/HIV co-infected individuals and create strong referral and monitoring systems for defaulters. Ubuntu is committed to TB/HIV activities in the geographic area and collaborating with the provincial and district departments to implement and monitor these activities.

Ubuntu has been able to enhance patient care in Port Elizabeth by partnering with Disease Management Systems to help maintain and utilize patient management software. By paying the costs of the software, providing data captures and all necessary infrastructures, Ubuntu has allowed doctors, nurses and the pharmacy to red flag problems with treatment and track and assist patients more effectively. This partnership with DMS will allow Ubuntu to receive a defaulter report with names and addresses. The Ubuntu care team will track down defaulters and understand why they are not receiving treatment. Ubuntu is uniquely positioned in the community for these services. There are no other organizations that are located in the community that have the clinical, care and transport capacity to provide these types of services. Ubuntu is perfectly positioned for this. The Ubuntu Center will enhance this capability.

Weekly support group facilitation will be provided by Ubuntu. Ubuntu will run 12 support groups for PLHIV and people affected by AIDS. Support groups will meet weekly and enable clients to discuss common issues and challenges they are facing as well as participate in HIV-related workshops. Each support group will be staffed with an Ubuntu facilitator. Ubuntu's support group members will be referred to Ubuntu's clinic garden program.

Ubuntu will maintain two existing organic vegetable clinic gardens to support HIV-infected clients. Ubuntu gardens assist HIV-infected clients to develop gardening skills and provide income for their families. Ubuntu gardens will also be a source of therapy for clients through working in the garden.

Ubuntu will support HIV-infected clients with care packages, which include nappies, gloves, cleaning supplies and other household support.

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 gender 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)

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13848

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13848	8263.08	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	6632	4762.08		\$75,000
8263	8263.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	\$100,000

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

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$686

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4763.09

Prime Partner: Xstrata Coal SA & Re-Action!

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8257.22729.09

Activity System ID: 22729

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$970,905

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Summary: Re-Action! Consulting (RAC) will continue to facilitate a co-investment partnership with Xstrata and other private companies to provide support for strengthening targeted government clinic sites, continuing to improve access to basic preventive, clinical care and psychosocial support services. The program will continue build on a public-private mix model for strengthening HIV and TB service.

Background:

Xstrata and RAC will work through established partnerships with local government, the Mpumalanga provincial Department of Health (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, and community mobilization/participation, building linkages with other sectors, local organization capacity development and strategic information.

Activities: RAC will work in partnership with the District Management Teams (DMTs) in the provinces of Mpumalanga, Limpopo, North West and Northern Cape to develop and establish a task mix for Adult Care and Support service delivery.

In partnership with the DMTs, RAC will support the DOH with the sourcing, recruitment, training and supervision of critical health care professionals to deliver sustainable care and support programs.

RAC will establish community partnerships with the aim of strengthening existing HIV care and support programs in these communities, training of and providing supportive supervision to health care professionals and facilitating behavior change interventions focused on individual households in the community.

RAC will facilitate the building or renovation of three wellness clinics in the Nkangala District. This will be financed by Xstrata Coal South Africa as part of their contribution of the co-investment partnership model.

The Outreach Workers (OWs) program will be expanded to allow for intensified provision of care and support services through the early identification of and referral to HIV related care, support and treatment services. RAC will scale up care and support activities by recruiting and training 40 OWs and 20 traditional Healers focused on providing palliative care and quality of care and support services

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 2007 and 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:

Activity Narrative: 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 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.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 13909

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13909	8257.08	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	6648	4763.08		\$1,348,000
8257	8257.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	\$100,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$200,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$200,000

Education

Water

Estimated amount of funding that is planned for Water \$100,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4760.09

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 8262.22799.09

Planned Funds: \$291,271

Activity System ID: 22799

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity 1:

St. Mary's will take a more focused approach to the training of therapeutic counselors (TCs) to assist in the community with clinical staging of patients requiring care, support and possible treatment. Training will also be provided to non-government organizations (NGOs) and community-based organizations (CBOs) to provide ongoing support in the home and referral to the hospital if and when required.

A family-centered approach will allow for early identification of infected and affected adults and children in need of care and support. Retention of patients in care and support services is essential and TCs, counselors and community healthcare workers will be made aware of their role and responsibility to continuously support and if required refer patients to clinics or St. Mary's Hospital.

TCs will be trained in basic palliative care and TB screening, which will also allow for a more efficient up and down referral system between the hospital and the community clinics, as well as enhance the support service offered to the patient in the community. There will be a need to integrate services with other service providers that have been identified and trained to offer other services that the TCs may not be able to continue with. The need to establish support groups at community clinics churches or with NGOs and CBOs will be important as the basic care package has to be provided in order to retain the patient for antiretroviral (ARV) treatment in the future. Preventative interventions such as testing of sex partners and the children of those HIV patients in care, disclosure of HIV status to sex partners, adherence interventions will be emphasized when patients are visited in the home.

Activity 2:

There will be no emphasis on the caesarian birth budget in this programmatic area, but this will be addressed in a limited way in the Prevention of Mother-to-Child Transmission (PMTCT) programmatic area.

There will be an aggressive focus on the use of cotrimoxazole for all HIV-infected patients. There is currently a national shortage of cotrimoxazole but children, HIV patients with a CD4 count under 100 and HIV-infected patients that are co-infected with TB will receive preferential treatment. The patients would continue with this treatment until the patient has reached two consecutive CD4 results above 200. Should this national shortage persist, this strategy will also apply in FY 2009. Nutritional support will be provided to those in-patients requiring this support.

Special attention will be given to the integration of pain assessment and management within care and support to all patients receiving palliative care.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13832

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13832	8262.08	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	6626	4760.08		\$611,100
8262	8262.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,204

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8683.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 22491.22874.09	Planned Funds: \$194,181
Activity System ID: 22874	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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-infected 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 addition 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:

ACTIVITY 1: Identification of HIV-infected 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22491

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22491	22491.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$200,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 257.09

Prime Partner: Medical Research Council of South Africa

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16898.22922.09

Activity System ID: 22922

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$1,213,631

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The focus of the second year of the Medical Research Council (MRC) project will be upon providing follow-up mentorship and technical support to the senior managers who have gone through the capacity building process in the first phase. Support activities will include joint reviews of plans and programs, designing of monitoring and evaluation systems and update of the nutrient values of the nutritional supplements and foods to be used in programs. MRC will expand the training program to include district and non-governmental organization managers as well.

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 dietitians 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.

ACTIVITIES 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16898

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16898	16898.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$615,819

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 271.09

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 2975.22937.09

Planned Funds: \$3,725,358

Activity System ID: 22937

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Following the National Strategic Plan (NSP), Right to Care (RTC) will use FY 2009 funds to accelerate the scale up of family-centered approaches to adult and pediatric treatment, care and support. The specific aim is to increase the access to care support to 80% of individuals infected with HIV, in accordance with the NSP and the technical considerations for the FY 2009 COP. Focus for the adult care and support program will be to scale up TB and antiretroviral (ARV) activity at all Department of Health, Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) sites, supported by RTC. At the request of the provincial DOH and implemented according to the memorandums of understanding (MOUs) with each province, RTC will continue to support the activity and budget for family centered treatment, care and support.

BACKGROUND:

RTC provides mentorship and technical assistance to over 18 sub-recipients. 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 supports these sites with infrastructure, staff, training, equipment and data management. In addition, the NDOH has recognized the successes of RTC supported NGO/FBO sites and has been accrediting these sites and taking over the provision of ARV drugs, laboratory monitoring and some staff salaries, thus enabling RTC to shift funds to other sites in need of support.

ACTIVITIES AND EXPECTED RESULTS

FY 2009 funds will be used for human capacity development and salaries at all care and support (C&S) providers; (1) non-governmental (NGO) and faith-based (FBO) clinics/organizations receive sub-awards earmarked for doctors, nurses, counselors and other healthcare workers; (2) RTC will provide support to South African Government (SAG) staff through the salaries of health care providers seconded to DOH facilities; and (3) a capitation fee-for-service arrangement exists with a network of private sector service providers for the Thusong program with wellness support to indigent HIV-infected individuals.

ONGOING ACTIVITIES

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, 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 2009 funding RTC will provide ongoing training and continued medical education to assure that staff is aware of the latest treatment norms.

Public-private partnerships (PPPs) have also been formed. These include those with the provincial DOH, where value is seen by the government in accrediting specific NGO clinics in order to provide ARVs and pathology monitoring thereby reducing the overall cost on one donor. RTC will continue to work hand in hand with the SAG to ensure sustainability of the service delivery through a human resource development plan where value has also been seen when the government takes over certain positions initially paid for by PEPFAR.

Down referral of stable patients from hospitals to community health centers and local clinics will be strengthened further with FY 2009 funding, which will ensure that people receive comprehensive care closer to their homes and thus improve patient retention. The major areas of focus for the down referral process are human resources, training, infrastructure, data management and support with drug distribution even though the drugs are not funded by PEPFAR. Up-referral mechanisms linking primary sites to tertiary sites for complicated patients have been integrated into the RTC network of sites.

HIV-infected women, with or without antiretroviral therapy, are at high risk for the development of cervical cancer. Cervical cancer screening in HIV-infected individuals has been initiated as an integrated wellness service for all women attending the Helen Joseph Hospital, Themba Lethu Clinic. Results of the initial period under review demonstrate that approx. 55% of HIV-infected individuals have abnormal pap smears with over 30% of those demonstrating high grade pre-cancerous lesions (Ref: Firnhaber et al submitted July 2008). HPV testing conducted in a sub-set of these patients (funding source NIH CFAR) demonstrate that all samples with abnormality have multiple oncogenic HPV types. Campaigns to increase the uptake of cervical screening at all treatment and wellness sites supported by RTC will be undertaken.

RTC will continue strengthen links between counseling and testing and care within and between facilities. For those testing positive a tracer system will reduce loss to treatment initiation. 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.

AREAS OF EMPHASIS

RTC will emphasize an increase in activities to meet the objectives of the technical considerations in the following areas:

- a. Cotrimoxazole prophylaxis - RTC sites report a high utilization of cotrimoxazole for patients with a CD4 <200. An increase in training and implementation is required for the discontinuation of cotrimoxazole in patients with a CD4 count greater than 200 at two sequential time points. This is in line with the comprehensive care guidelines for South Africa.
- b. Palliative care - RTC will continue to emphasize the training for palliative care, with training courses provided to all counselors, nurses and doctors. Home-based care will continue in remote districts. Palliative education and training will be undertaken for family members.

- Activity Narrative:**
- c. Transition to care and retention in care will be emphasized using call center support for all patients undergoing HIV testing, inclusion of CD4 testing for staging for all who are tested HIV-positive, site specified referral to care at the time of CT, and follow-up of patients who do not reach the referral point. RTC uses the TherapyEdge-VCT module which enables tracking of all these processes.
 - d. Enhancement of the basic care package for all wellness, pre-HAART patients will include access to Isoniazid Prevention Treatment (IPT);
 - e. Positive prevention will continue to be emphasized including provider initiated counseling and testing for family and household members; engagement of disclosure of HIV status for sexual partners; condom distribution; assessment and diagnosis of both symptomatic and asymptomatic sexually transmitted infections.
 - f. All women will be provided with access to cervical dysplasia screening. Treatment will follow the South African guidelines for cervical cancer screening.

SUMMARY:

Right to Care's PEPFAR program was recompleted 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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13793

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13793	2975.08	U.S. Agency for International Development	Right To Care, South Africa	6612	271.08		\$1,022,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,130,397

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 335.09

Mechanism: N/A

Prime Partner: Salvation Army

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 2993.22905.09

Planned Funds: \$0

Activity System ID: 22905

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP for Salvation Army (SA). No FY 2009 COP funding is requested. Salvation Army (SA) withdrew from continuing activities of its FY 2008 COP for FY 2009 therefore no FY 2009 funding is needed for SA. The home-based health care activity was approved in SA's FY 2008 COP and funded with FY 2008 PEPFAR funds. For FY 2008 funds were allocated to train volunteers to provide home-based palliative care to people living with HIV and AIDS. Salvation Army will continue support for home-based care activities using their own funds. For FY 2008 SA will implement and complete the activities according to the schedule outlined in the FY 2008 COP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13804	2993.08	U.S. Agency for International Development	Salvation Army	6615	335.08		\$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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7300.09	Mechanism: N/A
Prime Partner: Pathfinder International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 15940.22893.09	Planned Funds: \$242,726
Activity System ID: 22893	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. After discussions with CDC South Africa and the National Department of Health, Pathfinder International decided that the project be piloted in the Northern Cape first. Therefore the project will be implemented in four clinics in the Northern Cape. The clinics will be selected by the provincial Department of Health (DOH).
2. The project sites should be part of the South African DOH antiretroviral (ARV) sites and not the Planned Parenthood Association of South Africa (PPASA) clinics. The sites will function as satellite ARV clinics for young people. This approach will mean that Pathfinder does not have to undergo the lengthy ARV accreditation process for new clinics and also will assist in getting the provincial DOH to be partners in the project. With this approach, getting the services up and running will also be faster.
3. In Pathfinder's initial project design under this program area, one of the functions of the peer educators would have been to provide ongoing home-based care to HIV-infected young people that needed it. However, evidence from the region has shown that home-based care is too intense for young peer educators to cope with, as they themselves might be infected. This has led to high burn out rates and high attrition of peer educators. Instead, what Pathfinder is proposing is that the peer educators conduct home-based visits to provide ongoing support for young people on treatment and also through these home-based visits follow up with young people that are defaulting on treatment. For those young people that need home-based care, appropriate referrals will be made to other home-based care givers and other community resources providing such care.

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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15940

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15940	15940.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7300	7300.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4103.09

Prime Partner: World Vision South Africa

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12355.22723.09

Activity System ID: 22723

Mechanism: World Vision

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$141,267

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Data quality management is a key requirement in the roll out of the PEPFAR-funded World Vision programs in all the Area Development Programs (ADPs). FY 2009 priority actions will involve the improvement of service quality. World Vision will ensure that strengthened and adequate supportive supervision of caregivers/volunteers is continuously provided with at least one visit every quarter for direct assessments, training and enhancement of service delivery.

Human Capacity Development (HCD)

World Vision will endeavour to strengthen the capacities and abilities of families, community members, non-governmental, community and faith-based organizations at ADP level in the six communities in which the Networks of Hope (NoH) project operates.

World Vision, in collaboration with local health allied bodies and relevant stakeholders, will carry out extensive training for home visitors, home-based carers, peer counselors and others to enhance their ability to carry out nutritional assessments and counseling.

World Vision will conduct Palliative Care Training for ADPs using South African Government (SAG) - accredited service providers. This will be based on the national minimum standards for training on Palliative Care for Community Caregivers and Resilience in Children and Caregivers. Some of the core models include basic hygiene, psychosocial support and community care. The training activities will take place routinely during the Community Care Coalitions (CCC) monthly meetings and periodically on arrangements over a period of time.

Capacitating the community members and locally-based stakeholders in this way will ensure sustainability of the deliverables of this program as the skills transferred will remain with the individuals and institutions based in the community ensuring continuity and future task shifting to the community members.

Alignment with the National Strategic Plan or other SAG policies or plans

The Government of South Africa (GSA)'s HIV & AIDS and STI National Strategic Plan for South Africa 2007 -2011(NSP) calls for: 1) reduction of HIV incidence by 50%; and 2) expanding access to appropriate treatment, care and support to 80% of all HIV-infected people and their families by 2011. In order to achieve these targets communities and the health system must be engaged to expand and improve the continuum of prevention, care and treatment services provided to people living with HIV (PLHIV) and orphans and vulnerable children. Through its NoH project, World Vision fully endorses and is aligned to these NSP objectives in collaboration with the SAG at various district levels is essential for an active, effective and sustainable response.

GENDER

In the spirit of collectivism and collaboration, the NoH would continue to work with local communities to facilitate access to essential services, integration at local level, and build local capacity building programs. In sustaining and system strengthening at local and provincial levels, World Vision strives to achieve on the goal of GSA in providing a better life for its entire people.

World Vision Channels of Hope (CoH) team will conduct Community conversations in the communities/ (CCC) to address the following topics gender based violence, gender inequalities, help and support for female child-headed households, the right of women and girls to say no to unwanted sex and gender norms that deny women inheritance rights. World Vision will ensure that women and men will have equitable access to care and support and other services, under the adult care and support program

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13907

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13907	12355.08	U.S. Agency for International Development	World Vision South Africa	6647	4103.08	World Vision	\$594,000
12355	12355.07	U.S. Agency for International Development	World Vision South Africa	4498	4103.07	World Vision	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$145,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9626.09	Mechanism: N/A
Prime Partner: Walter Sisulu University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 7961.22715.09	Planned Funds: \$388,362
Activity System ID: 22715	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Eastern Cape Regional Training Center (RTC) will be scaling down direct patient care in future to concentrate on training. As advised by the province, RTC will be setting up Centers of Excellence. RTC will work closely with the HIV Directorate and other relevant departments in the Department of Health (DOH) to increase the current RTC onsite mentoring approach to cover more sites for longer periods and other aspects of care, including TB infection control, and integrated management of childhood illness (IMCI). RTC will establish district-based Performance Improvement projects and Specialist Clinics with a wellness program as Centers of Excellence where clinicians can rotate for specified periods to acquire skills.

RTC will offer training on care and support on subjects including: Basic HIV/ AIDS, Palliative Care and Acute Care and Prophylaxis.

RTC will work on development and accreditation of the Basic Care Package training program for people living with HIV (PLHIV), including their training in the 27 RTC-mentored sites.

RTC will introduce a family-centered approach to care and support at community and household level to reduce stigma and discrimination and provide a supportive environment for the PLHIV.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14050

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14050	7961.08	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9626	9626.08		\$679,000
7961	7961.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4761.09

Mechanism: N/A

Prime Partner: Training Institute for Primary Health Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8268.22831.09

Activity System ID: 22831

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$194,181

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Home-based Care (HBC) integration in orphans and vulnerable children (OVC) and AB Prevention programs:

TIPHC's HBC Care Givers will be trained in the identification, registration, need assessment and referral of OVC, including basic HIV and AIDS counseling and testing, linkage to antiretroviral (ARV) treatment and age specific prevention.

The three programs are linked, as the majority of HBC clients have OVC in their households, and often either both parents are terminally ill or one parent has died while the other remaining parent is terminally ill. The situations like this result in children fending for themselves and also looking after their sick parent while attending school. AB facilitators will also be responsible in the identification of HBC clients through AB Prevention and OVC integration programs by following up on the identified OVC in schools where they have programs running and referring them to HBC program for follow-ups. AB Prevention facilitators will also be part of the training team for both HBC and OVC care givers to help children, families and caregivers cope with everyday challenges.

The involvement of AB facilitators and OVC care givers in the HBC program will help to increase the number of clients that will be receiving PEPFAR supplementary direct services. It is anticipated that the integrated approach will increase the HBC target by 20% coverage and improve service quality.

Human Capacity Development:

TIPHC intends to consolidate the quality of its services by ensuring that the knowledge and skills of care givers are standardized to ensure quality improvement. Sustainability will be achieved through imparting the knowledge and skills in care giving to family and community members.

Induction and Orientation: All fifty Care Givers will undergo three days induction and orientation training at the beginning of the program. All care givers would have had attended the 59days comprehensive training course on home-based care facilitated by accredited service providers in the FY 2008. In service training on monitoring and evaluation (M&E) tools will be conducted on regular basis for quality data collection.

The Care Givers will also be empowered by attending training on couples counseling and testing so that they can be enabled to assist the households they visit and refer to relevant health facilities.

Management and leadership development: HBC Project staff will be capacitated on project management and supervision which will include data collection system for tracking care givers training, managing care givers deployment, performance and attrition information for planning and modeling long-term care givers needs.

Retention strategies for Care Givers: Care Givers will be retained through incentives, training, respite care and psychosocial support such as counseling and bereavement care for caregivers as well as adequate supervision by professional nurses.

Ten Care Givers with suitable qualifications will be identified and selected to attend a twelve-month training as Auxiliary Nurses. This will be an incentive for furthering the career path. The cost of the training will cover the tuition fee, books, uniform and per diem.

Economic strengthening

TIPHC will initiate income generating projects among the existing support groups. The projects include bead work, gardening, candle-making and sewing. Within the support groups a microcredit savings and lending scheme will be established. Members will lend each other small loans based on agreed lending terms.

Alignment with NSP, SAG policies and plans.

The TIPHC program contributes to the National Department of Health HIV & AIDS and STI National Strategic Plan (NSP) for South Africa 2008 – 2011 by recruiting and training new community care givers and by developing standards and career pathways as mid-level workers according to National Qualifications Framework. TIPHC has also strengthened support, mentoring and supervision of its care givers and are also receiving nationally determined stipends.

The Local Economic Development (LED) Plan for Nkangala District Municipality of December 2004 highlights Human Resources and Community Development as one of its seven pillars for LED with HIV and AIDS care taker training as one of its priority activities. The plan is to construct a facility for training "personnel providing care for HIV and AIDS sufferers". TIPHC care giver training is aligned with the LED Plan in that its goal is to enhance the skills and expertise of care givers in an effort to improve the quality of service delivery.

Gender

Gender is a critical issue in the HBC program with the implications for the quality and effectiveness of care provided and major burden on women and girls to provide. Gender norms and roles do affect women and men's ability to benefit fully from all aspects of care and support. Further, women's restricted inheritance and legal rights, along with their limited access to credit and reproductive resources in our societies, affect the ability of achieving the objective of social care. All the above will be referred to different service providers like Lawyers for Human Rights, Financial Institutions and Government Sponsored Organization like Umsobomvu Youth and Women Fund.

Activity Narrative: Implementation of programs that target men and boys encouraging their participation and responsibility in care giving and household functions, their support for female caregivers and their recognition of the burden of care will also be a priority.

Follow-up to HBC, especially referrals to other service providers, will be a mandatory. A checklist system will be put in place which will enable a follow-up to ensure provision of referral services to HBC. This is critical especially for HBC reporting cases of sexual abuse and domestic violence which require decisive intervention by the South African Police Services (SAPS). Reports from current HBC program indicates increasing numbers of women being abused in the homes due to the fact that male partners blame them for infecting them.

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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13844

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13844	8268.08	U.S. Agency for International Development	Training Institute for Primary Health Care	6631	4761.08		\$200,000
8268	8268.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$31,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,750

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 500.09

Mechanism: In Support - CDC

Prime Partner: National Department of Health,
South Africa

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 14071.22848.09

Planned Funds: \$762,160

Activity System ID: 22848

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The project will increase access to care and support services by implementing a community wellness program through support groups. This program will aim at empowering people living with HIV (PLHIV) to be more involved in managing their illness. The projects will also seek to strengthen home-based care programs by providing funding to community-based organizations, building their capacity through training of carers on care and support programs and a family-centered approach to care and support activities.

Activity 1: Establishing wellness programs in support groups

The projects will recruit PLHIV from counseling and testing sites to join support groups where they will receive information, counseling, coaching and support and HIV and AIDS related issues. PLHIV will be assisted in the following: (acceptance of status, disclosure, prevention with positives, HIV and AIDS and TB/HIV, alcohol and substance abuse and HIV and AIDS, treatment literacy, nutrition assessment and counseling and treatment adherence. PLHIV will be encouraged to bring their family members and other members of the community for care and support services related to HIV and AIDS.

Activity 2: Family centered Approach to Care and Support services

The projects will strengthen home-based care services and train carers on family counseling and testing, prevention messages for the family, prevention with positives, water and sanitation within the home environment, and infant follow-up including growth monitoring. CBOs will be contracted to provide home-based care services to PLHIV and their families.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14071

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14071	14071.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$1,285,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4105.09

Prime Partner: South African Catholic Bishops Conference AIDS Office

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 13817.22867.09

Activity System ID: 22867

Mechanism: SACBC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$2,385,249

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 2009 funding, the Southern African Catholic Bishops Conference (SACBC) will expand current home-based care for orphans and vulnerable children (OVC) and their family members to include the important components of community integrated management of childhood illnesses (IMCI); cotrimoxazole prophylaxis; active screening for health care needs of OVC in schools; and addressing the issue of alcohol abuse amongst family members.

The SACBC will continue with the activities of FY 2008 but intensify the following:

ACTIVITY 1: Support to parents (primary caregivers)

The SACBC will conduct workshops to family members taking care of OVC as a means to provide good parenting and to understand problems pertaining to such children at site level. This will require the community mobilization to offer support to families and children. Advocacy on counseling and testing will increase the number of persons on antiretroviral therapy (ART). Treatment literacy will be intensified to promote adherence to treatment.

ACTIVITY 2: Building Networks through Linkages and Integration

As a means of strengthening the existing structures, the SACBC will ensure that all treatment sites are child-friendly to accommodate children who are on treatment. The SACBC AIDS Office will also look into current structures to improve the information and communication flow. This aspect will aid speedy referrals and enable community members to know where they can access relevant assistance.

ACTIVITY 3: Mainstreaming Gender

The SACBC has found that mobilizing men as caregivers and members of the support group is a key way to increase awareness of HIV prevention, women's and girls' rights, and to engage men in HIV and AIDS and OVC activities. This will include working with various groups of men within dioceses to challenge some of the cultural taboos which may give rise to the stereotypical attitude that views women as insignificant members of the society. The SACBC's gender mainstreaming is centered on complementarity of species rather than stressing the difference between men and women.

ACTIVITY 4: Capacity Building

Training at the implementing sites will target lay and health workers to reinforce the existing human resources. The SACBC will collaborate with training service providers to conduct refresher courses and training for the continuing caregivers and the new ones. This will ensure sustainability and task shifting to the community at large. Emphasis will be on treatment literacy, opportunistic infections, linking of nutrition and treatment, and adherence to treatment.

The SACBC, through an identified service provider, will equip the site communities with a variety of income-generating activities, such as microfinance, and vendor models. Along those activities, the SACBC will ensure that skills development is carried out within the most disadvantaged communities. The SACBC will roll out training on self management to ensure proper use of social grants and to promote saving among the recipients of these monetary grants.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13817	13817.08	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	6623	4105.08	SACBC	\$485,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$293,425

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$191,575

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1235.09

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3117.22667.09

Activity System ID: 22667

Mechanism: Community Grants

USG Agency: Department of State / African Affairs

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$330,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Community Grants will 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 strategic direction of Community Grants is evolving with an increasing focus on economic strengthening. Community Grant Coordinators will help facilitate economic strengthening by continuing to link community and faith-based organizations funded through Community Grants with larger PEPFAR partners and South African Government departments to build capacity and ensure project sustainability.

As the strategy evolves, a significant emphasis will also be placed on income generation activities, such as supporting their IG initiatives and training Grantees on grant writing and fund raising, thus enabling our programs to benefit from multiple sponsors. Another focus area for funding will be program-sponsored, self-sustainable income generation businesses, such as bakeries, sewing projects, and bead making. This advancement will allow Coordinators to remain responsive in the ever-changing nature of the HIV and AIDS pandemic.

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 be emphasized. Grantees will message and mobilize for cotrimoxazole prophylaxis, screening for TB, and referral for appropriate opportunistic infection management. Grantees will make an 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13921

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13921	3117.08	Department of State / African Affairs	US Department of State	6653	1235.08	Small Grants Fund	\$300,000
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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1071.09	Mechanism: N/A
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3106.22661.09	Planned Funds: \$93,000
Activity System ID: 22661	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, Peace Corps will contract with individuals and organizations with specialization in delivering training and conducting outreach in activities with people living with HIV (PLHIV). Priority will be given to contracting with those individuals and organizations that have already received PEPFAR-capacity development support. This will (a) strengthened and build upon previous PEPFAR investment and (b) provide training and outreach in the communities where Peace Corps Volunteers (PCVs) live and work, allowing the PCVs to provide follow-up and document results.

ACTIVITIES AND EXPECTED RESULTS: In FY 2009 20 Community HIV/AIDS Outreach Project (CHOP) PCVs and their counterparts will devote 50% of their time to training PLHIV caregivers, CSO employees, and home-based care (HBC) volunteer workers in ways of addressing the needs of PLHIV and addressing stigma, discrimination and gender-based violence (key legislative issue). 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 did not place PEPFAR-funded PCVs, but 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 2009, approximately 30 PCVs and 30 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 30 PCVs and 30 counterparts will receive training in addressing stigma, discrimination and some aspects of gender-based violence, using internationally and locally produced materials. The training will focus on combating social and self-discrimination, and physical violence directed against PLHIV, particularly HIV-infected women, 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, etc).

ACTIVITY 3: Approximately 30 PCVs and 30 counterparts will train 100 CSO employees, HBC volunteer workers and PLHIV caregivers in topics addressed in Activity 1 and Activity 2. This will result in improved palliative care provided to 500 individuals and in the strengthening of 12 HBHC and HBC service outlets.

The CHOP PCVs will primarily 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 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.

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 and 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, CSO 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13926

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13926	3106.08	Peace Corps	US Peace Corps	6655	1071.08		\$150,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 192.09	Mechanism: AIDS Economic Impact Surveys
Prime Partner: Boston University	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 22624.09	Planned Funds: \$0
Activity System ID: 22624	
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:	

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. This program area was discontinued in FY 2009 as the costs for this activity were transferred to another donor who was keen to assist with Care services. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4616.09	Mechanism: N/A
Prime Partner: CARE International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 7873.22635.09	Planned Funds: \$2,456,389
Activity System ID: 22635	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 CARE will implement a family-centered approach to care and support services thus strengthening support for people living with HIV (PLHIV) at the household and community level. Another innovation will be the introduction of prevention with positive people with a focus on supporting male uptake of health services, family counseling and referral for testing and TB/HIV infection control at household and community level. CARE will also reach ensure the upward referral of 10% of PLHIV to access cotrimoxazole prophylactic treatment.

The number of implementing partners will be retained at 25. Past experience suggests that it is better to retain professionals in the more technically skilled partners to support and work with civil society organizations (CSOs) with whom they have an established relationship with. This will be continued with at least three implementing partners, notably CHOICE Health Care Trust, Dithlabeng Development Initiative and the Center for Positive Care.

With the expansion to Mpumalanga, the roll out for implementation of the Basic Care Package will be fast tracked as Mpumalanga Department of Health (DOH) is the furthest in piloting this curriculum.

CARE has also recruited its full staff complement (with the exception of new posts for implementation Year IV) and strengthened its clinical staff complement. Given this increased and strengthened capacity of the CARE staff, the completion of selecting and orientating new partners to PEPFAR, the technical and institutional training and mentoring of implementing CSOs will be fast tracked.

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 Transfrontier 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13704

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13704	7873.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$2,437,830
7873	7873.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	\$1,300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$133,739

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$200,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2790.09	Mechanism: N/A
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3832.22646.09	Planned Funds: \$1,100,466
Activity System ID: 22646	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Provision of cotrimoxazole prophylaxis has been implemented at a large majority of the AIDSRelief (the Consortium led by Catholic Relief Services (CRS)) treatment sites; however, difficulties are being faced with the reporting aspect. The AIDSRelief monitoring and evaluation (M&E) team is providing assistance to the sites to improve reporting on this particular aspect of the program. During FY 2008, two AIDSRelief sites have handed over their patients to the South African Government (SAG) due to strong presence of SAG-sponsored treatment programs - at Sinosizo (Durban suburb) in KwaZulu-Natal province, as well as in Bethal in Mpumalanga province. Access has greatly improved from the SAG sites and the sites were able to transfer patients out in order to avoid duplication of services. At the same time, new sites have been opened in Kokstad (KwaZulu-Natal province) and Parys in Free State, leaving the total number of treatment sites unchanged.

In FY 2009, there will be renewed emphasis on patients in the wellness phase (patients in care who do not qualify for antiretroviral therapy (ART) yet), tracking patients in care, using community health care workers to identify household dependants, renewed emphasis on family-centered care and involvement of men, and increased screening conducted in community by home-based carers entering homes.

Proposed human capacity development activities include ongoing training: to equip staff to support the patient from the time of HIV diagnosis, throughout the continuum of HIV infection with renewed emphasis of follow-up of the wellness phase, and providing HIV related care (such as TB, prophylaxis, nutritional support etc.). Training of data capturers, nurses and managers on M&E indicators and electronic database is planned to assist with M&E activities with the view of increasing effective care and retention.

All adults in care and support (regardless of whether on ART) with BMI below 18.5 qualify for food support according to USG guidelines. As such, activities will include identifying the needy patients and provision of nutritional supplements to qualifying patients according to USG guidelines. Food support may be provided in either the facility or community-based settings for nutritional rehabilitation of severely and moderately malnourished PLHIV.

The National Strategic Plan (NSP) target is to provide an appropriate package of treatment, care and support services to 80% of people living with HIV and their families by 2011 in order to reduce morbidity and mortality as well as other impacts of HIV and AIDS. In order to meet this target, the AIDSRelief sites will pay attention to the following key issues: focusing on specific issues and groups: the prevention of mother-to-child transmission, the care of children and HIV-infected pregnant women, and wellness management of people before they become eligible for ART.

Activities and approaches to address gender issues will include involvement of men in the program as decision-makers, family-centered care, couple counseling and testing link with OVC programs - Identifying female/child headed households in need of care and support. The program will involve partners (through increased partner testing, male support, prevention and interventions in regards to gender-based violence), including support groups for HIV-infected patients. Other activities, where applicable, will include programs targeting partners of pregnant women and providing information to men on prevention of mother-to-child transmission (PMTCT), counseling and testing (CT), prevention and other health issues and encouraging couples counseling and testing in an attempt to increase men's involvement in HIV and AIDS treatment and care programs and to reduce stigma and violence against women. The approaches will include couple counseling and testing at CT and PMTCT sites with the view of promoting testing of men as well as building their support for their female partners, where possible. Efforts will be made to include health worker trainings to recognize signs of gender-based violence, to provide appropriate counseling and referral services to social, legal, and community-based support groups, as well as training and employment of women as health care providers to increase the confidentiality and comfort of women and girls seeking treatment for HIV.

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. The major emphasis area is linkages with other sectors and initiatives. Minor emphasis areas are community mobilization/participation, development of referral systems, and human resources. The main target populations are HIV-infected individuals and their families as well as caregivers.

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.

Activity Narrative: 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 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

Activity Narrative: 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. This support will be in line with OGAC guidance on therapeutic feeding. 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.

This activity will directly contribute towards the 10 million people in care component of the 2-7-10 PEPFAR goals by increasing the quality and access to care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13710

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13710	3832.08	HHS/Health Resources Services Administration	Catholic Relief Services	6580	2790.08		\$4,750,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,460,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$230,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$690,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9227.09

Mechanism: N/A

Prime Partner: AgriAIDS

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 21168.22583.09

Planned Funds: \$194,181

Activity System ID: 22583

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

AgriAIDS will work in FY 2008 to raise awareness of HIV and AIDS and implement strategies to combat the disease among the following target groups: 1) farm workers; 2) farm owners; and 3) commercial agriculture businesses. Working with other non-governmental organizations (NGOs), as well as the Department of Health and Agriculture, AgriAIDS will work to prevent new infections among farm workers. This project will work to ensure that farm workers and, to the extent feasible, their families access counseling, testing, care, treatment, and prevention messages and services.

BACKGROUND:

AgriAIDS was established to address the devastation of the impact of HIV/AIDS on farms and therefore reduce the direct effects of HIV and AIDS on farm workers. This requires intervention on two levels:
-Direct: facilitating rapid access to information, voluntary counseling and testing (VCT), medical care, and antiretroviral therapy (ART) for farm workers; and
-Indirect: lobbying the commercial agricultural sector to start viewing HIV and AIDS as an occupational health threat and to encourage spending on care and treatment programs at the farm level.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In FY 2009, AgriAIDS will identify farms in specific areas with limited or no HIV and AIDS care and treatment services. Additionally, AgriAIDS will identify regional/district-based medical service providers and link them to farming communities. This will be achieved, in part, through the development of mobile care and treatment interventions (where applicable).

ACTIVITY 2:

In FY 2009, AgriAIDS will develop memorandums of understanding (MOUs) with farms and service providers in order to create formalized relationships in order to ensure the consistent provision of care and treatment services in farming communities. Results will include an increase in the number of project partners (farms and service providers) with MOUs in place with AgriAIDS.

ACTIVITY 3:

AgriAIDS will finalize a draft strategy on the basis of recommendations received from workshop participants and through working groups. Dissemination of the strategy will be achieved through public relations activities (agricultural journals; presentations etc.), with a specific focus on reporting and dissemination to government entities. Results will include the following: 1) an increase in unified responses to HIV in the agriculture setting; 2) translation of strategies into practical interventions at the farm level; and 3) the approval/endorsement of strategies by the Department of Agriculture and/or Health at the provincial level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21168

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21168	21168.08	U.S. Agency for International Development	AgriAIDS	9227	9227.08		\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 167.09

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 2909.22577.09

Planned Funds: \$0

Activity System ID: 22577

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13376

Continued 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
13376	2909.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$1,264,000
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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 397.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 2996.22568.09

Planned Funds: \$1,067,995

Activity System ID: 22568

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Africa Centre (AC) will expand home-based care (HBC) activities with the appointment of a social worker for assisting in social (access to social security services for women and children as indicated in the South African Government's National Strategic Plan) and legal protection of patients.

The AC Support Group Coordinator will work with support groups to strengthen income generating project activities, linkages with other programs and sector. Support will also be given to male involvement in HIV prevention, care and treatment and to reduce stigma and violence against women.

The dietician will train HBC workers and support groups on nutrition care and support. A referral system between the community and the clinic and food security projects will be implemented. This will be used to refer children and adults with poor nutritional status to and from the clinic and community, and will strengthen efforts to manage malnutrition in the community.

Tracking of children and adults will now be expanded to the whole sub-district.

Africa Centre will develop food and nutrition policies and guidelines which are adapted to the local, rural community.

The dietician in the program will train nurses, counselors and home-based caregivers in nutritional assessment and counseling.

Anthropometric tools required to conduct effective nutritional assessment will be procured with PEPFAR funding.

For long-term food security, support groups will be getting guidance how to establish community gardens.

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 Hlabisa 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 continue to 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,

Activity Narrative: Funding will help to support volunteer stipends and equipment (for example computers and bicycles) to further enable these organizations to better manage and support their volunteers.

The 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 also 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

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13368

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13368	2996.08	U.S. Agency for International Development	Africa Center for Health and Population Studies	6453	397.08		\$727,500
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

Emphasis Areas

Construction/Renovation

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

Estimated amount of funding that is planned for Human Capacity Development \$110,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4626.09

Mechanism: AMREF

Prime Partner: African Medical and Research Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12360.22573.09

Planned Funds: \$169,520

Activity System ID: 22573

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Economic Development

AMREF's women's association project will be piloted as a strategy of alleviating the plight of rural women. Under this initiative, women from the communities where the project is operating will be encouraged to group themselves and will be advanced a small loan from PEPFAR funding that will belong to the group. The model being followed here is the Care Voluntary Savings and Loan project currently being implemented with PEPFAR. Each group then develops a code of conduct on how the group will function, including the interest that will be charged on borrowed funds and defaulters. Individual members from the group will then borrow from the group at a nominal interest. At the end of the year, the profits will then be shared amongst the group members with the initial seed money being returned to the pot for use again the following year. It is envisaged that these associations will present opportunities for income generation for community health workers and children from disadvantaged families to participate. These income generating activities will be developed following locally focused operational research on niches in the local market conditions that could be exploited. Also leveraged will be the experience generated by other PEPFAR partners. The main outcome of this activity is that women's access to income and productive resources will be increased.

Human Capacity Development

For human capacity development, the focus will be on partner training and incentives for care workers. Partners will be trained on activities that enhance service delivery such as home-based care (HBC), first aid, counseling, monitoring and evaluation. Other areas that will be supported include management and leadership development for staff to reduce staff turnover. Support for staff salaries will be a key priority area as currently there is a high volunteer turnover due to unfavorable work conditions and low morale. Some of the strategies that will be introduced include experience related remuneration systems, incentives for staff, team building exercises as well as procurement of materials and equipment to enhance how work is done.

The trainings will focus on HBC-specific training support certified by the South African Government (SAG). Additional training for HBC care workers is to be leveraged through creating synergies with the OVC aspect of this project. For example, joint trainings can be conducted in basic first aid and counseling where children will be the primary beneficiaries, with HBC clients also benefiting from the skills. Meanwhile, incentives, such as stipends for 200 care workers, will be subsumed under partners contractual costs

Gender

AMREF will seek to address the gender imbalances that currently exist within the community. This will be done through promoting the participation of men in the provision of care at the community level. It is projected that the inclusion of men in the provision of care will challenge the gender stereotypes that currently exist. Males will be trained on identifying cultural practices that promote inequality and then identifying cultural practices to replace the harmful ones that currently exist.

Particular emphasis will be placed on the involvement of male volunteers in care provision as the presence and participation of men compliments unity in the real family setting. Secondly, male volunteer presence will be a clear message that men also care about the impact of disease and death on the family and community. This will also challenge the notion that salaried jobs are for men whilst the lesser paying and often voluntary jobs are for women since men will now also be working as volunteers. Both of these interventions will address male norms and behaviors, related to the PEPFAR emphasis areas.

Alignment with the National Strategic Plan (NSP) or other SAG policies or plans

At the organizational level, the project develops the capacity of community-based organizations to strengthen financial, project management and governance systems. This is done through the development of systems that are then used within these organizations to ensure effective and efficient implementation of activities that are in line with the NSP's objective of increasing the number of organizations accessing organizational and program support.

The program's reliance on community home-based care workers also ensures that capacity at the local level is developed and community care workers develop career paths that they are comfortable with. In addition the project also provides training to community health workers to ensure that their capacity is developed. Currently, AMREF's training unit is working with the health and welfare services sectoral training authority (HWSETA) on the accreditation of the training that AMREF is providing to CHWs. This program approach is aligned to the NSP's goal of expanding community home-based care as part of the expanded public works program.

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

Activity Narrative: 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

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13372

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13372	12360.08	U.S. Agency for International Development	African Medical and Research Foundation	6454	4626.08		\$194,000
12360	12360.07	U.S. Agency for International Development	African Medical and Research Foundation	4626	4626.07		\$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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$48,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6151.09

Mechanism: UGM

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12333.22563.09

Activity System ID: 22563

USG Agency: U.S. Agency for International
Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$242,726

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Human Capacity Development (HCD) is one of the strategic objectives of the AED-UGM, and is designed to provide ongoing capacity building to support and enhance the scale-up of activities and the sustainability of activities and partners. AED-UGM will plan and implement HCD activities for sub-partners that aim to improve core skills and capacities, in order to build organizational effectiveness and sustainability. Activities will include: training, technical assistance and support; mentoring and twinning; information exchange; technology transfer; and resource provision. Twinning, as defined by the HIV and AIDS Twinning Center is "the partnering of two entities with shared characteristics to achieve a common goal."

HCD training will consist of comprehensive, specific instruction to mainly enhance organizational management/human resources, project planning/design, and technical capacity for improved service delivery. FY 2009 training will include core group (all sub-partners) training in five organizational domains: 1) Financial Planning & Management, 2) Grants Management, 3) Monitoring & Evaluation, 4) Organizational Management & Human Resources, and 5) Project Planning & Design. Core trainings will be tailor-made to address the current organizational development challenges faced by sub-partners, as identified in yearly capacity building plans. Cluster/Cohort training (for select groups of sub-partners and/or staffing cohorts) will cover various topics in such domains as Governance & Strategic Planning, Technical Capacity, Mentoring & Coaching, and Networking & Advocacy. These trainings will be customized, in order to improve sub-partners' institutional and organizational systems. Technical capacity strengthening will focus on improving service delivery in the program areas where AED sub-partners are active and will be based on results from CB needs assessments and plans. Customized training for sub-partners will span all AED-UGM organizational domains.

Technical assistance will mainly occur after HCD training events and involve on-site technical support, focusing on: institutional strengthening of policies, systems and structures, in order to improve the quality of services; and adherence to statutory requirements, protocols and best practices. Leadership Seminars will be convened and cover such topics as Community Mobilization and HIV and AIDS Operational Research. Mentoring and twinning will consist of peer-to-peer capacity building to promote networking and collaboration between sub-partners and/or individuals which builds expertise and knowledge.

The AED-UGM has established an Educational Training Fund (ETF) to support the HCD needs of sub-partners through the provision of resources that include: funding for the development of job aides, handbooks and educational materials; and sponsorship for attending courses, technical meetings, etc. The ETF is a mechanism whereby staff and volunteers working for sub-partners can apply for, and receive, funding to improve skills and enhance service delivery. AED-UGM will assist sub-partners to identify courses and obtain sponsorships, to defray costs associated with participation, and encourage sub-partners to build professional development costs into their project budgets, to sustain this activity, over the long-term. Another sustainability approach is to link sub-partners to the Health and Welfare Sector Education and Training Authority (SETA), whereby sub-partners can tap into the government's National Skills Fund for learnership opportunities. Sub-partners engaged in Adult Care and Support will tap the ETF for sponsorship to attend short courses and technical meetings in such areas as: prevention, counseling, psychosocial support, spiritual support, paralegal training, etc. Additionally, the AED-UGM will adapt/develop and disseminate standard tools, protocols and manuals for use by sub-partners to improve operational systems and expand service delivery. Based on year one capacity building plans, the following are examples of technical capacity building activities of the three sub-partners working in Adult Care and Support: 1) exchange visits to forge twinning relationship between GRIP and Population Council on Rape Crisis Interventions; 2) GRIP Study Tour to other organization's sites to observe best practices on Rape Crisis Interventions; 3) training and TA for Hospice Palliative Care Association (HPCA) on TB/HIV integrated service delivery; 4) sponsorship of Ingwavuma Orphan Care (IOC) staff in local language Counseling course; 5) sponsorship of IOC staff in Memory Box course; and 6) sponsorship of IOC staff in paralegal training course. AED-UGM has been able to obtain non-PEPFAR USAID funding to fund a TB program involving two sub-partners, namely IOC and HPCA. Some of this funding will be used to hire a TB/HIV/AIDS Technical Advisor to provide technical leadership to this program.

AED-UGM is a capacity building program which ensures that sub-partner organizations collaborate and coordinate with the South African Government (SAG). AED-UGM seeks to ensure that all sub-partner service delivery strategies are aligned with the four priority areas in the National Strategic Plan (NSP), namely: (i) Prevention; (ii) Treatment, Care and Support; (iii) Research, Monitoring and Surveillance; and (iv) Human Rights and Access to Justice. As such, capacity building activities will focus on improving compliance of sub-partners with SAG policies, regulations and protocols. Where appropriate, AED-UGM will provide support to sub-partners in obtaining certifications and accreditations from various governmental and other institutional bodies pertaining to HIV and AIDS related service delivery. Capacity building activities will also promote effective partnerships between sub-partners and relevant government departments, the private sector and other civil society organizations, through strengthening of community-based service delivery networks and referral systems.

AED-UGM is committed to gender equality and has established systems, procedures and monitoring and evaluation instruments to ensure sub-partners are sensitive to this issue. Since gender equality and gender equity are concerned with ensuring that the needs of women, men, girls and boys are addressed in all phases of program planning, AED-UGM monitors the integration of gender concerns in situation analyses, the formulation of objectives, program activities and Monitoring, Evaluation, and Reporting (MER) plans. Thus, AED-UGM goes beyond the mere counting of the number of females and males attending training courses by actively promoting gender equality and gender equity, and providing support to sub-partners to enable them to address this issue effectively. As part of this process, sub-partners are required to report on gender-related activities in their quarterly monitoring reports. Gender equality consultants will also be engaged to strengthen the expertise of AED-UGM in this area.

Sub-partner organizations sign memorandums of understanding (MOUs) with provincial and district departments. Details concerning the status of MOUs in different provinces will be provided in sub-partner

Activity Narrative: COPs. AED-UGM ensures that sub-partners report progress on SAG collaboration efforts and MOU status on a quarterly basis.

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 PEPFAR 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, 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,

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13362

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13362	12333.08	U.S. Agency for International Development	Academy for Educational Development	6451	6151.08		\$150,000
12333	12333.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4094.09

Mechanism: N/A

Prime Partner: Research Triangle Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 6547.23050.09

Planned Funds: \$789,680

Activity System ID: 23050

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY: USAID, through Research Triangle Institute (RTI), will provide support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces.

ACTIVITIES AND EXPECTED RESULTS: RTI will help the Sexual Offenses and Community Affairs Unit of the National Prosecuting Authority (NPA/SOCA) to establish eight new TCCs in FY 2009, eight in FY 2010 and seven more in FY 2011, for a total of 23 TCCs, and fund three core staff in each TCC. The program focuses on refurbishment of TCCs in order to meet health and TCC blueprint standards. RTI will orient and train TCC staff, doctors and forensic nurses; provide both core multi-disciplinary training and on-site training; and support all TCC staff by conducting training focusing on: delivery of post-exposure prophylaxis (PEP), HIV counseling and testing (CT), protocols for care and treatment of victims and follow-on psychosocial counseling for TB, PEP, antiretroviral (ARV) and secondary prevention adherence. Through the grants component, RTI will support referral systems for treatment and care and follow-on psychosocial counseling for children who tested positive by providing assistance to non-governmental organizations (NGOs) and working closely with them. With additional funding from the PEPFAR Special Initiative on Sexual Gender Based violence, RTI will pilot improved models of care at selected TCCs to inform SOCA's national "blueprint" for TCC care services and future Women's Justice and Empowerment Initiative (WJEI) program implementation. RTI will also develop pilot models based on existing best practices in rape care currently offered through the South African Government's Department of Health and non-governmental organization-supported services. RTI will strengthen health care services at TCCs, with special attention to improving PEP adherence and health care follow-up and referrals and explore strategies for explicitly raising community awareness of TCC services and for strengthening TCC linkages with community networks to help facilitate victims' access to services.

Activity narrative components in the FY 2008 COP related to the Department of Provincial and Local Government (DPLG) HIV and AIDS in the Municipal Workplace activity will no longer be part of this FY 2009 Plan.

SUMMARY:The first RTI component includes support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces with the exception of Limpopo, Free State and Mpumalanga. The second component encompasses strengthening the Department of provincial and Local Government (DPLG) HIV and AIDS care program in workplace programs in 4 districts and 15 local municipalities located in Gauteng, Mpumalanga, Western Cape, and Limpopo provinces. The third component includes training of community health care workers in the same municipality catchment areas on quality HIV palliative care. Populations served are adults and children, PLHIV, health care workers and caregivers. The major emphasis area is training with minor emphasis areas in IEC, commodity procurement, network/linkages/referral; linkages with other sectors and initiatives and local organization capacity development.

BACKGROUND:This is the third year of support to the TCCs and DPLG. The community care component is a new activity in FY 2007. Thuthuzela means "to comfort" in isiXhosa; TCCs are multi-disciplinary centers that provide comprehensive care for rape survivors with an emphasis on women and children. Funding to the DPLG in FY 2007 provides for the ongoing implementation of HIV and AIDS workplace activities initiated in FY 2006 with an emphasis on integrating elements of the preventive care package, psychosocial support and stigma reduction strategies for PLHIV. Caregiver training in DPLG catchment areas varies; as a result quality of care for PLHIV suffers. Select municipalities and districts will partner with the provincial Departments of Health and Social Development for standardized national HBC training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening HIV care in the TCCs PEPFAR funding will enable the TCCs to improve the quality of basic HIV-related clinical, psychological and social care services offered by the TCCs for rape victims with an emphasis on women and children rape victims (key legislative area). 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 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, PEP, 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, 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: Strengthening HIV Care in Municipality Workplace Settings This component assists 4 districts and 15 local municipalities located in Gauteng, Mpumalanga, Western Cape, and Limpopo provinces to initiate and/or strengthen care delivery via HIV and AIDS workplace programs. Activities will be developed and strengthened that encourage employees to obtain access to HIV prevention and care services including emphasis on integrating elements of the preventive care package, psychosocial support and stigma reduction strategies for PLHIV. This includes counseling and referring for HIV testing services, disclosure support, basic screening for pain and symptoms and HIV-related conditions such as opportunistic infections, HIV prevention messaging and access to condoms, referrals for the clinical monitoring and care that includes ART, OI prevention and treatment (including cotrimoxazole prophylaxis, TB care), nutritional care

Activity Narrative: and appropriate child survival and child care interventions. On-site psychosocial care will be provided. Mandatory employee participation in HIV and AIDS education programs is a key element of the program. Strategies to reduce stigma directed towards PLHIV will be integrated in partnership with municipality leaders and participation with labor unions is included. Outcomes include improved access to HIV and AIDS care, stigma reduction and strategies to prevent the further spread of the disease

ACTIVITY 3: Expanding the Community Response to HIV and AIDS in Municipality Catchment AreasAll the targeted 4 districts and 15 local municipalities (mentioned in Activity 2) have CBOs who carry out HIV-related community and home-based care activities for PLHIV and OVC in their vicinity. It has been noted that community providers who receive the 59-day South African Government accredited home-based care training from the NDOH provide exemplary services. However, many CBOs do not have access to the standardized training program. This activity will expand NDOH standardized training in the targeted municipalities depending on the unique needs and ongoing training programs supported by the provincial Departments of Health and Social Development. The training will include but not be limited to the following topics: elements of the preventive care package for adults and children; basic HIV terminology and facts; psychosocial aspects of HIV and AIDS; basic pain and symptom management; bereavement care and communication skills; legal issues; care considerations for OVC; infection control; health education; culturally appropriate care; end of life care; ART adherence; how to provide referrals; supportive supervision; program design; and project management. Community caregivers working in drop-in centers (catering to orphans and vulnerable children) will be trained in ways to mitigate the burden of women and girls in their care of family members who are ill and of young children who have lost their parents to HIV and AIDS. Sites will be selected in partnership with municipalities and the provincial Departments of Health and Social Development. Follow up from the training and technical support will be provided to the community organizations by the designated training support team. Training provided through this activity serves to build and sustain linkages between the district municipalities, the provincial Departments of Health and Social Development, and community-based organizations (CBOs) and non-governmental organizations (NGOs) thereby reinforcing the coordination role of the DPLG. These activities will contribute to PEPFAR goals of providing palliative care to 10 million HIV-infected individuals and their families, including OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13947

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13947	6547.08	U.S. Agency for International Development	Research Triangle Institute	6664	4094.08		\$1,455,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$11,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2787.09

Prime Partner: Absolute Return for Kids

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12351.22554.09

Activity System ID: 22554

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$1,452,615

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY

Absolute Return for Kids (ARK) will be using PEPFAR FY 2009 funds to co-fund its Community Access and Adherence (CAA) activities in the Eastern Cape (EC). ARK has been requested by the EC HIV and AIDS, STI and TB (HAST) directorate and the Nelson Mandela Metro to further scale up support in this province. ARK has been supporting the province since 2006 and is currently working in 11 sites, delivering care and treatment in 10 sites and prevention of mother-to-child (PMTCT) services in one site. The scale up in these sites will ensure that individuals in needy areas of the EC have adequate access to care and treatment.

ACTIVITY 1: Support to KwaZulu-Natal (KZN) Department of Health (DOH) and EC Department of Health:

All diagnosed HIV-infected patients and family members will receive TB screening, prophylaxis and treatment if appropriate

Referral systems will be strengthened to ensure the easy, quick referral of patients between antiretroviral (ARV), TB, PMTCT and pediatric ARV services. Tracing of lab results for early and ongoing diagnosis will be conducted proactively to ensure that bottlenecks in the system are addressed with DOH and the National Health Laboratory Services (NHLS).

TB infection control practices are standard at ARK-supported sites and include well-ventilated waiting areas and consulting rooms, safe sputum collection, and patient and staff education on safe cough etiquette and hygiene.

ACTIVITY 5: Reporting and Quality Assurance/Improvement

Scale-up of clinical services includes increasing capacity for data management and reporting. All sites will have additional data capturing support, and additional monitoring and evaluation management support at the provincial office. All sites will have internet connectivity to facilitate information management activities.

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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13344

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13344	12351.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$824,500
12351	12351.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		\$700,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,767

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4757.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8250.23041.09	Planned Funds: \$242,726
Activity System ID: 23041	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Project Support Association of Southern Africa (PSASA) professional nurses will again receive follow up refresher training from master trainers according to the palliative care guidelines as received from FHI. The nurses will in turn be responsible for the training of the community care workers who will then train family members and then train caregivers in the homes of clients. Also PSASA administrative and finance support staff will attend training of PEPFAR guidelines on finance when available.

Training to community care workers will continue. Care workers do seek full time employment and are also mobile (moving around). Training of caregivers and family members will therefore be a continued activity as there will always be new care supporters and clients.

PSASA will strengthen communication and referral skills of home-based care volunteers (fourteen project sites) regarding the integration of family planning, HIV services and TB screening and referrals. PSASA will also provide basic information about TB, counseling and testing (CT), antiretroviral treatment, prevention of mother-to-child transmission (PMTCT) and assist home-based care clients to adhere to the treatment regimen. (FHI/PSASA Manual will be used) and refer to local health facilities.

Nurses working in this program will also be trained by the PSASA Master trainers on the referral mechanisms between PSASA's home-based care program and family planning, CT, PMTCT and ARV services. These 14 palliative care projects only involved training on palliative care previously.

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,

Activity Narrative: 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 of basic care and support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13785

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13785	8250.08	U.S. Agency for International Development	Project Support Association of Southern Africa	6610	4757.08		\$300,000
8250	8250.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	\$150,000

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

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$107,455

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5191.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 9448.23045.09	Planned Funds: \$453,898
Activity System ID: 23045	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Reproductive Health and HIV Research Unit's (RHRU) will continue to provide the comprehensive package of care described above at all the sites it supports, including new initiation sites and their networks. This includes cotrimoxazole prophylaxis and standard nutritional assessments as part of ongoing care. In this program year, RHRU will focus activities on pre-antiretroviral therapy (ART) retention in care as a key driver of improving transition into treatment programs when patients become eligible. This will include exploring different wellness packages (using the Basic Care Package as a foundation) aimed at retaining patients in care and addressing their needs holistically. This may also include developing broader wellness packages tailored to the needs of different groups (families, men, and youth). These packages will also link into local community-based organizations in order to offer a wider range of services including psychosocial support, social care and opportunities to participate in income generating activities. RHRU will explore opportunities to provide care and support to recent victims of xenophobic violence, if such a need is identified and such opportunities exist.

In addition to this, RHRU will pilot a follow-up system using cellphone SMSes to increase pre-ART retention in care across selected sites in KwaZulu-Natal, Gauteng and the North West province. Patients will receive programmed reminders by SMS of key information, including date of last CD4 measurement, date of next follow-up visit and location of facility where CD4 measurement can be done. Patients lost-to-initiation will be tracked by dedicated tracers and followed-up by patient follow-up workers and home-based caregivers.

RHRU, at the request of the provincial Departments of Health (DOH), provides, and will continue to provide, training for health care providers in line with the WHO Integrated Management of Adult Illnesses program.

RHRU will continue to provide public sector staff with training on all aspects of HIV Care and Support. In addition, RHRU will work with the National DOH to disseminate the RHRU-developed HIV Standards, a self-assessment tool designed to improve and integrate HIV services at Primary Health Care facilities, and to prepare primary health sites for accreditation.

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, eThekweni 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

Activity Narrative: 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 psychosocial 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13789

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13789	9448.08	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	6611	5191.08		\$500,000
9448	9448.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	\$650,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

- * Safe Motherhood

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$8,000

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 519.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3069.22736.09

Planned Funds: \$218,454

Activity System ID: 22736

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of KwaZulu-Natal (UKZN) Nelson Mandela School of Medicine (NMSM) has further refined the definition of palliative care. The number of patients reported as receiving palliative care refers only to those patients who visited the Traditional Health Practitioners (THPs), were suspected of being HIV-infected, and received palliative care services. These services include: clinical/medical and/or traditional medicines; pre-pre test counseling and/or spiritual advice; and/or referral to grant office or social worker.

THPs often provide palliative care services which sometimes cannot be accessed from public health care centers. At the beginning of the project, home-based care kits provided by the project were to have been replenished by the eThekweni District Health Department. However, for reasons beyond the control of this project, this has not materialized. It is incumbent on the project to continue this necessary aspect of care for the very needy patients. NMSM will replenish the kits using its existing mechanism of visiting THPs.

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 Ethekeeni Traditional Health Practitioner Councils.

BACKGROUND:

UKZN has an ongoing collaboration with associations of traditional healers in rural areas of Ethekeeni 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 Ethekeeni Traditional Healer Councils, with the eThekeeni Health Unit, and the eThekeeni 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

Activity Narrative: 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 eThekweni 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13854

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13854	3069.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$250,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$53,304

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 486.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3030.22997.09	Planned Funds: \$0
Activity System ID: 22997	

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Department of Correctional Services is in its fourth year of funding with a very high carryover amount. All the proposed FY 2009 activities will be supported using carryover funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY

The National Department of Correctional Services (DCS) has decided to enhance its activities under Care Services by conducting training of offenders in Correctional Center-Based Care (CCBC). Training of Professionals in CCBC will include: training of personnel as support group facilitators (including the workplace program) to assist in the establishment and maintenance of support groups for offenders who are either infected or affected by HIV and AIDS in Correctional Centres; training of healthcare personnel in the Comprehensive Management of HIV and AIDS including other related diseases (opportunistic infections); training of professionals in spiritual counseling; and training of healthcare professionals as Antiretroviral (ARV) Project Managers. This training will increase access to care and support services for offenders and personnel living with HIV and AIDS and also reduce morbidity and mortality as well as other impacts of HIV and AIDS. Training of offenders and personnel will be conducted continuously, due to the high turnover of nurses and movement of inmates. This applies for all trainings.

Training of offenders / personnel in support groups never occurred due to lengthy tender processes in order to procure training services. However, a need does exist as personnel were never trained in this regard and DCS will aim to address this with FY 2009 funding.

CCBC: 150 nursing personnel were trained and due to the fact that this was the first training, a need still exists. Policy and policy procedures are in place outlining the procedure on how to utilize offenders in rendering correctional center-based care. Following training, the Regional HIV and AIDS Coordinator will be responsible for the actual implementation, monitoring and evaluation of CCBC.

Comprehensive HIV and AIDS Care, Management and Treatment (CCMT): CCMT was not part of core curriculum for nurses and since DCS is using the Primary Health Care approach where a nurse deals with the inmates holistically. Subsequent to training, a portfolio of evidence must be completed and assessed by external service provider. Implementation at correctional center-level and implementation forms part on the day-to-day functions of the nurse depending on the patient's diagnosis

Religious Care Workers: 20 religious care workers will be trained in spiritual counseling. They will play an important part in the post test - and terminal phase counseling.

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 prevention 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14036

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14036	3030.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$135,800
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's legal rights

Health-related Wraparound Programs

* Safe Motherhood

* TB

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 274.09

Prime Partner: South African Military Health Service

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 2979.22785.09

Activity System ID: 22785

Mechanism: Masibambisane 1

USG Agency: Department of Defense

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$97,090

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The South African National Defence Force (SANDF) is planning a pilot community outreach program for this FY 2009 in two or three provinces. The aim is to recruit, train, mentor and monitor community-based workers to do outreach programs in military and the surrounding communities. Members within the military as well as dependants will be identified to provide care and support to members especially those who are on extended sick leave and those on treatment.

The expansion of palliative care services and facilities will be undertaken to improve the quality of life of Department of Defense members. This will largely be comprised of training for both health care workers as well as dependants/families in palliative care and home-based care.

To improve and better manage adherence, a program on distributing pill boxes and other adherence tools will be established.

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 HIV 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13825

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29792	29792.09	HHS/Centers for Disease Control & Prevention	To Be Determined	12231	12231.09		
29791	29791.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Rwanda	12229	12229.09		\$50,000
13825	2979.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$100,000
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

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

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 216.09

Mechanism: RESPOND

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12371.22770.09

Planned Funds: \$0

Activity System ID: 22770

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. During the PEPFAR South Africa Interagency Partner Evaluation, the review committee determined that the strength of EngenderHealth's program no longer lies in this program area. In FY 2009 EngenderHealth will focus more attention on sexual prevention, counseling and testing, and male circumcision. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13777	12371.08	U.S. Agency for International Development	Engender Health	6604	216.08	ACQUIRE	\$325,000
12371	12371.07	U.S. Agency for International Development	Engender Health	4469	216.07		\$280,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 193.09	Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3805.22764.09	Planned Funds: \$1,066,053
Activity System ID: 22764	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 2009 funding, the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will continue to improve the quality of the adult care and support services, and activities started in FY 2008 will continue. With the expansion of the HIV treatment program, EGPAF assists the Department of Health (DOH) in preparing primary health care (PHC) facilities to become down referral sites as well as assists selected facilities to prepare for DOH accreditation. EGPAF will continue to work closely with community-based organizations (CBOs) and faith-based organizations (FBOs) in the various EGPAF-supported communities to improve wellness defaulter tracing, early identification of HIV patients, as well as community HIV care and support awareness. Where applicable, community health care workers (CHCW) will be trained on various aspects of the care and support approaches. EGPAF will work closely with DOH in building human capacity within various DOH-funded community-based NGOs. Other activities planned for FY 2009 will include training in infection control within communities and in the TB/HIV context. Prevention with positives, which includes effective referrals to family planning, couple counseling for discordant couples and encouragement of disclosure, will be of priority.

The adult care and support program is well established at EGPAF-supported sites. EGPAF provides additional staff where required. Health care workers are trained on comprehensive care and support including clinical staging, management of opportunistic infections and sexually transmitted infections (STIs), TB/HIV and infection control. Onsite mentoring and coaching is provided to ensure the quality of care and compliance with national protocols and guidelines. At service delivery level, EGPAF employs dieticians and nutrition advisors to provide comprehensive nutritional support based on needs identified. Community linkages with community-based care and support services and organizations will be strengthened by providing training and technical assistance where required.

Gender is a critical issue in care and support, with implications for the quality and effectiveness of the care provided and, the disproportionate burden on women and girls to provide care. EGPAF will work with the DOH to ensure equitable access for both women and men to medicines and other care and support services and resources. Linkages with reproductive health programs for female-headed households and caregivers will be strengthened. Programs for older women caregivers that provided support networks and access to productive resources will be targeted. Programs that target men and boys and encourage their participation and responsibility in care-giving and household functions, their support for female caregivers and their recognition of the burden of care as well as programs that reduce gender-based violence and promote human rights will be implemented. Specific needs of women will be addressed.

EGPAF overall adult care and support is provided in line with the National DOH policies and guidelines and National Strategic Plan (NSP) 2007-2011 Priority Area 2, i.e. Treatment, Care and Support, goals 5, 6, 7, and 8 and their objectives are taken into account. All EGPAF support is aimed at assisting the DOH to scale up coverage of the comprehensive care and treatment package, increase retention of patients in care, and decrease HIV and AIDS related morbidity and mortality.

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, Nkonjani, Ceza, Itshelejuba, and

Activity Narrative: 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. 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13764

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13764	3805.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6600	193.08		\$1,825,000
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 2797.09**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:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 3319.22748.09**Planned Funds:** \$943,764**Activity System ID:** 22748

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Consolidation of Columbia activities in the Northern Cape (NC) and Free State (FS) will necessitate strengthening elements of programmatic care with establishment of comprehensive care at the sites. The International Centre for AIDS Care and Treatment Programs (ICAP) plans to support the following aspects of the adult care package, with an emphasis on ensuring quality, integration and comprehensive care:

Cotrimoxazole - This will be routinely given as a part of adult care for all patients with WHO stage 2-4, and/or for those with CD4 count below 200.

Palliative care - ICAP will expand its field caregiver (FCG) program to all the sites in the Eastern Cape (EC), to enhance home-based care (HBC) and support systems. All FCG will be trained in home-based care (HBC) methods and provided with standard HBC kits. Through regional referrals directory projects, collaborations will be sought with community-based organizations (CBOs) and institutions to provide palliative care, including pain management.

Early referral and retention in care and support - ICAP will initiate and emphasize: treatment buddy selection and involvement; sexual partner tracing; engaging families in care; coordinated visits and assessment of family members; couple counseling. ICAP will expand FCG to all supported primary health clinic (PHC) and community health centre (CHC) sites. Support groups that have been formed at all the facilities, will be strengthened to gain greater independence, sustainability and empowerment leading to a greater network of support for patients, including those ineligible for antiretroviral therapy (ART). ICAP has begun an initiative, aimed at group application for non-profit organization (NPO) status thus opening up more funding opportunities, income generation activities, and participatory community development tools.

Psychosocial support - Psychosocial support for people living with HIV (PLHIV) are in place at all facilities supported and will continue to be enhanced through additional Peer Educators (PE) and FCG, greater collaboration with the Department of Health (DOH) lay counselors and outreach workers, and monthly refresher trainings. Treatment literacy and adherence counseling will be enhanced through established patient competencies and adaptation of supportive tools. For better outreach and tracing of defaulters, a project will be carried out in Nelson Mandela Metro (NMM) to improve retention and tracing mechanisms which includes computerized text messages to clients for reminders and notices of missed appointments (with consent). Food and nutritional support will be addressed through continued multivitamin and other supplementation, provided by DOH through wellness program collaboration with dieticians.

Mental health services - Counseling provided by PE, FCG and DOH lay counselors will be supported and strengthened through newly hired regional psychologists, who will provide mentorship among sites on a rotational basis, especially for referred difficult cases, and referrals for any special treatment needed.

Prevention of cervical cancer - The above initiative will be evaluated, strengthened and rolled out to additional sites in 2009. Cervical cancer screening began in Greenville primary health care clinics: ICAP activities will include:

- a) In-service sensitization of nurses on the need for cervical cancer screening among HIV-infected women
- b) Building collaboration with DOH/stakeholders for routine single visit approach
- c) Writing protocols for routine programming
- d) Training of providers/in-service -start-up of service delivery
- e) Developing M and E systems with specific attention to feasibility questions to be answered
- f) Community mobilization and education
- g) Purchase of supplies and equipment

Prevention with positives - All elements of prevention with positives are in place at facilities supported, primarily through PE and FCG. Tools will be developed in order to standardize approaches used, focusing on: routine counseling and testing of sexual partners, children; couples counseling for discordant couples; condom promotion and distribution; assistance with disclosure; provider-initiated behavioral risk reduction interventions; assessment, diagnosis and management of sexually transmitted infections (STIs); adherence to prophylaxis and treatment; referrals to family planning; alcohol assessment; counseling and referrals for needed professional services.

TB/HIV services - The NMM outreach project will incorporate TB screening of HIV clients and family members in the home, with referrals for testing when needed. PE will continue to give counseling as a part of routine counseling and testing in supported TB hospitals, and home-based follow up will be enhanced for those with HIV who are discharged, to ensure access of ART programs at local clinics. In addition, a TB infection control project at all the sites will focus on preventing transmission among patients and staff in clinical facilities and in the home.

Quality of care and support services - ICAP will implement standards of care (SOC) and associated tools for measuring quality of care, in the clinic and in the home. These SOC cover activities within all major categories of adult and pediatric care and support, psychosocial and adherence support, and prevention.

Monitoring and reporting - PEPFAR and DOH indicators related to care will be collected, reported, shared and utilized for continuous quality improvements by ICAP as well as site staff. Monitoring of indicators related to psychosocial support will be strengthened, with development of standardized tools, procedures documentation and reporting forms.

Human capacity development and continuous provider training - FCG in each region will be trained in HBC and receive standard kits. More DOH lay counselors and community health workers in each region will be trained in ART and adherence. The care givers program will be expanded through interventions by the program psychologists, group debriefing and individual counseling for lay staff and DOH professional staff.

Activity Narrative: The use of local CBOs to mentor care givers in HBC will be initiated with the NMM outreach services integration project.

SUMMARY:

Columbia University 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13731

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13731	3319.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$1,523,546
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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 416.09

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3007.22615.09

Planned Funds: \$873,814

Activity System ID: 22615

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, BroadReach Health Care (BRHC) will expand on and strengthen existing capacity building activities all conducted at the request of and in partnership with the South African Government (SAG). The FY 2008 narrative primarily describes activities under BRHC's general practitioner (GP) program with private providers which offers services to HIV-infected persons through three different treatment models. This program was designed to ease the burden on the public sector to provide treatment services by strategically leveraging capacity in the private sector in underserved areas. The GP program will be maintained in FY 2009, but the majority of funding requested under this program area will be for the intensification of BRHC's program to build capacity in public sector (SAG) health facilities. All proposed activities will be aligned with the National Strategic Plan (NSP), national antiretroviral (ARV) guidelines and other national guidelines governing care and treatment of HIV-infected and affected people. BRHC's overall goal under this program area is to promote creative, sustainable and comprehensive treatment programs that improve the quality of life of people living with HIV (PLHIV) and increase resilience in the public health care system.

In late 2006, BRHC began capacity building work with SAG sites and was initially assigned to four hospital systems in KwaZulu-Natal (KZN). As of June 2008, BRHC was reporting data from a total of 110 sites in five provinces. Almost 20,000 patients are receiving treatment, care and support services at BRHC-supported sites as of 30 June 2008 which exceeds the September 2008 target by nearly 250%. At the request of the district DOH, BRHC has committed to continued expansion and plans to be supporting 19 complete hospital systems by September 2009. With FY 2009 funds, BRHC expects to be active at 250 palliative care sites, including 25 SAG hospital systems.

Activity 1: Clinical Services and Operations

BRHC will place particular emphasis this year on expanding wellness programs for HIV-infected people not yet eligible for ART, and their family members. The goal will be to ensure early referral and enrollment into comprehensive care programs to maintain CD4 >200, and to reduce loss to initiation. Wellness programs will provide a basic care package, consisting at a minimum of: repeat CD4 testing per national guidelines, cotrim prophylaxis, screening and treatment for opportunistic infections (OIs), ongoing counseling and psychosocial support, nutritional assessment and supplementation, pain assessment, and prevention messages as part of routine care. Wellness programs will also provide necessary referrals to other health services such as reproductive health, family planning, immunization, and routine-offer HIV testing. BRHC support to facilities will focus heavily on integration of TB and HIV services.

Activity 2: Human Capacity Development

BRHC provides a combination of in-house and outsourced training courses aimed at ensuring quality delivery of treatment services. Alignment with SAG training plans and service providers ensures training is provided with the appropriate intensity to all cadres of staff. All BRHC-implemented or sponsored training courses use DOH-approved curricula. Training will emphasize provision of cotrim prophylaxis, pain assessment/mgmt and nutritional assessment and counseling. BRHC will engage additional qualified clinical mentors and preceptors to ensure supportive supervision within the work setting. BRHC will continue to provide salary support to SAG for clinical and lay staff on a temporary basis to fill critical vacancies.

Activity 3: Referrals and Linkages across the Health System and Community

BRHC assists each site it supports to strengthen or develop active defaulter tracing programs for HIV-infected patients by providing technical assistance, personnel and transportation solutions as required. Defaulter tracing models are built on best practices and adapted to the individual needs of a particular health system. In most areas where BRHC works, BRHC's site includes an entire health system, which allows for the creation and testing of scaleable approaches to patient tracing across large, rural geographical areas.

BRHC takes a family-centered approach to providing comprehensive care and treatment services and will intensify efforts in this area to build HIV and AIDS-competent communities. In FY 2009, BRHC will expand partnerships with non-governmental organizations (NGOs) and community-based organizations (CBOs) to ensure uninterrupted service delivery and community-level support for PLHIV and their families. Training, institutional strengthening, monitoring and evaluation (M&E) and other technical assistance and HR support will be provided to NGOs/CBOs to enable them to meet the demand for community-based services for care and support, especially those organizations specializing in HBC. Community-based services will extend and complement facility-based services by: addressing issues of water, sanitation and hygiene; providing linkages to wrap around programs (particularly food and nutrition programs), provide consistent prevention messages; spiritual support; and assistance in accessing social grants. BRHC will play a critical role in providing coordination between SAG facilities and communities, creating sustainable coordination mechanisms and mutually beneficial partnerships. The goal is to furthermore ensure coordination and referral mechanisms are in place such that patients are able to navigate the health and social welfare systems successfully, and that facilities are able to track and locate patients at any time throughout this process. Linkages with family planning, maternal and child health, gender-based violence, Directly Observed Treatment, Short-course (DOTS) and nutrition programs will be strengthened.

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

Activity Narrative: 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), 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 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,

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13693

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13693	3007.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$1,000,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$323,876

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$100,401

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 190.09

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3323.22606.09

Planned Funds: \$1,019,450

Activity System ID: 22606

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Aurum's program will mainstream gender in FY 2009 and focus on a family-centered approach. Aurum will strengthen links to communities in four provinces (Gauteng, North West, Eastern Cape and Limpopo) through devolution of care to lower level facilities. The care program will be closely linked to TB-HIV initiatives and many of the activities in that area will be integrated here.

There is a need to continue with the appointed trained human resources and to appoint additional staff to meet the demands of the growing program. The staff will cover the program comprehensively and be multi-skilled to provide for continuum of care and the family approach. The staff will receive ongoing training as part of their development and Aurum will also appoint new staff to be trained.

The Department of Health and Correctional Services staff will also be trained in the entire program to ensure the sustainability of program when the current PEPFAR-funded staff is no longer available.

The program will continue to have mentorship from both the PEPFAR-appointed staff and the South African Government (SAG) staff.

The lay counselors will also be offered continuous training and update on new developments. Their stipend will also be augmented to provide for motivation and continued volunteering. They will be trained in all the counseling programs including the adherence training in both HIV and TB.

Mentoring and training of health care staff on prevention with positives, treatment literacy approaches and engagement of couples and partners will be undertaken.

Under the small and medium enterprises (SME) project, training is provided to lay counselors, peer educators, managers and representatives of taxi drivers and traders to develop and implement a workplace HIV policy. Technical assistance on SME management and leadership development will continue to be provided to targeted companies to decrease stigma and discrimination of HIV-infected employees in the workplace. In addition training and capacity building of the City of Johannesburg staff, the Metropolitan Trading Company, and small traders within taxi ranks is undertaken.

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

Activity Narrative: 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 preventative 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13684

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13684	3323.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$1,150,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7568.09

Prime Partner: Genesis Trust

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 24969.09

Activity System ID: 24969

Mechanism: NPI

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$0

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Based on consultation and recommendations of the South Africa PEPFAR In-Country Team, Genesis Trust has modified its adult care and support program. The in-patient palliative care program will continue essentially unchanged from FY 2008. There will, however, be significant changes to the home-based care (HBC) program being implemented by Project Positive Ray (PPR). PPR will employ 13 additional HBC workers, bringing the total number to 26 in the eight communities served. This was done to add capacity and improve quality of the program in the current areas of operation. All of these HBC workers will undergo the standard 59-day training course during the course of the year (currently they have received the 10-day training only). Additionally PPR has employed two professional nurses, who will oversee the HBC program and add a professional level of services not previously available in the program. They will accomplish pain and nutritional assessments on patients, provide referrals to local clinics and hospitals and liaise with the local clinics and hospitals facilitating the integration of care. Prevention with Positives programs and formation of support groups will be initiated. Treatment compliance and adherence to prevent relapses and drug resistance. TB screening of clients with HIV and encourage HIV testing to TB infected clients. This will greatly assist in the provision of a basic package of Palliative Care to all HBC patients. Families of people living with HIV will be encouraged to know their status and the encouraged to disclose to prevent discrimination.

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

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10472.09

Mechanism: NPI

Prime Partner: Woord en Daad

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 25069.09

Planned Funds: \$0

Activity System ID: 25069

Activity Narrative: SUMMARY:

Woord en Daad, a Dutch faith-based organization, will work through its long-standing South African partner organization, Mfesane, in collaboration with the Western Cape Department of Health, to assist and provide physical, psychological, integrated prevention services, social care and spiritual care to people living with HIV (PLHIV). The combination of services will not only address the care needs of PLHIV and their families but will also build protective measures to address vulnerability and empower family members to potentially protect themselves against HIV infection.

BACKGROUND:

Woord en Daad will work with Mfesane to provide quality prevention, counseling and testing, and care services to members of communities in two distinct municipalities: Saldanha Bay in the Western Cape, and Nelson Mandela Bay in the Eastern Cape. Mfesane will target informal settlements and other communities where people are at high risk of infection, socially dislocated and underserved by government services. The two programs will stand alone, but learn from each other, building upon Mfesane's engagement with communities and government, local structures including churches and schools and experience in responding to HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Recruitment of home-based care (HBC) workers

In total 45 HBC workers are active at the start of this project. Most of the HBC workers are females, but Mfesane will work to engage males. 45 carers will be recruited to provide home-based care services.

ACTIVITY 2: Human Capacity Development

Ongoing training will be needed due to staff turnover. St. Johns College provides accredited training and also conducts follow-up in the following three years.

Care for Carers: Mfesane will have a debriefing every two months under the guidance of a professional psychologist. Twice a year there will be team building sessions to encourage group cohesion.

ACTIVITY 3: Materials for Palliative Care

The HBC workers will receive Basic Care kits enable them to do their HBC work. The kit contains basic medical materials such as bandages, ointments etc. The government clinics sometimes do have materials to supplement the kits.

ACTIVITY 4: Implementation of Palliative Care Programs

The services are provided to any PLHIV and any bedridden person. Mfesane keeps a patient filing system, to prevent double counting over the course of the project. Mfesane does not take on anyone except when referred by a clinic.

Physical care includes wound care, bathing.

Psychosocial care includes adherence to antiretrovirals (ARVs) and other chronic diseases medicines.

Social care includes access to social and disability grants.

Spiritual Care includes counseling and if people desire so, prayer

Other prevention to the patients and to other members of the households. The family needs to take over responsibility. This is a process in which first visits are longer than later visits. Families are trained by the HBC to take over care. Mfesane does not want to create dependency, but there will be continuous support to ensure, for example, adherence of ARVs. The HBC workers do provide preventive TB care and although they do not provide TB medication, they will assist in the DOTS implementation.

ACTIVITY 5: Monitoring Adherence and Compliance to Antiretroviral Therapy (ART)

Counselors, nurses and health care workers monitor signs of drug failure during home visits, signs of drug failure such as weight loss and yeast infections can be detected quickly and the side-effects of drugs needs to be reported to the respective clinics.

ACTIVITY 6: Food gardens and soup kitchens

Mfesane will have food gardens to teach PLHIV to start a food garden in their own house, and to give them food from there.

ACTIVITY 7: Support Groups

Mfesane stimulates forming support groups, which meet once a month in different areas. Currently there are four. Information sessions on gender violence, drug abuse, alcohol abuse, and women rights will be presented during the support group meetings. This aims to reduce stigma and loneliness and to empower them to advocate and lobby for their own rights.

Referrals, networking and linkages: Local Clinics: the areas where we work in are allocated by the local government and we work closely with any clinic that is near to the working area. In that way the clinic can

Activity Narrative: refer to us, and vice versa.

Local Health department: Mfesane is part of the network that meets monthly under the supervision of the Local Health Department. This is to prevent duplication of services and to assist other parties. Also in that way organizations involved in the same work can learn from each other.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 271.09

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29240.09

Planned Funds: \$430,307

Activity System ID: 29240

Activity Narrative: This is a new PHE for FY09 that has been approved for \$430,307.

PHE tracking number: ZA.09.0265

Title: Validation of HPV, cytology and visual inspection for cervical cancer screening in HIV-positive women.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$430,307

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7301.09

Prime Partner: Right To Care, South Africa

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 22942.09

Activity System ID: 22942

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$97,090

Activity Narrative: SUMMARY:

Right to Care (RTC)'s Umbrella Grants Management (UGM) project will support several sub-partner organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, treatment expertise, and strategic planning in providing Adult HIV Care and Support (ACS) services. With the variety of program activities that RTC currently implements or oversees, they have developed a wide base of skills and capacity to manage a range of organization activities, including organizations that provide prevention, training, HIV treatment care and support, pediatric care and treatment, cervical cancer screening, care for orphans and vulnerable children (OVC), home-based care and TB care and treatment.

BACKGROUND:

The following proposed activities are designed to support sub-partner initiatives to implement the goals of PEPFAR and the South African Government (SAG)'s Comprehensive Plan. Over the last two years, RTC has developed a UGM capacity while developing specific skill sets, competencies and capacity to support many sub-grantee organizations. RTC has developed in-house capacity in financial management, pre-award assessments, training functions in financial management and USAID regulatory compliance. In addition, the technical expertise in medical aspects will be supported by internal RTC capacity and through the Clinical HIV Research Unit, an extension of the ongoing activities of the current RTC grant.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: UGM Technical Assistance and Quality Assurance

Needs assessment and program planning will be done on a regular basis with sub-partners. Site visits will be conducted alongside sub-partner staff to systematically evaluate needs of capacity, human resources, facility planning, approaches to programmatic areas such as treatment and care, in order to effectively reach determined targets and quality of care. The needs assessments will use the experience of RTC clinicians and program staff to develop proper planning and forecasting to facilitate patient growth. Programmatic technical assistance will be provided on an ongoing basis, with clinical mentors responding to requests and providing treatment updates, ongoing training, updated guidelines, and case-specific support.

ACTIVITY 2: UGM Financial Management

The finance department at RTC has developed systems to support sub-partners that enable compliance and capacity to manage PEPFAR funds effectively. Support includes a complete range of necessary financial management. RTC will meet with sub-partners annually to align financial and programmatic planning.

Regular oversight and support will be given with monthly financial reports required for all sub-partners. Periodic internal audits will also be conducted at the sites of all sub-partners to establish the quality of financial management and human resources (HR) management, review of asset control and alignment with USAID financial management policies.

The finance department at RTC has developed a state-of-the-art financial software tool, which uses Business Intelligent Tools, to monitor and track all sub-partner transactions against budget projections for modeling and cash flow. This integrated program will allow proper management of budget at all sites. Combined with the monthly financial reports, RTC will be able to use this system to produce up-to-date fund accountability statements and fund balances for its sub-partners.

ACTIVITY 3: UGM Monitoring and Evaluation

RTC's monitoring, evaluation and reporting (MER) system (standards, systems, procedures and tools) is established, documented and continuously improved, based on best practices and quality criteria, in the programmatic areas of Adult Treatment, Adult Care and Support, Pediatric Treatment, Pediatric Care and Support, TB/HIV, voluntary counseling and testing (VCT), Outreach and Training.

All implementation sub-grantees/programs will be provided with support, training and technical assistance to necessary for sub-partners to effectively meet USAID reporting requirements. In addition, RTC programmatic experts will monitor the reports for quality assurance.

ACTIVITY 4: UGM NGO Management and Sustainability

RTC supports NGOs with established policy guidance and procedures that meet the requirements of both the South African labor law as well as the USAID regulations. All sub-partners will have access to the RTC human resources capacity.

Support of infrastructure will be given through expertise within RTC for advice and consultation. Through various infrastructure projects, RTC has developed expertise in proper clinic flow, effective interior space design in both CCMT sites as well as TB clinics. Other sub-partners facing infrastructure challenges will be able to make best use of limited resources which are necessary in increasing clinic capacity.

Sustainability of sub-grantees will be supported through RTC's continued relationship with the Department of Health to ensure that continued HIV and AIDS response is in line with the strategic plan for South Africa, ensuring that once the PEPFAR program is complete, that the activities of the NGO can be taken over by the South African Government.

Where systems are identified to be inadequate, RTC aims to capacitate NGO organizations to manage their programs independent of RTC. Within the implementation plan and budget, RTC has planned to provide financial reporting systems, management SOPs, human resources policies and procedures, clinical guidelines, and monitoring evaluation systems that will ensure sustainability beyond RTC support.

ACTIVITY 5: Technical Assistance (TA) for Adult Care and Support (ACS)

RTC will support its UGM sub-partners by disseminating policies and guidelines and providing quality assurance through sharing best practices and monitoring. With FY 2009 funding, RTC will provide ongoing

Activity Narrative: training, staff counseling and supervision of counselors, and continued medical education to assure that staff is aware of the latest guidelines. Non-governmental organization (NGO) clinicians will also be able to participate in the mentorship program with doctor training and regular rounds at identified sub-partner sites (according to province).

RTC will give TA to sub-partners to ensure that each HIV patient at RTC-supported facilities receives a comprehensive basic package of ACS services and preventive care, including clinic, community and home-based services. This minimum package includes clinical and pathology monitoring, management, prevention 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, end-of-life care for terminally-ill patients, and bereavement support for the family.

Emphasis will be placed on increasing the number of HIV-infected children and pregnant women in care. Home-based care programs will be oriented around a family-approach, identifying family members who have not yet tested for HIV or TB or who are positive but have not yet enrolled in HIV care; expanding services to these other family members. Sub-partners will be encouraged to do 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12354.23077.09

Planned Funds: \$799,055

Activity System ID: 23077

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Focus Area: The programmatic guidance issued by PEPFAR has included pre-treatment training, positive living, prevention with positives and adherence under Palliative Care, which was previously reported under treatment literacy. All partners in this programmatic area will now expand their programs to refer patients to clinical and physical care; psychological care, spiritual and social and prevention with positives and positive living.

Service delivery: Turntable Trust (TTT), based in KwaZulu-Natal, uses trained peer educators and community caregivers to establish support groups, conduct community events and door-to-door visits to provide support to people living with HIV. TTT uses the materials developed by Community Health Media Trust (CHMT) to train caregivers to provide a range of palliative care and treatment literacy education.

Mass Media: Johns Hopkins University (JHU)'s new drama series, "Circles," will be in its second season. JHU will integrate messages on living with HIV and opportunistic infections for the within its mass media outputs. "Circles," will target men and the Scrutinize Campaign that targets young people aged 18 - 32 on issues relating to HIV.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13954

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13954	12354.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$485,000
12354	12354.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4455	328.07		\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$82,300

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2801.09

Prime Partner: HIVCARE

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 7989.23069.09

Activity System ID: 23069

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$457,704

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity has been modified in three key focus areas:

A. The Qualitative Aspects of Palliative Care

- 1) Retention in care: The dedicated antiretroviral therapy (ART) clinics have, until recently, focused their attention upon the treatment of those already in need of ART. Counseling and testing and the staging of patients have been a minor activity provided to the relatively few walk-in patients. The vast majority of patients are already tested and staged, having been referred by the government clinics in the area. A pre-ART register has been instituted and these patients are being followed up at the required intervals.
- 2) Increase the promotion of adherence again: Despite effective compliance strategies, there is invariably more that can be done to promote adherence. Many of the patients will at this stage of the program have been on treatment for a number of years and it will be important to introduce adherence aids such as pillboxes and calendars to sustain the effort. Support group meetings will be continued and linkages with home-based care organizations will be maintained.
- 3) Pain management and the prompt availability of doctors for the treatment of opportunistic infections have had a decided positive effect on patient adherence to treatment. This eases the patient's experience of the condition and promotes quality of life.
- 4) Increase the linkages and communication with referring government clinics, which has been problematic on both sides due to the high workload. The emphasis on compliance is strengthened by strong referral systems with other facilities such as local hospitals and TB treatment sites. Local hospital linkages have proven to be invaluable with regard to prevention of mother-to-child transmission cases and the subsequent follow-up of mother and baby.
- 5) Ameliorate TB education, screening and follow up.
- 6) Increase prevention with positives: Government-supplied condoms are inserted in every medicine package. Referrals to family planning clinics are practiced to avoid unwanted pregnancies and provide sexually transmitted infection (STI) management.
- 7) Cotrimoxazole is widely available and yet the measurement of this indicator has been sub-par. This will be addressed and rectified. Currently cotrimoxazole is available to 100% of patients although the period on the medication differs from patient to patient.

B. The Quantitative Aspects of Care

- 1) The program currently supports ART at 15 primary health clinics, a youth clinic, and two dedicated ART clinics.
- 2) The clinic sites provide palliative care to all patients and all uncomplicated opportunistic infections are treated as part of the comprehensive ART care package offered. This includes the treatment of STIs.
- 3) Bringing the whole family into care: A family-centered approach is followed with patients encouraged to bring their partners and children in to be tested.

C. Service Provider Quality Improvements

- 1) On the side of the service providers, access has been arranged to counseling services and an employee assistance program has been developed for staff within the HIV division. This assistance extends to counseling, psychologists and spiritual matters.
- 2) A number of external clinical audits on service provision will be conducted during the period to build upon existing benchmark data. This is designed to address qualitative aspects of care and to inform future service provision.

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.

Activity Narrative: 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; Frankfurt; 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13770

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13770	7989.08	HHS/Centers for Disease Control & Prevention	HIVCARE	6603	2801.08		\$582,000
7989	7989.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$212,270

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 466.09	Mechanism: HPI
Prime Partner: Health Policy Initiative	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3015.23064.09	Planned Funds: \$0
Activity System ID: 23064	
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:	

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR home-based care funds were allocated to Health Policy Initiative (HPI) to develop capacity of 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 preventative 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. The HBHC activities of HPI will be completed according to schedule in 2008 but will not be funded in COP 2009. It is felt that HPI has built enough capacity in this area and the National Department of Health now has to take this forward. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15075	3015.08	U.S. Agency for International Development	Health Policy Initiative	7034	466.08	HPI	\$291,000
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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7296.09

Prime Partner: Hands at Work in Africa

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 23060.09

Activity System ID: 23060

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$97,090

Activity Narrative: SUMMARY:

Hands at Work in Africa (HAW) will use FY 2009 PEPFAR funds to provide a holistic care and support package to people living with HIV (PLHIV) through community-based programs in four provinces.

BACKGROUND:

Established in 2002, HAW is a South African non-governmental organization (NGO) that provides comprehensive care and support services to PLHIV through a network of associated community-based organizations (CBOs). 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. This 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 reaches patients and care givers with an integrated service package that includes psychosocial and nutrition assistance. With FY 2009 funding, Hands at Work will continue to increase the program's reach and extend additional support to established care centers. In addition, Hands at Work will continue to implement income-generating initiatives, home-based care and resilience-building programs to further support improved security and livelihoods for PLHIV.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Local Organization Capacity Development

Hands At Work will partner with 17 local CBOs in Mpumalanga. Local organization capacity will be developed through a CBO training and mentoring program. Partner CBOs will be trained and mentored for an 18-month period in palliative care and support, and the provision of direct services to palliative care which will develop and improve organizational capacity. As the number of CBOs capacitated increase nationally, more sick adults can be reached in a cost-effective way, and brought into a safety net of care in a way that ensures sustainable service delivery. Organizations will be taught how to access and implement services within the frameworks provided by the departments of Health and Social Development. Part of the outcome of the Local Organizational Capacity Development program is to make sure that the CBOs get funding from other sources to be able to stand on their own after PEPFAR has stopped. For example, they will be taught how to secure funding from other sources to be able to give better care to adults in their various communities. Also, Hands at Work staff will be going for more training to capacitate themselves more on recent trend in the industry and through that competent and capacitated CBOs will attract government funding, thereby assisting government to reach their objectives.

As part of 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 (HIV and AIDS treatment sites etc.)

Hands at Work will strengthen referral networks and working relationships through the CBOs to other services in the same locations. Strong and functional referral networks are essential to ensure that they receive comprehensive care.

Additionally, care givers will receive basic counseling skills and HIV education training. All CBO and faith-based organizations (FBOs) will receive monthly ongoing training and supervisory site visits.

Hands at Work makes use of combination of materials developed by Tearfund, DIFD-sponsored Barnabas Trust Toolbox and Hands at Work which are structured accordingly to the national guidelines for home-based care. CBOs will be trained to develop and/or strengthen referral networks and working relationships to other services in the same locations. Strong and functional referral networks are essential for palliative care to ensure that all clients receive comprehensive care.

Hands at Work will work with the Department of Health and will encourage caregivers from the 17 CBOs to attend the 59-day home-based care training provided by the Department of Health. This will help ensure that some of the care givers receive a government stipend. Hands at Work will also forge relationships with the Department of Health and will negotiate with the department so that the care givers can get HBC kits directly from government.

ACTIVITY 2: Palliative Care

Due to this being a new PEPFAR budget area with limited funds, Hands at Work will be supporting its anchor partner, Masoyi Home-based Care (Masoyi), with the majority of funds to support them as the model and then some limited funding will go towards the other 17 CBOs organizations to assist them with a small budget for their HBC activities which is similar to the services that are being rendered by Masoyi. Hands at Work will extend the support of palliative care with the 17 CBOs organizations as the budget from PEPFAR grows. And mainly they will be supported with budget in taking care some of their palliative care needs.

Through the bi-monthly workshop in the different CBOs. lessons will be given to the care givers to 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 will use a family-centered approach to client assessments. The package of services includes basic pain and symptom management, support for adherence to opportunistic infection (OI) medications (including cotrimoxazole prophylaxis and TB treatment) and antiretroviral therapy (ART), and referral for family planning. Community and home-based psychological

Activity Narrative: support, stigma reduction strategies and adherence support for OI medications and ART will be provided. 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 health facilities for CT, Family Planning referrals will be part of the palliative care activity. An additional key activity of care givers 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.

ACTIVITY 3: Masoyi HBC Support

Every aspect of the palliative care of Masoyi will be supported. Masoyi provides backup for people who need extended care (not necessarily hospital care) or patients that are discharged early from hospital. Services target terminally ill patients and people living with HIV. Masoyi has a strong referral support structure with local clinics and ACTS clinic in Masoyi, which is then followed up by the designated care giver for each patient referred.

The following areas will be supported:

--Cotrimoxazole Prophylaxis - support for transport for non-mobile patients and initial visits at ACTS clinic and facilitating the handover to government clinics for continued support.

--Palliative Care – a support budget will be given to each of our CBOs for HBC kits (including napkins, diapers, gloves and wound dressings), transport for the nursing staff, soya life porridge, individual garden support, individual care plans to assist family members, adherence counseling refresher courses, care for the care givers (minimal focus on incentives but rather on income generating activities).

--Early referral and retention in care and support - retraining of care givers in various aspects, including a focus on reducing stigma, training of local churches to create a channel of early referral and addressing stigma issues, transport support for patients.

--Basic Care Package - retraining of care givers, home visits, vitamins, counseling and nutrition training

--TB/HIV Services - monitoring through direct observing programs

--Quality of Care and Support Services - monthly workshops with nurses or a HBC specialist from each CBO, bi-monthly workshops with care givers and continued training on reporting

Hands at Work and the CBOs plan to strengthen existing referral networks, working relationships with other organizations, and development of other networking and referral partnerships within the same geographic areas. This will aid in the provision of holistic service. CBO/FBOs will be trained on and encouraged to refer clients for sexually transmitted infection screening and management, family planning, counseling and testing substance/alcohol abuse and care for orphans and vulnerable children.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,174

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$5,538

Education**Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 9232.09**Mechanism:** N/A**Prime Partner:** International Organization for Migration**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 21175.23174.09**Planned Funds:** \$436,907**Activity System ID:** 23174

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

This new partner was awarded under the FY 2008 funding competition. The overall objective of the International Organization for Migration (IOM) 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 learned from the International Organization for Migration (IOM) pilot projects in 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.

BACKGROUND:

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 and will run for three years, from September 2008 until August 2011. Once this initial expansion phase has been consolidated in these geographical areas, it is proposed that opportunities be reviewed in other provinces with large commercial farming sectors, such as KwaZulu-Natal, Free State, Western Cape and Eastern Cape.

The International Organization for Migration (IOM) will execute the Ripfumelo project and assume overall responsibility for the coordination and management of all project activities. Ripfumelo will fall under IOM's regional Partnership on HIV and Mobility in Southern Africa (PHAMSA) program, which targets economic sectors characterized by high levels of labor mobility, and which aims to reduce the HIV incidence and mitigate the impact of AIDS among migrant and mobile workers and their families.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Care and Support

A minimum of 300 farm workers will be trained as home-based caregivers. As caregivers, the farm workers will be able to provide palliative home-based care and support to colleagues with health conditions like TB, HIV, malaria, hypertension and diabetes. The target gender balance will be 60:40 (women to men).

ACTIVITY 2: Promotion and Access to HIV Treatment and Related Services

Depending on the local services available, links will be made to promote easier access to HIV treatment and services. Efforts will focus on building the capacity of local government clinics to deliver services, building awareness about the rights of foreign farm workers to health services, and working with partners to promote the provision of antiretrovirals (ARVs) at the district and local level.

ACTIVITY 3: Nutritional Support

A minimum of nine communal gardens will be established to provide nutritional support to people with chronic health conditions including HIV and TB.

ACTIVITY 4: Support Groups/Healthy Living Action Teams

A minimum of eight HIV and/or TB support groups and 20 Healthy Living Action Teams (HLATs) will be established in and around the targeted farms to provide peer support, capacity building, treatment, financial literacy, etc. HLATs bring together all change agents (i.e. peer educators, gender advocates, carers, sports captains) on a farm to develop coordinated action plans and activities.

SUMMARY:

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

Activity Narrative: farm workers on about 120 commercial farms.
New/Continuing Activity: Continuing Activity

Continuing Activity: 21175

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21175	21175.08	U.S. Agency for International Development	International Organization for Migration	9232	9232.08		\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 242.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 7887.23178.09

Activity System ID: 23178

Mechanism: ACCESS

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$679,633

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In line with the Basic Care Package, JHPIEGO is currently assisting in the development of a step-down care/sub-acute care guideline, which would assist in the discussions around loss of patients on antiretroviral therapy (ART) in follow-up of pre-ART and ART clients. If such guidelines are adopted by FY 2009, JHPIEGO would see itself playing a role in training health care workers in these guidelines.

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) networks/linkages/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 FY2006 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 (key legislative area) 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 PLWHIV 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

Activity Narrative: and counter-referral between the health system and social services as it relates to HIV-related palliative care services. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13780	7887.08	U.S. Agency for International Development	JHPIEGO	6605	242.08	ACCESS	\$720,000
7887	7887.07	U.S. Agency for International Development	JHPIEGO	4495	242.07	Capacity Building 1	\$220,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,807

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4755.09	Mechanism: N/A
Prime Partner: Mpilonhle	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 8243.22986.09	Planned Funds: \$145,636
Activity System ID: 22986	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Mpilonhle's school-based health screening now offers CD4 count results to all people living with HIV (PLHIV). It continues providing referral services for all PLHIV to community-based health facilities for further management, and to community-based support groups. It does this by drawing blood from all learners who we identify as being HIV-infected and agree to and desire a CD4 count, by taking the blood specimen to the local KwaZulu-Natal (KZN) Department of Health (DOH) clinic, by following up to ensure that the blood specimen reaches the District Hospital where the CD4 counts are done, by then obtaining the result from the laboratory or the clinic, and by then meeting with the learner to provide the result to them (and if they wish their family).

Community members that are identified as HIV-infected are referred to the local KZN-DOH clinic that serves their area. With the plan for the mobile units to return to the same location monthly, Mpilonhle may arrange to provide CD4 counts to community-program users along the lines described above for learners.

Mpilonhle shall improve its referral systems for linking up participants in its programs with community-based health facilities, support services, and support groups, particularly to access reproductive health services, and services for substance abuse issues. Mpilonhle shall also strengthen its relationships with other community-based organizations and faith-based organizations (FBOs) in the community involved in Care activities for PLHIV and orphans and vulnerable children..

SUMMARY:

This is a follow on PEPFAR-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 units 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

Activity Narrative: 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, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14028

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14028	8243.08	U.S. Agency for International Development	Mpilonhle	6688	4755.08		\$150,000
8243	8243.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,483

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$47,000

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4625.09

Mechanism: N/A

Prime Partner: McCord Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 7912.23185.09

Planned Funds: \$734,975

Activity System ID: 23185

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. PAIN MANAGEMENT: Zoe-Life (ZL) will advocate for policy changes to enable PHCs to access drugs currently only available at Hospital Level, such as amitriptyline for neuropathic pain. This will strengthen integration of pain management.
2. CLINICAL SERVICES: ZL will strengthen follow-up of HIV-infected clients to include regular PAP smears, TB screening and nutritional assessments.
3. COMMUNITY-BASED PSYCHOSOCIAL SUPPORT: ZL will create linkages with existing community-based psychosocial support services such as support groups (SG), and provide technical support to enhance the impact of SGs. This includes assisting SG facilitators to screen for TB, nutrition, mental health (using validated community tools), alcohol, and appropriately refer. ZL promotes outcomes based SGs with clearly identified care related goals.
4. MONITORING AND EVALUATION (M&E): Activities will focus on a paper based patient-linked system for palliative care to maintain/assess quality of services, guide health care workers (HCWs) to provide a basic package of care, and to track patients, improving patient retention. This health management information system (HMIS) would ideally move from a paper-based system to an electronic system. Paper systems are a good starting point, and should be piloted in at least one small clinic. As a scalable patient record system it may not be appropriate for large patient numbers accessing palliative care services (and a patient folder). Large numbers of paper folders are an implementation barrier for eThekweni municipality (eTM) and the Department of Health (DOH). eTM does not hold patient records. Patient folders for only HIV-infected clients may not be the best use of resources. ZL will explore collaborations with partners with experience in electronic hand held devices to pilot new ways to manage patients, or to scale up piloted technologies. A hand-held device used by any HCW could provide an easier way to integrate services/ track patients (if linked to GPS/SMS reminder systems).
5. REFUGEES: ZL will seek to understand the barriers to accessing care at public health services and address these where possible. One intervention will be to provide a safe and culturally appropriate place to receive care/support. The other will facilitate integration within public health facilities through provision of educational materials in foreign languages, training of foreign HCWs to provide accurate information, translation, patient advocacy and services at public facilities where refugees should ideally access services, and facilitation of relationships with South African HCWs. ZL will partner with local organizations with influence in this field.
6. SUSTAINABILITY: The current relationship and Service Level Agreement (SLA) between eTM and the provincial Department of Health (PDOH) does not allow municipal sites to become accredited antiretroviral (ARV) sites. This influences budget allocation from the provincial DOH to eTM, and implies that the provincial DOH will not increase human resources, drug supply or other budget (M&E, patient records) to sustain new HIV services at eTM clinics. This challenges sustainability. ZL will focus on strengthening the relationship between eTM, the provincial DOH and the district DOH to address sustainability. This will not only benefit PEPFAR supported sites, but will have a broader impact at all eTM sites.

NEW ACTIVITIES:

1. MENTAL HEALTH: ZL will train HCWs to conduct simple screening for mental health (depression, anxiety, suicide risk, psychosis, dementia) and substance misuse (including alcohol). This will increase the awareness of the impact of mental health/ substance misuse on adherence to care and treatment, as well as on morbidity. ZL will develop a tool which will include referral/ management recommendations.
2. PSYCHOSOCIAL MENTORSHIP AND REFERRAL: ZL will explore development of linkages with local tertiary institutions that train social workers/ psychologists. Students may be available to provide short-term interventions as part of their practical training for clients with non-complicated mental health problems/ addictions including alcohol. This would be a sustainable way to address staff shortages and contribute to human capacity development. ZL will develop linkages with the KwaZulu-Natal Community Psychiatric services that have historically not been integrated into the HIV public health arena. This will strengthen the support base for referrals.
3. HUMAN RESOURCES:
 - A. Workforce planning- ZL will monitor HCW human resource (HR) needs at PHCs providing a comprehensive range of HIV services to analyze workforce needs to assist eTM management to forecast HR and budget requirements as part of the SLA with the KwaZulu-Natal provincial DOH.
 - B. HR Management systems- ZL will develop a supportive supervision/ mentorship model for psychosocial support services.
 - C. Quality- ZL will participate with other partners to develop standard operating procedures/ service standards for palliative care. ZL will focus on psychosocial support and screening services, and include these in accredited training curricula.
4. NUTRITION:
 - A. ZL will develop/implement a nutrition screening tool for use in SGs to ensure anthropometric assessment and appropriate intervention.
 - B. ZL will provide technical support to access micronutrient supplementation for nutritionally compromised clients enrolled in care.
 - C. ZL will develop guidelines for primary level and community-based HCWs as well as training and resources for HCWs to provide integrated nutritional assessments and counseling for adults in care.

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

Activity Narrative: 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.

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 eThekweni municipality (Durban) as well as to the KwaZulu-Natal Department of Health (KZNDOH).

ACTIVITIES 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, 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14007

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14007	7912.08	HHS/Centers for Disease Control & Prevention	McCord Hospital	6683	4625.08		\$729,180
7912	7912.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	\$380,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$52,000

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$2,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 478.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3019.23155.09

Planned Funds: \$7,155,567

Activity System ID: 23155

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: PROVISION OF PALLIATIVE CARE:

Areas identified for the modification and enhancement of the provision of Palliative Care are: nutritional support; strategic alliances; and the implementation of a Hospice Data Management System.

Nutritional Support: Many patients cared for by Hospice Palliative Care Association (HPCA) are hungry, an urgent need which often overshadows other serious holistic needs. There are numerous reports from caregivers who go to homes where there is nothing to eat, causing distress not only to the patients and families, but to the caregivers themselves. The provision of palliative care would be strengthened by a co-ordinated, comprehensive approach to nutritional support.

Strategic Alliances: Given the wide range of clinical and social services required by HIV and AIDS patients and their families, coupled with the need for a comprehensive and coordinated approach towards Palliative Care, it is imperative that HPCA and its member hospices establish strategic alliances with a wide range of partner organizations. One of the outputs of these alliances will be a Palliative Care strategic plan for every province, health district and health sub-district to be implemented jointly by these partner organizations.

Hospice Data Management System (HDMS): During FY 2009 HPCA will be implementing a comprehensive HDMS in all member hospices.

ACTIVITY 2: DEVELOPMENT OF NEW DEVELOPMENT SITES:

The focus of this activity is to expand the reach of palliative care. The major modification and enhancement of this activity will be the adoption of a country-wide strategic approach to the identification and development of new palliative care service sites. HPCA's Vision is 'Quality Palliative Care for All'. Currently HPCA's existing 141 palliative care service sites extend to all nine provinces reaching 87% (46 of 53) of the health districts in South Africa. Since many of the health districts cover a large geographic area with a high HIV and AIDS prevalence, HPCA intends to expand palliative care services to every health sub-district in South Africa. The strategy for doing so will be based on a correlation between HIV and AIDS prevalence and existing palliative care service sites in every health sub-district. Sub-districts with a poor correlation between HIV and AIDS prevalence and existing palliative care services will be targeted as palliative care development zones prioritised for the development of new palliative care service sites. It is recognised that HPCA and its member hospices will never have, nor desire to have, the capacity to provide care for all persons in need of palliative care. Consequently, HPCA will forge strong collaborative partnerships with a wide range of partners including government clinics, non-governmental organizations; existing home-based care organizations and faith-based organizations. HPCA's main role will be to build the capacity of these partners to provide quality palliative care for all within their health sub-district. Within this strategic framework the notion of what constitutes a palliative care development site may broaden to include a wider range of partner organizations.

Reflecting on the success of a recent HPCA pilot project in the Eastern Cape, one of the approaches used to expand the reach of Palliative Care will be for member hospices to support community-based home care organizations within their health sub-district to include Palliative Care within their range of services. This implies that organizations that have a variety of services (e.g. support groups, peer education, OVC etc) will incorporate a palliative care 'stream' focusing on the specific needs of people needing pain and symptom management and families who need to be trained to care for such patients. Currently at least ten hospices are keen to implement this model.

ACTIVITY 3: ACCREDITATION AND QUALITY IMPROVEMENT:

The modifications and enhancements of the HPCA accreditation and quality improvement system will be to explore the development of a more flexible and differentiated quality monitoring and improvement system which can be applied to a wide range of partner organizations. During FY 2007 HPCA staff participated in an extensive review of the existing Standards for Palliative Care developed in collaboration with the Council for Health Service Accreditation of South Africa (COHASA). While these Standards are appropriate to member hospices that will become exemplar sites for quality Palliative Care they may not, in their entirety or current form, be appropriate to the large number and wide range of partner organizations that HPCA is capacitating to provide quality palliative care. Consequently the need to explore a more flexible and differentiated accreditation and quality improvement system has become apparent.

ACTIVITY 4: HUMAN CAPACITY DEVELOPMENT:

HPCA provides support to local organizations to integrate palliative care into their services while building capacity for good governance and management of these organizations. Long-term sustainability is a key objective of HPCA Human Capacity Development.

The modifications and enhancement envisaged for this activity is a rapid expansion of the provision of palliative care training tailored to the expressed needs of hospices and partner (including PEPFAR Partners) organizations within each province, health district, and sub-district. The increased demand for palliative care training from the public health sector, member hospices, and partner organizations will necessitate a more comprehensive, strategic and focussed approach towards human capacity development for palliative care.

One of the bottlenecks to the comprehensive roll-out of palliative care training has been the absence of an overarching implementation plan tailored to expressed needs of partner organizations.

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.

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 ongoing 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13798	3019.08	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	6613	478.08		\$7,667,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 479.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 7885.23166.09

Planned Funds: \$329,622

Activity System ID: 23166

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1 Home-based care:

During FY 2007 Humana People to People (Humana) has managed to start its own home-based care program in three local municipalities: Bushbuckridge in Mpumalanga and Greater Tzaneen and Greater Letaba in Limpopo province. By FY 2009 the clients will no longer be identified by the Total Control of the Epidemic (TCE) Field Officers as TCE will no longer be operating in these areas. Instead, the clients will be identified by HOPE Activists, counselors working in the clinics, HOPE Counselors and by the Caregivers themselves.

Humana will include and further develop the training of HOPE Caregivers in support of holistic palliative care that includes services falling under emotional/psychological, social, clinical and physical (including pain and symptom management) and spiritual needs, as well as integrated prevention services. The training will also focus on issues around prevention with positives and will include services such as adherence and disclosure support, family centered care, counseling and testing (CT), sexually transmitted infections (STIs), alcohol assessment and counseling, bereavement support and wrap-around family planning programs. The training program will include care and support for caregivers and referral networks. The caregivers are trained in accordance with the Department of Health's 69-day training for Community Care Workers. In addition to this, the caregivers also receive continuous training through Humana's internal trainings and bi-monthly meetings where courses are held by the leadership of HOPE as well as guest speakers from the Department of Health and other service providers.

ACTIVITY 2 Support for people on ARV treatment (TRIO):

This is a correction to the FY 2008 COP narrative regarding the description of the TRIO. A TRIO consists of three people: someone who is HIV-infected and two TRIO Passionates (usually family members or close friends). In the areas where TCE has finished its three-year program, the responsibility for supporting the TRIOs will start to fall under the HOPE projects. Finally, a TRIO can be formed before the client starts taking antiretrovirals (ARVs). When a TRIO is formed at this stage, it means that the client will be well prepared for taking the treatment when the time comes.

Humana will include and further develop the training of Field Officers in HIV/family planning integration (for prevention with positives). There will be a focus on developing skills and knowledge to support holistic palliative care that includes services falling under Emotional, Social, Physical and Spiritual needs.

ACTIVITY 3 Linkages with sectors and initiatives:

As well as continuing to strengthen the links that have already been established, Humana People to People will create linkages with more governmental and non-governmental organizations and departments as the TCE program expands into new areas with new stakeholders. Humana will work to develop and strengthen referral networks and working relationships with other organizations working within the same geographic areas to aid in the provision of holistic service. This will be done by formalizing the referral systems, e.g. entering signed agreements with networking partners. This will also include referrals of clients for STI screening and management, family planning, and substance/alcohol abuse.

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 and 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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13978

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13978	7885.08	U.S. Agency for International Development	Humana People to People in South Africa	6672	479.08		\$339,500
7885	7885.07	U.S. Agency for International Development	Humana People to People in South Africa	4491	479.07		\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$127,754

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$19,500

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4749.09

Prime Partner: Ingwavuma Orphan Care

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8244.23169.09

Activity System ID: 23169

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$240,105

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1- Ingwavuma Orphan Care (IOC)'s linkages with OVC will be strengthened to allow earlier referrals of children identified by the palliative care staff. At admission to the program, the caregivers compile a genogram of the family. They therefore identify children in the household who might be made vulnerable by the sickness and death of the patient. These children are referred to the OVC staff, who can then assist with accessing documents, psychological support and planning who will care for the children in future.

Prevention of HIV will be improved through counseling and testing sexual partners and children of HIV clients, counseling discordant couples, diagnosis and management of sexually transmitted infections (STIs), condom distribution, and encouraging adherence to antiretroviral therapy (ART).

Caregivers are supported by regular supervision sessions, monthly in-service training, access to a trained counselor and end of year social functions. Caregivers are also provided with an occupational health service which includes counseling and testing (CT) and izoniazid prophylaxis, where needed. This is run by the doctor and professional nurses.

The doctor has a dispensing license and is responsible for the dispensary. Nurses are allowed to prescribe up to Schedule 4 drugs. Senior caregivers will be trained and supplied with Schedule 0 medications which are available to the general public without prescription. This is in line with task shifting.

ACTIVITY 2-Caregivers are trained in DOTS and TB and will provide support to patients on TB treatment. There will be regular screening of HIV patients for TB and TB patients for HIV. IOC is receiving USAID funding for TB work and so there are additional activities around TB, such as formation of TB support groups, holding community awareness campaigns and workshops for TB patients.

ACTIVITY 3- Funding will be used to complete a 28-bed in-patient unit to provide care for patients who do not have adequate support at home. The unit is being built with great attention paid to infection control as it is anticipated that it will be used by terminally ill patients with multi-drug resistant (MDR) and extremely drug resistant (XDR) TB.

ACTIVITY 4- Clients in support groups will be assisted with economic strengthening through income generating projects. The comprehensive care and treatment package is implemented through the support groups which IOC runs. Adherence support is achieved through support groups and also through home visits by caregivers to clients who are taking ART. The caregivers provide ongoing counseling, education and encouragement to clients taking ART and report any problems which occur to the nursing staff. Clients who are taking TB treatment are offered home testing for HIV by the nursing staff. Clients who are HIV-infected will be screened regularly for signs of TB by their caregivers. Caregivers will check that CD4 counts are being checked six-monthly for all HIV-infected patients. Those who are unable to access testing at government clinics due to illness, social or geographical reasons will be offered CD4 counts by IOC using their own testing facility. All nurses and caregivers have been trained in palliative care provision. In addition to the palliative care provided at home, IOC will open an in-patient unit for adults and children who cannot be adequately cared for at home due to social, medical or other reasons.

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

Activity Narrative: 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.

ACTIVITY 4: Support Groups

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13983

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13983	8244.08	U.S. Agency for International Development	Ingwavuma Orphan Care	6676	4749.08		\$300,000
8244	8244.07	U.S. Agency for International Development	Ingwavuma Orphan Care	4749	4749.07	New APS 2006	\$125,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$156,802

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,625

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 224.09	Mechanism: CTR
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 2925.22950.09	Planned Funds: \$1,262,176
Activity System ID: 22950	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With FY 2009 funding, Family Health International South Africa (FHI) will strengthen existing quality assessment systems, including the use of standard program monitoring indicators, on-site supervision for care givers and supervision training for supervisors of care givers, monitoring and evaluation tools and the application of standards in home-based care kits. Activities will also include wrap around activities such as health sector linkages like family planning, safe motherhood, TB, etc. as part of their comprehensive, family centered holistic care and support program.

Activity 1: Strengthening community-based organizations

At the request of the provincial Department of Health in the Eastern Cape and the local Chieftaincy of the Abathembu people at Mvezo, FHI worked with the local communities in Mvezo, which has a 33% HIV prevalence rate, to support comprehensive palliative care (PC) projects. In FY 2009, FHI will scale up this intervention and work with the provincial government and the people of Mvezo through outreach to: 1) Provide technical assistance (TA) to volunteers to identify PC, counseling and testing (CT), antiretroviral therapy (ART) and family planning (FP) needs in the household and to refer to the Mobile Services Unit (MSU) and other appropriate services; 2) Leverage government and partner resources by building/strengthening formal referrals between home-based care (HBC) projects and CT sites, nearby ART providers, and FP clinics; 3) Train HBC volunteers to assist clients with adherence to ART and care interventions; e.g. referral for cotrimoxazole prophylaxis; 4) Strengthen TB management and nutritional assessment, monitoring and supplements, including and referrals to government/non-governmental organization (NGO) services for food parcels; 5) Support select HBC programs through financial assistance, supportive supervision TA, and reporting and; 6) Provide PC training for health providers and HBC programs using the nationally accredited curriculum. The intervention above is grounded in a family centered approach to PC and a major emphasis will be placed on early referral to care and retention in care and support services of HIV-infected individuals and their families.

Activity 2: Strengthening government programs

At the request of the National Department of Health (NDOH) and the provincial departments of health of Limpopo and Northern Cape provinces, FHI will continue to provide support and technical assistance to both community- and facility-based palliative care services at primary care and hospital level, while strengthening the linkages/referral between PC, CT, ART and FP for comprehensive care and support. In FY 2009, however, FHI will take the model further and scale up the intervention from the original four sites to an additional two sites per province. As part of the FHI comprehensive family-centered PC program which provides care in all the five care service categories, this program will work with multi-disciplinary teams each project site to ensure that all the different care needs of clients are addresses. FHI will also strengthen the integration of services within different facilities that may be provided by different providers as well as strengthening linkages between programs, facilities, families and community programs and services. Interactive sessions with HIV-infected persons and their families will also be conducted covering issues of prevention among positives, disclosure, family planning, and disclosure.

FHI is currently assisting the NDOH with developing guidelines for Step Down Care facilities in addition to assisting them with the guidelines for palliative care. In FY 2009, at the request of the Northern Cape and Limpopo provincial departments of health and supported by the NDOH, FHI will assist the provincial Departments of Health with setting up of at least one Step Down Care facility for each of these provinces. The costs for infrastructure and the building will be provided by government, whilst FHI will provide technical assistance to ensure the facilities are set up according to local and internationally recognized clinical guidelines, and provide overall programmatic support.

Activity 3: Technical Assistance to Johannesburg Hospital Palliative Care Team (JHPCT)

FHI will continue to provide support and technical assistance to JHPCT. With FY 2009 funding, however, FHI will link up with the newly formed Johannesburg Center of Excellence for Palliative care as was requested by the NDOH. Stronger linkages will also be forged with the community-based PC services in Johannesburg as part of the Integrated Community Palliative Care project.

Activity 4: Support to the NDOH

In FY 2009, FHI will support and strengthen the government's approach of including FP/HIV integration activities in their yearly operational plans. This will include creating a fixed position in the NDOH of an HIV and FP Integration Officer; there is a need for a dedicated person for these activities in order to make a significant difference in prevention with positives programs. As requested by NDOH, FHI will provide training, mentoring and coaching to HIV and FP providers to equip them to appropriately refer and link HIV and FP services as part of the comprehensive palliative care package. This will take place in the Free State, North West and Eastern Cape provinces.

FHI will continue to strengthen supportive supervision and revise daily routine monitoring forms to include FP referral information. New data elements will be included to address FP/HIV integration in the monthly data summary sheet of the facilities. To strengthen integration of FP and HIV services as part of the wrap around activities at a facility level the National and provincial Quality Assurance Unit will be involved to enhance quality improvement in the implementation and assessment of integration.

FHI will lead a collaborative initiative of developing an FP/HIV integration brochure that focuses on male involvement. The brochure will be introduced and championed in the communities by community leaders

SUMMARY:

Activity Narrative: 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

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13724

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29258	29258.09	Department of State / Office of the U.S. Global AIDS Coordinator	US Department of State	11952	11952.09	ICASS	\$30,880
29254	29254.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$515,000
13724	2925.08	U.S. Agency for International Development	Family Health International	6583	224.08	CTR	\$1,600,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$260,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7338.09

Mechanism: UGM

Prime Partner: Family Health International SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16088.22953.09

Planned Funds: \$234,362

Activity System ID: 22953

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

New Areas:

Family Health International (FHI)'s Umbrella Grants Management (UGM) program will work with sub-partners to develop and strengthen referral networks to ensure that comprehensive care is provided. FHI will also ensure that emphasis is placed on supporting HIV-infected people to reduce the risk of HIV transmission and re-infection.

FHI will work with sub-partners to ensure that all caregivers/volunteers are trained on the national training program (59-day training) for home-based caregivers and community health workers.

FHI will work with those sub-partners providing training as a service, to get their training accredited. FHI will also work with partners to ensure that there is provision of care and support for caregivers.

FHI will review project descriptions to ensure that OVC care is integrated into home-based care and palliative care and will monitor this activity.

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 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 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 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16088	16088.08	U.S. Agency for International Development	Family Health International SA	7338	7338.08	UGM	\$142,500

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,683

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4624.09

Mechanism: N/A

Prime Partner: Medical Care Development International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 7904.22917.09

Planned Funds: \$217,483

Activity System ID: 22917

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Revision to Activity 1: At the beginning of 2008, the iLembe District Department of Health endorsed Medical Care Development South Africa (MCDI-SA) as the primary referral organization to provide technical and other organizational support to the community-based organizations (CBOs) funded by the department to give stipends to and supervise home-based carers (HBCs) to promote the delivery of quality, holistic, family-centered care, including clinical/physical care, psychological care, spiritual care, social care, integrated prevention services and referrals including family-planning counseling and referral, according to South African Government (SAG) guidelines on home-based care (HBC). MCDI-SA now works directly with these organizations and their carers to train, mentor and otherwise support their ongoing work. MCDI-SA has taken as its mandate the support of the current SAG-provided stipend system for home-based carers to ensure its success and sustainability in iLembe District by providing technical support and guidance. MCDI-SA holds monthly meetings with CBO leadership to discuss training needs, share technical information, field questions on quality care, and assist with data collection and reporting to the Department of Health. In addition, MCDI-SA has set a series of technical training workshops for CBOs and their carers, focusing on provision of palliative care to clients and family members, with particular emphasis on the Basic Care Package; TB-HIV integration (cross-testing, co-treatment protocols); TB signs and symptoms; TB and ART treatment adherence and directly observed treatment (DOT) support; prevention of mother-to-child transmission and the new dual therapy; HIV and AIDS counseling; healthy lifestyles; positive prevention for TB and HIV-infected people, and more.

Additional activity: MCDI-SA will supplement HBC kit supplies as the Department of Health has had budget cuts and is unable to provide adequate supplies of kit items.

Additional activity: Due to rising food and fuel costs, many households in the project area have become food insecure, which is exacerbated when HIV-infected household members become ill and are unable to work or a caregiver must stay home to look after a sick child. MCDI-SA will pilot a community garden project, managed by a local resident, to grow, maintain and distribute parcels of fresh vegetables to HIV- and AIDS-affected households serviced by HBCs.

Additional activity: MCDI-SA is undertaking a community mapping exercise, beginning in Maphumulo sub-district, to identify and map using GIS technology all community-based resources available to people living with HIV in those communities, from health care facilities to food schemes to support groups. This activity is in support of the Local AIDS Councils and will produce a map of resources to be posted at health facilities, traditional courts, and at other high-visibility public locations throughout the area.

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 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.

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).

ACTIVITIES 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

Activity Narrative: 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 track 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 support for PLHIV and their families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14016	7904.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$224,000
7904	7904.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 262.09

Mechanism: N/A

Prime Partner: National Institute for Communicable Diseases

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 6424.22856.09

Planned Funds: \$0

Activity System ID: 22856

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14073

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14073	6424.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$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

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4632.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 13821.22862.09	Planned Funds: \$388,362
Activity System ID: 22862	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In order to provide comprehensive and quality services to the Southern African Clothing and Textile Workers Union (SACTWU) members and their families suffering from HIV/TB, SACTWU has recently negotiated and signed a memorandum of understanding (MOU) to build capacity and support at St Luke's Hospice in the Western Cape. SACTWU is currently in negotiation with a similar facility in KwaZulu-Natal. With SACTWU's support, St Luke's has been able to reopen a ten-bed ward that has been closed due to a lack of funding. Although SACTWU members will be provided with preferential access to these services, the use hereof will be extended to any HIV/TB-infected individual requiring care.

In order to provide a quality home-based care program, unemployed former SACTWU members will be trained on the national accredited home-based care program. This will consist of a full-time six-week home-based care and mentorship course which will then be complimented with DOTS training. Ex SACTWU members are trained on the national training program. It is a 59-day course inclusive of practical and theory. Theory work covers: home-based care (HBC) ethics; physical, social, psychological & spiritual needs of the client; creating a caring, safe environment; communication; sexually transmitted infections, HIV/AIDS/TB infections and control; nutrition; basic anatomy and physiology and common disease management. 180 hours is spent in the classroom on practical work, such as hygiene promotion, pressure care, basic observations, catheter care, nutritional care after which the carers are placed at care centres and receive four weeks on site practical experience. With FY 2009 funding, it is planned that these services will expand to all areas in the geographic scope of the project.

A home visit will be made and a psychosocial assessment will be conducted for all clients being initiated onto ART. A report is provided at the multidisciplinary team meeting on this assessment. Integrated Management of Childhood Illnesses (IMCI) components will be added to the current home assessment forms as well as to the home-based care visitation forms.

As the bargaining council clinics offer services to SACTWU members and their dependants, a family centered approach will be adopted at all sites and an early referral and retention in care service will be promoted. Wellness programs have been initiated at all sites for individuals that are HIV but not eligible for antiretroviral therapy (ART). Services include the support and encouragement of status acceptance and disclosure; psychosocial support; partner counseling and testing; prevention for positives; treatment literacy and adherence counseling and family support groups and counseling. A six-month cohort and defaulter system has been introduced to enable prompt follow up and tracing of individuals that do not return to the service outlet.

All care givers will be provided with ongoing psychosocial support in the way of group debriefing sessions provided by an external provider.

Skills development workshops will be implemented in all five provinces in which SACTWU services are provided. SACTWU has an existing care component for the program in KwaZulu-Natal which includes building capacity for HIV-infected workers and their families. The following skills development workshops are conducted which are geared as income generating activities for participants. These workshops currently include but are limited to the following: beadwork; food gardens; quilting; and floral arranging. It is planned to roll out the skills development workshops to all five provinces in which SACTWU operates. SACTWU plans to hold workshops once per month in all five provinces, with each session lasting up to three hours.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13821

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13821	13821.08	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	6624	4632.08		\$300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$20,000

Education

Water

Estimated amount of funding that is planned for Water \$2,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 6155.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12348.22881.09

Activity System ID: 22881

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$182,530

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Human Capacity Development (HCD)

Pact's primary focus in implementing the Umbrella Grant Management Program (UGM) is the development of human capacity in South African NGOs and CBOs to promote the establishment and strengthening of viable and sustainable civil society organizations. However, the COP guidance is very specific in terms of what can be included in Human Capacity Development (HCD) and for this reason Pact will only address the Leadership and Management development aspects of the UGM HCD activities.

Prior to the signing of grant agreements, Pact provides extensive assistance to partner 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 emphasizes to management staff during this process the importance of ensuring that program and finance units work as a team rather than in isolation. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of management to diversify their funding base and ensure sustainability.

Pact conducts organizational capacity assessments in collaboration with each partner. The core methodologies used in all of Pact's capacity building activities are as follows: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans (ISP). Several individuals from partner organizations participate in the assessments in order to ensure that feedback is obtained from staff at all levels. This process develops the skills of senior management to objectively assess organizational strengths and weaknesses and utilize the results to develop a realistic strategy that will ensure that organizational objectives are achieved (including retention strategies for staff) and identified gaps are addressed. The strategy also details what interventions and support will be provided, by whom, when and how organizational change will be measured.

Pact also conducts workshops that primarily target senior management and board members. A resource mobilization course is offered annually to provide information to partner organizations on sources and strategies for diversifying their funding base. One day of the three-day workshop is devoted to developing the skills of participants in writing proposals. Board training is also offered annually to address issues related to fiduciary, legal and ethical roles and responsibilities of board members. Although Pact's Monitoring and Evaluation (M&E) course targets M&E and Program staff, senior management members of partners organizations are encouraged to attend in order to ensure that they understand how to utilize data to make organizational decisions.

Pact, in working with partner organizations over the course of the past four years, has recognized that management skills among the leadership of many of the civil society organizations need to be further developed. For this reason, utilizing FY 2008 and 2009 funding, Pact will identify short-term management courses in South Africa that will enhance leadership and management skills. Attendance to leadership courses will be made available to all partner organizations and their sub recipients but will primarily target the partners that have experienced great difficulty in transitioning to the increased funding levels or have new management staff and structures.

Alignment with National Strategic Plan (NSP) or other South African Government (SAG) policies or plans

In developing program descriptions with partners, Pact ensures that activities are aligned with district and provincial business plans, the NSP and/or other SAG policies or plans.

Gender

Pact ensures that gender related activities are clearly articulated in partner's program descriptions and implementation plans. Programmatic and technical assistance provided to partners addresses gender issues as part of the assessments and recommendations for strengthening technical and organizational capacity.

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 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.

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

Activity Narrative: 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 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 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14253

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14253	12348.08	U.S. Agency for International Development	Pact, Inc.	6755	6155.08	UGM	\$188,000
12348	12348.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		\$150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$83,331

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7311.09

Mechanism: N/A

Prime Partner: GRIP Intervention

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16273.22968.09

Planned Funds: \$291,271

Activity System ID: 22968

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 5: Pre-Court Training:

Greater Mpumalanga Rape Intervention Program (GRIP) will continue to utilize the training program of the Child Witness Program - complete with the toolkit as purchased. GRIP is able to provide an intense 4 day training program to all children and adults who need empowerment in order to become confident witnesses. GRIP also holds a graduation party for all rape survivors who the Pre-Court trainers (Friends of the Court) feel is competent to go to Court. These trainings are done on a continuous basis and there are always new children in the court systems that need help and support. The Pre-Court training is done on Saturdays when there are no court cases and when the children are not attending school. As a result of negotiations with the Department of Justice, GRIP is allowed to use the courts on Saturdays in order to train the survivors within the Court Setup and to sensitize survivors, especially children, within the court building and court chambers. During one day of the training, a prosecutor from the Department also takes part in the Pre-Court Training and shows the survivors, through role play, how to act when testifying in court. The survivor will also receive ongoing support and the help of a witness assistant when she/he enters and proceeds through the court system, and her/his rights and dignity will be protected by the GRIP Friend of the Court who is working from within the court itself on a daily basis. Separate Victim-Friendly Waiting rooms and Child Intermediate rooms are also operated and maintained by GRIP within the court.

GRIP activities include both Adult and Child Care and Support services and includes physical, psychological, social and integrated care. The approach is to provide integrated care and counseling services within our program to the survivors of rape, sexual assault and domestic violence. Since GRIP only receives funding in Adult Care, it has included all survivors with whom GRIP works who report their cases within the Criminal Justice System, regardless of age, gender or race.

ENHANCEMENTS:

These activities bring together, in a holistic, coordinated fashion, a myriad of essential social support services for people who have been sexually assaulted, many of whom become infected with HIV as a result. The GRIP program provides a vehicle for the seamless integration of comprehensive services that provide care and support for groups that are at high risk of HIV infection.

Thirty community members who are working as Volunteer Counselors will be receiving ongoing training, monitoring, supervision and support in order to develop human capacity regarding job performance, reaching of objectives, personal empowerment, and to ensure professional and effective service delivery.

The Administration Officer will receive ongoing training, capacity building, monitoring, supervision and support in order to ensure sufficient and effective management, financial control, and structure within the organization. The Area Managers and the Monitoring and Evaluation Officer will receive human capacity development in order to ensure the ongoing and effective monitoring of all indicators, targets, inputs, outputs, outcomes and objectives to be reached. The Area Managers will also ensure the effective operations of six Care Room facilities that are situated within police stations and hospitals and therefore the Human Capacity Development of these governmental facilities will also improve. The Monitoring and Evaluation officer will also be able to monitor and assist the two Friends of the Court, who are rendering their Witness Assistance and Pre-Court Training activities from the two court facilities, also improving the human capacity development for the Department of Justice. Human Capacity Development will aim at ensuring that Volunteer Counselors and GRIP staff are adequately trained and capable of empowering survivors of rape, domestic violence and sexual assault. In addition, GRIP provides extra and ongoing human capacity support to the Criminal Justice system, which is often understaffed and not well-trained in the fields of their service delivery.

Within this priority area GRIP is working with victims of sexual assault, rape, domestic violence and those infected or affected by HIV as a result of sexual assault. GRIP is helping the government to make sure that everyone in South Africa can get all the necessary services from government, from non-governmental organizations (NGOs) and from private practitioners. GRIP ensures that people know about all medicines used in the management of HIV and AIDS- including ARVs, and know how to take care of them. GRIP supports survivors in taking these medications. GRIP ensures that clinics provide support to people living with AIDS and help with community outreach so that people living with HIV and AIDS and their families are getting the support and treatment that they need. GRIP ensures care, love and non-discrimination for our survivors and those who are HIV-infected. GRIP assist the Government in making sure that the health care system is strong enough to support people who are living with HIV or are affected by sexual assault.

GRIP increases the amount of people working within the Criminal Justice System.

By ensuring that the rights of people who are exposed to sexual assault and living with HIV are legally protected and that these people are treated with dignity and respect falls in line with the South African Government's National Strategic Plan priority area 4: Human Rights and Access to Justice.

GRIP is ensuring that people who are sexually or physically assaulted get justice, counseling and treatment and understands why people may have problems getting services.

GRIP also ensures that the rights of women and girls are understood and respected so that secondary trauma can be reduced when they need to enter the Criminal Justice System.

GRIP lobbies that all existing laws to ensure the safety of women and children are carried out and focus on the needs of people in abusive relationships, and making sure they get the help they need.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16273	16273.08	U.S. Agency for International Development	GRIP Intervention	7311	7311.08		\$300,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$158,260

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 226.09	Mechanism: N/A
Prime Partner: Foundation for Professional Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 13753.22957.09	Planned Funds: \$847,600
Activity System ID: 22957	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2009 funding for the Foundation for Professional Development (FPD) will be used to support the expansion of adult HIV care and support services and to strengthen adult human capacity development (HCD) within all the provinces where FPD works. Activities in support of adult HIV care and support focus on: strengthening and integrating public and civil society service delivery models for people living with HIV (PLHIV); collaborating with the South African Government (SAG) to build sustainable human and institutional capacity to support integrated adult HIV care and support services; promoting family-centered services through the integration of pediatric and adult HIV care programs; promoting the basic care package aimed at promoting early referral and retention in care; supporting surveillance activities monitoring continuity of care and integration with counseling and testing (CT), TB and HIV care and support programs; and expanding FPD's adult specialist mentoring and referral support to strengthen doctor and nurse capacity to provide quality adult HIV care and support; expanding integrated preventive service, psychological care, spiritual care and social care in all HIV care and support sites; implementing routine TB screening and active TB case finding in all HIV care and support settings; improving the linkages with and providing support to hospices whereby FPD-employed clinical staff does ward rounds in order to ensure a continuum of care between treatment sites and hospices for all adult HIV patients.

The adult HIV care and support program will continue to expand a multi-sectoral model of care provision that leverages diverse resources from within a geographical area; this model has proven to be extremely cost-effective as it leverages substantial philanthropic and volunteer resources. FPD will work closely with faith-based organization (FBO) and non-governmental organization (NGO) partners to expand access to clinical care for populations whereby the public sector facilities are not able to provide such care. FBOs and NGOs that enroll patients in care and support programs will be supported with access to CD4 counts and cotrimoxazole prophylaxis.

All FPD-supported sites will ensure that patients have access to PLHIV-led patient support groups to maximize patient retention. The work of these support groups will be directed to focus on: status acceptance and disclosure; stigma and discrimination; violence and coercion; male norms and behaviors; gender equity; partner counseling and testing; treatment literacy and adherence; prevention of positives; nutrition; alcohol; and safe sex and family planning. Support groups will also serve to link the health facility with the community to promote a continuum of care, as well as actively trace support group members.

New activities will target the promotion of family-centered HIV care services. Activities will include: piloting booking systems that allow families to gain access to services on the same day as a unit; and supporting promotional and awareness campaigns encouraging disclosure and CT services for all family members.

The antiretroviral therapy (ART) clinical quality assurance system that has been developed through collaboration between FPD and JHPIEGO will be expanded to all facilities offering adult HIV care and support. This system uses a standards based measurement and rating (SBMR) approach with an aim to identify and respond to challenges to improve quality of adult HIV care. SBMR activities will be implemented by facility staff on a routine basis and by external auditors periodically.

FPD will also start a course on pain assessment and management to be rolled out to health care professionals country-wide. All FPD supported care sites staff will also receive such training to ensure that pain is assessed appropriately and that there is no delay in referring patients in pain to medical services where necessary.

The electronic medical record (EMR) that is utilized by FPD-partnered ART clinics will be expanded to encompass general HIV care and wellness activities and be available at all ART sites and be piloted at five adult HIV-palliative care sites which provide the basic package of care components (e.g. psychological care, spiritual care and social care). The EMR was developed at the direct request of the Tshwane District of Health in order to strengthen and harmonize facility-based monitoring systems while ensuring that data quality and data use are integral components of the process. Key activities for the EMR include strengthening the integration of various HIV service points (CT, TB, HIV-palliative care, ART) and optimizing inter-connectivity with existing SA DOH systems (District Health Information Systems; National Health Laboratory Systems). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentorship to build sustainable, local monitoring and evaluation and HMIS systems.

The electronic medical record (EMR) is supported on an integrated virtual private network which allows for the electronic transfer and/or access of data between different HIV service points. This inter-connectivity holds great potential in terms of monitoring service integration and continuity of care within a district. In the EMR, the electronic HIV and AIDS data will be held in a physically and technically secure environment with minimum data repositories and limited individual access. Data access will be determined by designated user roles and rights. The existing defaulter tracer module will support active tracing of missed appointments, mitigate loss to HIV care and work in support of appropriate and early ART initiation for PLHIV.

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:

Activity Narrative: 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 reaching thousands of individuals with care and ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13753

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13753	13753.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$970,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$873,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2312.09	Mechanism: N/A
Prime Partner: National Association of Childcare Workers	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 12366.22992.09	Planned Funds: \$194,181
Activity System ID: 22992	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There is a need to formally evaluate the 'Caring for Carers' program. In addition, the new design of the bereavement counseling/grief work for young people heading households, grannies heading households and Isibindi child and youth care workers cannot be initiated in FY 2008 due to funding limitations. In view of the importance for the expansion of the Caring for Carers program, as well as the importance of developing more effective models for advanced grief work, the NACCW will consider making efforts to raise cost share funding for these programs in both FY 2008 and FY 2009.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14031

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14031	12366.08	U.S. Agency for International Development	National Association of Childcare Workers	6689	2312.08		\$200,000
12366	12366.07	U.S. Agency for International Development	National Association of Childcare Workers	4467	2312.07	USAID GHAI	\$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
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 2803.09	Mechanism: N/A
Prime Partner: Olive Leaf Foundation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3303.23152.09	Planned Funds: \$572,130
Activity System ID: 23152	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1 (Support Group Mechanism):

A) Hope worldwide South Africa's (HwwSA) 10 week 'Living with Hope' education series has been revised based on input received from people living with HIV (PLHIV) support group members and support group coordinators. Prevention with Positives, Parenting skills, and Therapeutic Measures for Self Care topics will be added to the series.

The HwwSA-adapted Nutritional Guideline will be implemented during FY 2009. Topics on Nutritional Education which will also be included in the series in line with the guidelines. Topics that will be included are: energy requirement of PLHIV and pregnant woman infected with HIV; food and safety recommendations; recommendations for treatment; and management of opportunistic infections and ART side effects.

The education program has now been extended to 15 weeks. PLHIV will meet once a week with HwwSA support-group coordinators. Coordinators will continue to facilitate the sessions in an interactive manner, covering a range of topics relevant to HIV and AIDS. A pre- and post-questionnaire will be used to evaluate the effectiveness of the series and its impact on participants.

B) HwwSA will pro-actively facilitate income generating partnerships between the private sector and the support group members who have already graduated from the 'Living with Hope' education series and formed their own support groups ('open' support groups). Support from the private sector will contribute to sustaining income generating activities established within the 'open' support groups.

C) Gender-related activities: Care and Support and Abalingani program collaboration
Program activities will include: facilitating workshops and training to support group members on gender-related issues, providing mentoring after workshops, establishing male support groups that focus on particular issues of masculine health and referring PLHIV and their family members to service providers as appropriate.

The expected outcome of the collaboration is to reduce gender-based violence, to increase male involvement in care and support of the sick, and to improve communication within families and awareness of sexual rights amongst PLHIV.

D) Several trainings will be outsourced and will mostly target PLHIV support group members in order to empower PLHIV with the ability to partake in economic strengthening activities. These include Gardening, Nutrition, Entrepreneurial Skills, and Catering.

ACTIVITY 2 (Home-based Care):

A) A proactive approach to identify clients infected by TB will be encouraged. During routine home visits, clients that present with symptoms of TB (based on the Centre for Disease Control's symptom based questionnaire) will be referred to the closest clinical support structure (CSS) and follow up will be done regarding test results and treatment adherence.

Clients infected with TB will be visited regularly to ensure treatment adherence. Vitamin B6, ready to use therapeutic food and a basic food parcel will be provided to TB infected clients based on the outcome of nutritional assessments. Weak clients will be accompanied by fieldworkers to the closest CSS for further care and support.

B) PLHIV will receive a broader spectrum of services during routine home-based care visits. Such services will include education on issues related to chronic disease and treatment, support through nutrition and therapeutic measures and education on the use of therapeutic measures for self care. The overall outcome of the above mentioned strategies will ensure a more holistic care package for PLHIV.

C) The HwwSA-adapted Nutritional Guideline will be implemented in FY 2009. Activities will include a baseline nutrition and dietary assessment when a client is first met; ongoing nutritional information education and counseling; follow up assessments based on initial findings and guidelines; food distribution to clients meeting the criteria stated in the guideline; food preparation education; supplementation and micronutrient provision (according to the guideline); referral to clinical (e.g. South African Government Clinics) or non-clinical (e.g. Department of Social Development) support structure.)

D) Training specifically focused on improving care and support activities will be provided to HwwSA staff, stakeholders and PLHIV, by HwwSA.

The full 69 day 'Home-based care training' will not be provided in FY 2009 as a result of budget constraints. Rather, four adapted five-day trainings will be provided. The modules included in the trainings will be adapted from the 69 day 'Home-based care' training. The trainings will include: Basic ART Information and Adherence Counseling; Gender-based Issues, Nutrition, and a Home-based Care refresher course provided only to people previously completing the 59- or 69 day Home-based Care course.

Secondary Cross-Cutting Budget Attributions Description:

Food and Nutrition: Policy Tools and Service Delivery

HwwSA will adapt national and international nutritional guidelines for PLHIV to better address issues that have been identified as challenges in FY 2007. The resulting internal guidelines will inform changes that will be made to the training curriculum and implementation plans for FY 2009 that will ultimately improve the quality of services delivered at community and household levels. The nutritional enhancement activities will be incorporated within the program's home-based care, training, and support group activities.

Food and Nutrition: Commodities

Activity Narrative: In accordance with the PEPFAR HIV and Food Security Conceptual Framework, HwwSA will provide therapeutic measures and treatment addressing dietary complications caused by HIV infection and ART. The following will be provided by the HwwSA care and support program:

- i) Ready-to-use therapeutic foods will be procured and provided to clients suffering from mild to moderate malnourishment, oral and oesophageal ulcerations and candidiasis. Vitamin B6 (micronutrient supplementation) for the treatment of peripheral neuropathy will be administered intramuscularly by the HwwSA professional nurses during home-based care visits.
- ii) Multi-vitamin supplementation and food parcels will be provided to the following beneficiaries: Pregnant woman infected by HIV and challenged by the affects of ART and/or those infected by TB (pre- and post-natal)
- iii) Food parcels will be delivered to clients meeting the food parcel eligibility criteria.
- iv) Referring severely malnourished clients to Clinical Support Structures (CSS) and accompanying the weak. HwwSA has developed well established referral networks with CSS throughout the South African sites.

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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13961

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13961	3303.08	U.S. Agency for International Development	Olive Leaf Foundation	6669	2803.08		\$727,500
7608	3303.07	U.S. Agency for International Development	Olive Leaf Foundation	4485	2803.07		\$750,000
3303	3303.06	U.S. Agency for International Development	Olive Leaf Foundation	2803	2803.06		\$450,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$21,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$18,680

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$102,857

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 489.09

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: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12357.22994.09

Planned Funds: \$0

Activity System ID: 22994

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Association of State and Territorial AIDS Directors (NASTAD) cooperative agreement ended in April 2008. The activities will be continued through a local partner. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14033

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14033	12357.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	6690	489.08		\$1,264,000
12357	12357.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	4394	489.07		\$600,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10267.09	Mechanism: TBD National Institute for Communicable Disease NICD follow On (STD Program)
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 23690.09	Planned Funds: [REDACTED]
Activity System ID: 23690	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity 1: This activity was only partially initiated in 2008, due to lack of funding during the Prime Partner (NICD) Continuation application approval process. A new partner to be determined (TBD) (STIRC Follow on) has been identified to allow activities to begin. A close partnership with the Mothusimpilo non-governmental organization (NGO) in Carletonville has been maintained. A protocol is under development in collaboration with technical STI partners in Atlanta (CDC/DSTDP), and will be cleared through local and CDC Ethical Review Boards. Additionally, because of the delays, new approvals are being obtained from the Gauteng and North West Departments of Health and the West Rand Health Dept. Project staff announcements have been developed to allow quick hire of project staff when needed approvals are completed. The initial activities will be completed as described in earlier COP submissions. Additionally, because of new data on better means of promoting contact tracing and HIV uptake in partners, more activities are anticipated in this regard -- especially promoting HIV testing in male partners.

Activity 2: This activity will use two nurses rather than one, due to significant operational difficulties experienced when staff left for other positions and in order to ensure cover for sickness, other leave and training. The use of two nurses will ensure that projected targets will be met, through an increased workforce. During 2008 it became clear that a major challenge that needs to be addressed is the poor attendance of sexual partners to the project site. Some data were collected in this area that will allow development of additional partner notification interventions that will be tried out in 2009.

SUMMARY:

ACTIVITY 1: Cervical screening, HPV testing and STI screening in women at high risk of STIs and HIV (includes sex workers, women with multiple partners, and women whose sex partners have multiple partners).

This project aims to screen 600 women at high risk for STIs/HIV for STIs, cervical dysplasia/cancer and HPV infection. The project will be undertaken in collaboration with a local non-governmental organization (NGO) as well as technical sexually transmitted infection (STI) partners in Atlanta (CDC/DSTDP). The project will provide capacity to local clinical, counseling and peer educator staff in these areas. This baseline information will provide the key data on the prevalence of STIs and cervical pathology among a high risk cohort of women with STIs/HIV, most of whom have never had access to cervical screening before due to economic issues and living in rural areas. The results of this program project will serve as a model for other rural areas to conduct STI and cervical dysplasia/cancer screening in high risk women. The activity is anticipated to contribute directly to PEPFAR 2-7-10 goals in Care by increasing care outlets, training of staff on palliative care including STI management, and detection and treatment of sexually transmitted infections and other opportunistic infections including cervical dysplasia/cancer screening.

ACTIVITY 2: STI screening among asymptomatic HIV-infected persons in an HIV clinical care setting.

This project aims to screen 1,200 asymptomatic HIV-infected patients for a number of key STIs which have been linked to further HIV transmission to HIV-negative partners. Data obtained in 2007, when this project was initiated highlighted the high burden of asymptomatic STIs in this patient population. All STIs diagnosed were treated etiologically, and contact tracing initiated. Sex partners are encouraged to return to the project site, or else to local health care facilities, for appropriate STI treatment, prevention activities (including training on use of male and female condoms and provision of condoms), and routine offer of HIV testing and counseling. The activity is anticipated to contribute directly to PEPFAR 2-7-10 goals in Care by increasing care outlets, training of staff on palliative care including STI management, and detection and treatment of sexually transmitted infections and other opportunistic infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [REDACTED]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 10268.09	Mechanism: TBD Care for PLHIV
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 23692.09	Planned Funds: [REDACTED]
Activity System ID: 23692	
Activity Narrative: SUMMARY:	

The NGO will provide support to people living with HIV (PLHIV) in the Eastern Cape, Free State, and Northern Cape provinces to implement a package of care and support services for PLHIV, their family and community members. These services will include the following:

- Acceptance of status
- Disclosure
- HIV and AIDS and TB/HIV
- Nutrition assessment and counseling
- Alcohol and substance abuse and HIV and AIDS
- Mental Health and HIV and AIDS
- Treatment Literacy
- Prevention with positives.
- Gender roles and norms and HIV transmission

The NGO will utilize a family centered approach to implement these activities and to ensure sustainability of programs. (This is a TBD section and the NGO will describe their activities once the award has been made).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery



Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water



Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8711.09

Prime Partner: Tshepang Trust

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 23713.09

Activity System ID: 23713

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$61,167

Activity Narrative: SUMMARY:

The Tshepang Trust (Tshepang), a non-profit organization, recognizes the need for a holistic approach to HIV management and the need to work in collaboration with other partners to ensure the delivery of a comprehensive health care package to HIV-infected individuals. To this effect Tshepang has had a long-standing relationship with the Treatment Action Campaign (TAC) utilizing its counselors at the grassroots level to bring the required psychosocial care and adherence support in some areas of operation within the program. It has been Tshepang's experience that some patients might not want to be assigned counselors due to fear of stigma; however, these services will continue to be made available to them as well as the telephone line counseling offered by Tshepang Patient Managers on a monthly basis. Tshepang acknowledges that the program has been, until now, more treatment-focused but it is progressing to be more comprehensive. A major modification under this program area is to set targets for enrolled individuals in the FY 2009 COP and to offer a more comprehensive HIV care package for patients enrolled for HIV management who do not need antiretroviral therapy (ART) yet.

BACKGROUND

Tshepang is the South African Medical Association (SAMA)'s HIV and AIDS program. Its mission is to utilize private general practitioners (GPs) to increase HIV testing and treatment access to individuals dependent on the public health care system in a public private partnership model with the South African Government (SAG). It focuses on providing doctor human resource by mobilizing HIV clinical management trained GPs using two models of care, a sessional model where GPs are placed on a sessional basis in public ART clinics and a private GP model where (ideally) the same GPs are utilized to test and treat patients in their rooms in order to alleviate the burden of care and treatment associated with shortage of infra structure e.g. consulting rooms, long cues and stigma currently experienced in public healthcare facilities.

The GP model was formulated out of a need by individuals to access treatment services in areas of close proximity to their places of abode for several important reasons:

Patients can access their treatment and medical care outside of working hours without having to miss work because they have had to stand in queues for long periods of time in a crowded healthcare setting. Patients do not have to worry about stigma, e.g. being seen by people they know queueing at an HIV clinic.

The GP model is simply a means to complement government services because it addresses two fundamental challenges that currently face the department of health: infrastructure and medical human resources, which are currently lacking in public health facilities. Both the sessional and GP models are an effective short and immediate way for South Africa to reach its National Strategic Plan (NSP) targets. This is because 70% of the medical resources, including HIV Clinical Management skills, are in the private sector in the form of GPs versus 80% of South Africa's population that is dependent on the poorly-resourced public health care system.

Long-term sustainability depends on all HIV and AIDS patients being cared for by the government, and when the public health care system is stronger and stable enough with systems in place to take on the challenges of care and treatment, Tshepang will work with the government to find ways of returning the patients currently seen at GP's rooms back to government facilities. Looking at the already-mentioned challenges, this can realistically take place in another three to four years. To take patients back to government facilities now would create more of a burden for the public health system rather than assist in ensuring that the country reaches its National Strategic Plan treatment goals of ensuring that 80% of all individuals needing ART receive it by 2011.

All Tshepang-contracted GPs are skilled professionals who have been trained in HIV clinical management that acknowledges SAG standards and procedures for HIV care and management. Furthermore, Tshepang protocols on HIV disease management are based on the SAG national guidelines and the Tshepang model ideally (although not always possible) has been to utilize GPs who would also assist at local public sites in order to ensure that they understand clinic procedures and work according to national guidelines.

Tshepang started off as a sub-grantee of American Center for International Labor Solidarity (Solidarity Center) commissioned as a treatment partner in the Prevention Care and Treatment Access to South African Teachers (PCTA) program. The partners within the PCTA consisted of four South African teacher unions, the U.S. Academy for Educational Development (AED), the American Federation of Teachers (AFT) and the Solidarity Center being the prime recipient of funding from PEPFAR for all these partners. Within this partnership teacher unions would refer their colleagues for HIV and AIDS treatment to Tshepang and later as the program evolved also referred them for testing.

In the meantime, a request for proposals was issued by PEPFAR via the CDC for a five-year cooperative agreement for a workplace intervention program (WIP) to run from FY 2007 until FY 2012 and Tshepang applied. The organization was awarded the grant and now receives direct funding from PEPFAR through CDC to provide counseling, care and ART to individuals in the workplace in order to continue with the treatment of teachers from the PCTA program but also extend the program to include healthcare workers and workers from the Small Medium Micro Enterprises (SMMEs), their spouses and immediate family dependents. WIP is based on the GP model. The funding cycle for WIP started in October 2007 but because Tshepang had been given a no cost extension as mentioned earlier, the organization only started using its grant funds with effect from January 2008.

In the past when Tshepang was still a sub-grantee of the Solidarity Center, although HIV care enrollment for HIV-infected individuals was recorded, there were no specific targets for it. Care or wellness management went as far as monitoring individuals who were pre-ART for repeat GP consultations. At these consultations, clinical assessments and CD4 counts blood tests would be taken within three months or six months intervals depending on the baseline CD4 counts and clinical condition of the patients. Cotrimoxazole was only offered to individuals eligible for ART as part of treatment readiness and those that presented with minor opportunistic infections (OIs) even though ART was not yet warranted.

Activity Narrative: However, past experience has demonstrated that most pre-ART patients have a tendency to disappear from the program in cases where follow-up is not regular and linked to service delivery. Thus, starting in FY FY 2008, the major focus will be to retain individuals enrolled for care who are at a pre-ART stage at the time of enrollment. Retention strategies will include status support through counseling, promotion of limited disclosure to spouses or partners and trusted family members or friends, couple counseling (especially because in Tshepang's experience most of the patients seen come without their spouses or partners) for testing and treatment services.

In FY 2009, Tshepang will be offering a basic care package that includes cotrimoxazole prophylaxis for all patients at stages 2, 3 and 4 of the disease enrolled in the program. Numbers of individuals under care will be a target indicator and care will include cotrimoxazole prophylaxis, TB screening, cervical cancer screening, pathology and clinical assessments e.g. repeat CD4 counts and physical examinations for all pre ART individuals, status acceptance counseling, couples counseling and testing, encouraging disclosure on a limited basis, continued counseling on treatment literacy and adherence. This will be facilitated by Tshepang Patient Managers who are professional nurses trained and experienced in HIV Clinical Management in collaboration with the GPs seeing the patients on the ground. During the PCTA program, Tshepang had trained nurses as well to be counselors working with GPs to follow up on patient adherence. These will be further utilized to facilitate support groups for patients enrolled under WIP.

ACTIVITIES AND EXPECTED RESULTS:

New Activities:

From October 1, 2008, all HIV-infected patients enrolled for HIV palliative care but not eligible for ART will be seen by GPs more regularly. This will involve patient monthly visits to restore and maintain the individuals' immune system by offering cotrimoxazole prophylaxis as mentioned above and delaying the need for ART, TB screening and TB prophylaxis, monitored referrals to local TB clinics for TB active persons, cervical cancer screening and general patient clinical assessment.

Tshepang anticipates enrolling an additional 1,000 individuals for HIV care, taking the anticipated number of people enrolled to 2,600. All the 1000 newly enrolled individuals will be screened for TB and when negative receive TB prophylaxis in the form of Isoniazid, all HIV-infected individuals not TB active but in stages 2, 3 and 4 will receive cotrimoxazole prophylaxis to prevent opportunistic infections. Women will also be screened for cervical cancer through pap smears.

Modified Activities:

Tshepang's approach has also evolved to include prevention and in-depth adherence counseling for patients on treatment. Currently, Tshepang is doing voluntary counseling and testing (VCT) for early detection and positive prevention, encouraging routine family counseling including couples and children.

In the repeat consultations, patients will be counseled on accepting their status, maintaining a lifestyle of positive prevention, where the principles of ABC will be emphasized, couples and other immediate family members, counseling and testing will be encouraged as well as disclosure to spouses and trusted individuals for better adherence.

All these planned activities will ensure that patients on pre-ART are regularly seen by their GPs (at least once a month), making follow-up monitoring of the enrolled individuals easier so that the program does not end up with lost to follow up cases but rather maintains a high retention rate of individuals under care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1201.09	Mechanism: HCI
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3109.23889.09	Planned Funds: \$699,051
Activity System ID: 23889	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

While Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these activities and other activities, in the following ways:

ACTIVITY 1: Establish Quality Improvement Teams at the Facility Level

By improving and institutionalizing the formation of quality improvement teams at a facility and district level, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, which is specific to each area / district/ province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites and districts.

ACTIVITY 2: Human Capacity Development

As HCI is already in the process of recruiting and placing medical staff in health facilities, these medical staff will be tasked with provision of clinical services to HIV-infected clients on a day-to-day basis and provision of training and mentoring for health facility staff regarding HIV and AIDS care, with specific reference to antiretroviral therapy (ART) and care services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to DOH clinic staff (doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality ART services to all ART clients enrolled on the program / eligible for ART treatment and care. HCI staff and department of health (DOH) staff meet regularly to ensure that any additional knowledge regarding newer ART medication / treatment options and research findings are readily shared.

ACTIVITY 3: Strengthening Supervision Systems

HCI has been extensively involved in revision of the Clinic Supervision Manual for health care facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility-level supervisors in quality assurance methods and facilitative supervision techniques for improving the quality of ART and follow-up services.

ACTIVITY 4: Care Support Groups

HCI has been involved in providing assistance to implement, run and facilitate community and facility-based care support groups at all HCI-supported health care sites in the five provinces. In FY 2009, it is envisioned that this support will be expanded to include counseling on remaining HIV negative, Prevention with Positives (PwP), HIV wellness programs, care for the caregivers' activities and community outreach programs.

ACTIVITY 5: Training

In FY 2009, HCI staff will work to develop accredited HIV and AIDS and home-based care training materials, including a comprehensive package of manuals, posters, flip charts and job aids. The development of these materials will include modules on basic HIV, staging of HIV disease, care of HIV-infected individuals, eligibility for ART, initiation of ART in both adult and pediatric patients, disclosure, adherence issues, poly-pharmacy (addressing concomitant administration of medication), living positively with HIV and TB/HIV co-infection.

In addition, HCI will revise existing QA training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health care staff, including informal staff such as community workers, lay counselors and home-based carers. This is particularly important at primary health care facilities where HIV-infected clients interact with a wide range of formal and informal health staff.

ACTIVITY 6: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between prevention of mother-to-child transmission, counseling and testing, family planning, sexually transmitted infections, TB and ART treatment sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at these sites will be responsible for referring HIV-infected clients for onward care, treatment and support, while staff at ART sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health care system, ensuring compliance / adherence with treatment and an improved quality of life.

ACTIVITY 7: Policy

HCI will actively participate in the development, revision and implementation of the National HIV and AIDS guidelines, Continuum of Care for HIV-infected people and HIV and AIDS monitoring and evaluation framework policy in collaboration with the national and provincial DOH staff, to ensure accountability and long-term sustainability of this program.

SUMMARY:

Activity Narrative: 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13872	3109.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$1,000,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$456,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10269.09

Mechanism: TBD Africare Follow On

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 23698.09

Planned Funds: [REDACTED]

Activity System ID: 23698

Activity Narrative: SUMMARY:

Activities will focus on a family-centered approach to care and support. This will include enhancing facility-based management of palliative care (including pain and symptom management and cotimoxazole prophylaxis). Strengthening pre-antiretroviral therapy (ART) and ART support care based in the clinics and at community level will help to support down referral from hospitals and health centers. This will include particular emphasis on implementation of the Basic Care Package.

ACTIVITY 1: Family-centered approach to care and support

The awardee will strengthen existing support groups and form new support groups that is linked to a health clinic in the community(each clinic should have at least 1 support group. Expert patients (PLHIV) and other support group facilitators will be trained on implementing a basic package of care and support services that will include (acceptance of status;Disclosure; HIV and AIDS and TB/HIV; Alcohol and Substance abuse and HIV and AIDS; Prevention with Positives; Treatment Literacy; Nutrition assessment and counseling and Treatment adherence and support). PLHIV will be encouraged to join the support groups from the time they are tested HIV-positive where they will receive information on HIV and AIDS, ongoing counseling and support, referral for additional care when needed, thus forming a link for continuity of care to community level. PLHIV will be encouraged to bring along family members and other community members so they can receive information and support. Family counseling sessions will be conducted where counseling and testing for other family members will be encouraged and other prevention messages (e.g. prevention with positives) will be disseminated. Children within families will be referred to the health facility for HIV testing and support.

ACTIVITY 2: Nutritional support through gardens

To promote quality, economical nutrition, the team will work with the Department of Health (DOH) to develop a local low-literacy cookbook (in Xhosa) and home economics guide. Clinic nurses will be trained on the use of the guide. Community health workers and support group leaders will be trained on the national curriculum for HIV and AIDS and nutrition using the national training manual and reference 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 3: Gender-related activities

The awardee will integrate gender norms, roles and behaviors into the support group activities. Activities will focus on exploring behaviors that may lead to gender violence, exploitation and abuse and together find ways and alternatives to deal with/avoid such behaviors. Negotiation skills will be developed through role plays and discussion around gender issues.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 520.09

Prime Partner: University of Kwazulu-Natal,
Nelson Mandela School of
Medicine, Comprehensive
International Program for
Research on AIDS

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 3814.23657.09

Activity System ID: 23657

Mechanism: CAPRISA Follow On

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$135,441

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Training of the CAPRISA site team in pediatric HIV care: the site personnel had no previous experience, and therefore needed to be trained on the complexities of pediatric care. This was achieved by the development and implementation of a program of training on the principles of chronic care management and treatment of children with HIV and AIDS. Training activities included formal didactic training, workshop and specific training program attendance, a program of twinning of our staff with staff experienced in pediatric care at McCord Hospital and Escourt, Grey's and Northdale provincial Hospitals, and adaptation and implementation of best practice of service delivery in pediatric care provision and support. Further specific training on adherence support counseling, phlebotomy in children, immunization and management of common childhood infections were also conducted.

2. Development of referral pathways for patients into and out of the facility. Dr Neil McKerrow, a pediatrician with many years experience in the management of pediatric HIV, has been engaged to play a supportive role in providing technical expertise and clinical management oversight in patients that may require specialist level clinical intervention, and up-referral. CAPRISA has also established linkages with the Umgungundlovu District Social welfare department, to fast track single care grants for children enrolled into the program.

The adjacent Mafakhatini Clinic adds to CAPRISA'S services by providing a one-stop service for the children, by scheduling appointments for immunization and nutrition support and TB screening, on the same day as their HIV care appointments are scheduled. Community leaders and surrounding clinics have been informed about the roll-out of pediatric care and have been encouraged to refer suitable patients in. Clinics providing antenatal care and prevention of mother-to-child transmission (PMTCT) services in the district have also been informed about the rollout of pediatric care and have also been encouraged to refer suitable patients in.

3. Development of site tools: These tools have been developed and implemented for monitoring of clinical care, response to antiretrovirals, and the collection of program indicators for reporting to PEPFAR

4. Procurement of supplies: Pediatric antiretroviral therapy (ART) formulations, and drugs used for common ailments have been procured. Specialized equipment such as pediatric scales, medicine dispensers etc have been purchased.

Strengthening systems for decanting stable patients into DOH supported sites:

While down referral remains a challenge, it is not insurmountable as CAPRISA continues to work with the clinics and hospitals which are part of the district and provincial Department of Health as well as other PEPFAR partners in our efforts to down refer stable patients. In an attempt to strengthen the down referral process from CAPRISA sites to Department of Health antiretroviral (ART) roll-out sites, we have established relationships with key role players (such as the Medical Superintendent or Hospital Manager) at each of the down referral facilities and are negotiating procedures and logistics that will ensure the smooth flow of patients, with uninterrupted access to drugs and services. We have assisted the Umgungundlovu District Health Office in their efforts to expand HIV services by conducting training for key staff and strengthening processes and systems in individual referral facilities to enable them to accept down referrals from the CAT program. This has been a slow process of building rapport, strengthening logistics, undertaking supportive ongoing training, and maintaining strong lines of communication for referral back to CAPRISA, if this is needed.

CAPRISA has ongoing communication with the facilities we decant to, regarding the number of CAPRISA patients that can be accommodated in their ART programs per week, the individual accompanying documentation needs to facilitate continued treatment and care of the patient, setting up of clinic appointments for patients to secure a place in the ART programs and referring patients that are appropriate to the government facilities' designated drainage area.

By decanting small numbers at a time and maintaining regular communication with facilities and Department of Health Liaison officials, the process has been slow and deliberate but has not compromised any patients' care.

Positive Prevention for Patients in Care

Prevention among Positives: All patients are offered condoms, and messages on HIV transmission prevention, as they queue for HIV related services in the HIV clinic. In addition patients are educated on the need to disclose to partners, availability of on-site testing for partners, and the need to treat STI's timeously. During post test counseling with patients that test negative, counselors would address the following issues:

(a) Returning for testing in three months, due to possible testing in the window period when HIV antibodies are undetectable;

(b) Dispel any beliefs that the individual is invulnerable to HIV;

(c) Promote condom use to remain HIV negative;

(d) Discuss possible risky sexual behavior that the individual maybe engaging in and safer lifestyle practices.

SUMMARY:

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. With FY 2008 funding the CAPRISA AIDS Treatment (CAT) Program will be continued and expanded at these two

Activity Narrative: sites. Pediatric services will be introduced at the Vulindlela site.
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 eThekweni 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 eThekweni 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 eThekweni 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 Mafakhatini 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13857

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13857	3814.08	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	6634	520.08	CAPRISA Follow On	\$239,500
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4753.09	Mechanism: N/A
Prime Partner: LifeLine North West - Rustenburg Centre	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 23731.09	Planned Funds: \$194,181
Activity System ID: 23731	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Three community-based organizations (CBOs) or faith-based organizations (FBOs) will be identified to join the LifeLine project as sub-grantees. Management in the organizations will be encouraged and supported to improve the quality of service delivery with an increase in beneficiaries.

Existing monitoring and evaluation activities will be augmented with a state-of-the-art data management and reporting system to enhance monitoring and evaluating activities to ensure accurate and reliable data compilation to guide and improve programs.

LifeLine will facilitate active involvement and participation of men in care and support activities, both managerial and at home-based care level within the community. LifeLine will access training programs by other organizations to improve skills within the organizations. CBO/FBOs will be trained to improve current screening to include pain management and identification of symptoms. In the North West province, CBOs, FBOs, and non-governmental organizations (NGOs) may not prescribe medication unless a medical doctor is on staff. In homes where adult care and support takes place, children from these homes are referred to Orphan and Vulnerable Children (OVC) centers, local health facility and social services. CBO/FBOs will also be trained on HIV/family planning integration (for prevention with positives) and other prevention techniques (consistent condom use, reduction of multiple and concurrent partnerships etc), adherence and disclosure support, family centered care, OVC support and pediatric palliative care services. There will be a focus on developing skills and knowledge to support holistic palliative care that includes services falling under Emotional, Social, Physical and Spiritual needs.

LifeLine and the sub grantees plan to strengthen existing referral networks, working relationships with other organizations, and development other networking and referral partnerships within the same geographic areas. This will aid in the provision of holistic service. CBO/FBOs will be trained on and encouraged to refer clients for sexually transmitted infection screening and management, family planning, counseling and testing and substance/alcohol abuse.

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 exists 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 underserved 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 North West 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

Activity Narrative: 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 sub-partner 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$12,435

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9226.09	Mechanism: TBD Public Private Partnership USAID
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 23743.09	Planned Funds: ██████████
Activity System ID: 23743	

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. PEPFAR funds will be used to support implementation of a palliative care program for South African workers and managers in SMEs. The partner to implement these activities is to be determined. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; information, education and communication and linkages with other sectors and initiatives. The target population will include adults (men and women of reproductive age), factory workers, host country government workers and workers in both the public and private sector.

While a growing number of large companies in South Africa are now providing HIV and AIDS related services to their employees, very few small (20-50 employees) or medium (50-200) sized enterprises have made progress towards developing comprehensive strategies to combat the epidemic. SMEs face significant obstacles in providing HIV and AIDS services to employees. In a random sample of SMEs in Gauteng and KwaZulu-Natal conducted by the Center for International Health and Development (Connelly and Rosen 2005), six major barriers to action on the part of SMEs were identified: 1) lack of information about HIV and AIDS services; 2) lack of access to these services; 3) little perception of costs or damages being imposed by AIDS, leading to low willingness-to-pay for services; 4) stigma among employees, who were not requesting HIV-related programs or benefits; 5) lack of external pressure from labor unions, shareholders, or advocacy groups; and 6) the relative weight of other problems facing the companies, making HIV and AIDS a low business priority. The study also reported that the vast majority of AIDS-related attrition occurs among easily replaceable, non-critical, and/or unskilled employees. Because SMEs offer fewer benefits, have higher employee turnover, and employ fewer skilled workers than do larger companies, they are less likely to capture the uncertain benefits of investments in HIV and AIDS programs than are large companies. Given the complexity of the disease and the widespread impact that HIV and AIDS have on companies, communities and local economies, diverse resources and skills are needed. This often requires a multifaceted approach ranging from awareness and prevention to care and treatment to public advocacy. Through public-private partnerships, businesses can deal more effectively and efficiently with the challenges that HIV and AIDS present. Businesses possess expertise and skills that, if applied to the HIV and AIDS pandemic could assist in developing innovative approaches and deploying resources in ways that could greatly assist the fight against HIV and AIDS. Businesses also have experience in product launches, supply chain management and manufacturing. They also have the ability to access and understand important subsets of the population, their employees, major business partners, and customers. Non-governmental organizations (NGOs), on the other hand, often have resources that are key in the response to HIV and AIDS. They have complementary networks, and are trusted by individuals and communities in ways that businesses are not. They have a tradition within the community of aggressively dealing with crisis and they frequently have the leadership in place that can marshal the necessary resources. Government brings crucial resources in the form of infrastructure, policy, regulations, human capacity and the political will to act. Public-private partnerships provide an opportunity for businesses to leverage the diverse resources of another organization and generate value above and beyond what the individual organization could generate on their own.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1066.09	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: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 3102.23640.09	Planned Funds: \$873,814
Activity System ID: 23640	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activities involving children will now be described under Pediatric Care and Support.

The Perinatal HIV Research Unit (PHRU) will continue improving on the care and support package described in the above activities. There is considerable drop-out from HIV-care programs and PHRU will explore innovative ways to improve retention. The greater numbers attending care programs and the relatively longer time between appointments makes this task more difficult. People are extremely mobile and tend to move around seeking opportunities for employment. PHRU will attempt to increase retention rates in care through outreach, counseling and health promotion programs.

PHRU has started investigating HIV-related mental health issues and how to include mental health screening and appropriate referral into the HIV-care and treatment services. Working with psychiatrists and psychologists we are developing a screening tool, assessments and referral to appropriate services. PHRU will strengthen mental health screening and referral to mental health services as issues such as depression and stress are impacting on adherence and quality of life. In addition, we will increase our efforts on pain and symptom screening and provide relief where necessary.

Women are still the main group of people accessing HIV-care and treatment services. Trying to address this imbalance in innovative ways to make the services more attractive to men remains a challenge, and will be addressed in all PHRU's activities. PHRU has specific activities targeting men and expect that overtime more men will access the HIV-care and treatment services.

Prevention for HIV-infected people is an important component of PHRU's work and will be strengthened to ensure that the risk of transmission is reduced. Clients will be encouraged to bring partners and family members to the service for counseling and HIV-testing. Risk reduction counseling will be provided to help the client understand the risks of transmission, condoms will be promoted and distributed, and disclosure encouraged.

Alcohol and drug abuse remains prevalent in many communities that the PHRU works in. Domestic and gender violence, unemployment and other social issues increase risk of HIV transmission. PHRU will explore innovative ways to work with people, especially men, to explore these risk factors and to reduce alcohol consumption. Both community and individual approaches will be explored.

Renovation and refurbishing will be needed at some of the sites we support to increase the capacity and efficiency of the site to provide HIV-care and treatment services.

PHRU has run three very successful Priorities in AIDS Care and Treatment (PACT) conferences which are targeted to public sector health care workers (doctors, nurses and pharmacists) and program and facility managers. These conferences have different themes and are very practical in nature. They have been well received by participants who find that they are able to take away useful information and knowledge to improve the quality of care and treatment access at their facilities. Through these conferences PHRU been able to disseminate it's research findings and HIV-prevention, care and treatment experiences and has invited other PEPFAR partners to share their experiences, knowledge and best practices. Over 800 people have attended these conferences.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14264

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14264	3102.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$1,619,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 481.09

Mechanism: N/A

Prime Partner: Living Hope

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 3025.23097.09

Planned Funds: \$330,748

Activity System ID: 23097

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Living Hope (LH) is due to receive its Council for Health Service Accreditation of Southern Africa (COHSASA) accreditation in October 2009. This will give credibility to the service offered by LH and provides an industry standard to work toward and maintain.

Living Hope will provide a family-centered holistic approach to people living with HIV and AIDS (PLHIV). This will include symptomatic pain relief, medication optimisation and family respite relief. It also includes counseling and education of family members of the patient with respect to HIV and/or TB medication adherence.

LH's social worker, in addition to patient counseling for emotional needs, also provides practical assistance in obtain disability grants, identity documents and where necessary, accommodation and placement in long-term facilities. She will also refer to LH's sister organization, Living Grace, when faced with substance abuse problems. Where applicable, bereavement counseling is provided. LH's in-house chaplains will provide spiritual care and/or liaison with the individual patient's own spiritual counselor where required.

LH's in-patient unit provides linkages and referrals to its community-based staff, where patients are residents within the geographical areas in which LH operates. LH staff will follow up and provide home-based care, medication adherence advice, and general patient monitoring. When a patient is discharged and resides outside of our area of operation, a referral is given to the provincial Department of Health for them to ensure that adequate follow-up by other organizations is maintained.

Multi-drug Resistant (MDR) TB and Extremely Drug Resistant (XDR) TB are areas of concern. LH has established protocols that require TB patients that are admitted to its in-patient unit to be on treatment for 14 days prior to admission; otherwise, they will be isolated until their medication is proving to be effective. Living Hope plans to enhance its isolation facilities in the in-patient unit facility as soon as funding allows. Currently LH staff are under going training for TB DOTS and LH will therefore be able to provide TB medication adherence and monitoring in the home context within the period of this operational plan. Isoniazid preventive therapy, contact screening, active case finding and sensitivity testing is provided by the local provincial government clinic or hospital. LH will coordinate its care program, which is HIV and AIDS-focused, to that of a TB program to enhance the level of service to patients who are co-infected with HIV and TB.

Both in-patient and community-based patients are referred to our Support Group Facilitators and are visited by these people in either the hospice or the home. The patient therefore has a support system established from the earliest opportunity where they can associate with people in similar circumstances and receive ongoing advice, prevention counseling, general counseling and spiritual counseling.

Referrals to other services such as occupational therapy, physiotherapy, speech therapy and nutritional services are also provided.

Living Hope seeks to increase the professionalism of all its care workers and provides specialized palliative care training, IMCI (integrated management of childhood illnesses), Advanced Home-based Care and Patient Advocacy training for LH's Community-based and facility-based care givers.

LH's community and facility-based care providers are given pre-service basic palliative care training. This is an HPCA-accredited 59-day palliative care training. It enables LH carers to provide the basic elements of palliative care service according to South African Government (SAG) standards and to provide a higher standard of Community-based Care (CBC), including IMCI.

LH also encourages experienced CBC givers to participate in advanced home base care courses administered by "Peninsula Training & Assessments". This training includes advanced issues such as better management, patient environment awareness, infection control, patients with special needs, etc. This training equips CBC's to provide comprehensive care to families of HIV-infected individuals, including children. This will result in improved health status of for all family members.

Additional training includes advocacy training that encourages community members to consider HIV testing and initiating ART and helps to reduce stigma in the community. Advocacy training includes education relating to ARV medication and its side effects, monitoring of patient adherence to the taking of their medication, the statistical reporting on patient condition and compliance, and the referral process.

All home-based and in-patient unit care givers are provided with regular in-service or refresher training on the required medical services. This training is provided by peer HBC staff or Living Hope nurses.

Living Hope desegregates adult care data collected by gender to make informed decisions for planning, identifying gaps in gender care to help LH develop a more family-centered approach to care and treatment services.

In an effort to prioritize reaching more women in LH's adult care program, the majority of LH's palliative care staff are women. This improves the confidentiality and comfort of women seeking HIV specific treatment or care. LH also provides training for the women in its adult care program to recognize signs of gender-based violence and provide appropriate counseling and HIV referral services to the community.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13994

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13994	3025.08	U.S. Agency for International Development	Living Hope	6679	481.08		\$325,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechansim****Mechanism ID:** 8708.09**Mechanism:** N/A**Prime Partner:** JHPIEGO SA**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 23528.09**Planned Funds:** \$0**Activity System ID:** 23528**Activity Narrative:** NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO anticipated will not be taking place and the funding mechanism will continue to be through field support. Therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under this program area are expected to continue under the FY 2009 COP and funds are being requested in the new COP entry. Therefore there is no need to continue funding this activity with FY 2009 COP funds in this COP entry.

New/Continuing Activity: New Activity**Continuing Activity:****Table 3.3.08: Activities by Funding Mechansim****Mechanism ID:** 255.09**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:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 2949.23100.09**Planned Funds:** \$0**Activity System ID:** 23100

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to HCBC through the Integrated Primary Health Care Project (IPHC), a collaborative project between the National Department of Health, the provincial Departments of Health in the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West provinces and the United States Agency for International Development (USAID) awarded in 2004 and extended until December 2010 to Management Sciences for Health (MSH). Since this project has a ceiling which cannot be exceeded, no further funding can be added since the contract has reached its ceiling. MSH will work with the DOH to ensure that activities are sustainable to the maximum extent possible. The HCBC activities of MSH will be completed according to schedule in 2010. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 13997**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29499	29499.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	12069	12069.06	APHIA II Western	\$400,000
29498	29498.06	U.S. Agency for International Development	Pathfinder International	12068	12068.06	APHIA II North Eastern	\$250,000
29497	29497.06	U.S. Agency for International Development	Engender Health	12067	12067.06	APHIA II Nyanza	\$100,000
29496	29496.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$472,000
29495	29495.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	12069	12069.06	APHIA II Western	\$474,000
29494	29494.06	U.S. Agency for International Development	Engender Health	12067	12067.06	APHIA II Nyanza	\$400,000
29493	29493.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$850,000
29492	29492.08	U.S. Agency for International Development	Reproductive Health Association of Cambodia	12050	12050.08	RHAC	\$150,000
29491	29491.08	U.S. Agency for International Development	Reproductive Health Association of Cambodia	12050	12050.08	RHAC	\$918,268
13997	2949.08	U.S. Agency for International Development	Management Sciences for Health	6681	255.08	TASC2: Intergrated Primary Health Care Project	\$794,250
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

Table 3.3.08: Activities by Funding Mechansim**Mechanism ID:** 10470.09**Mechanism:** NPI

Prime Partner: Sophumelela

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 24734.09

Planned Funds: \$0

Activity System ID: 24734

Activity Narrative: SUMMARY:

The Sophumelela Clinic Incorporated (SCI) has just received funds under the New Partnership Initiative. Funds were received and activities only commenced in September 2008. SCI has been a sub-partner under the Catholic Relief Services (CRS) Track 1 award for the past four years. Additional funds are being used to support HIV care and support activities not covered under the current award with CRS. Through this program SCI will increase the quality of life for the terminal patients and their families and as SCI assists with the care for the dying and helping families through the bereavement process.

BACKGROUND:

SCI is a non-profit faith-based organization that was formed by the First City Baptist Church, Buffalo City, Eastern Cape, South Africa in 2005. SCI exists to provide comprehensive clinical, social and spiritual care to HIV-affected people and their families in a faith environment within the greater Buffalo City Metropolis. SCI began as, and is currently, an antiretroviral (ARV) roll-out sub-contractor under the AIDS Relief PEPFAR Track 1 Treatment and Care grant to Catholic Relief Services. Soon after opening the ARV clinic, the decision was made to form a non-governmental organization. This was done because of the recognition that the simple provision of ARVs to patients attending our existing clinic did not address their many individual needs and social problems. From its inception the vision of SCI was to provide comprehensive and holistic care services to people infected and affected by HIV and AIDS.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Hospice Care

With FY 2008 funds, a hospice care facility will be developed with the aim that patients will die with dignity rather than the unfathomable situations they are finding themselves in at present, as is so often the case, in a cold shack with no ablution facilities or personal care. This facility would create beds for public hospital patients to die with dignity as terminal patients are discharged from hospital as only emergencies are admitted currently because of the medical overload caused by the HIV pandemic. This facility will be available for both adults and children.

ACTIVITY 2: Home-based Care

SCI will continue to use the same models that have been successful in its current ARV program. Home-based care workers have approximately 30 patients and their families to visit each month. Their main objective is to monitor adherence and provide social and spiritual support. Patients include those enrolled in SCI's ARV clinic, partner NGOs and public health facilities. These patients include both adults and children. In addition, family members will be targeted for HIV-related care and will be referred for other services offered by SCI (e.g., the orphans and vulnerable children program) and referred for services not offered by SCI with local service providers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.08: Activities by Funding Mechanism****Mechanism ID:** 9633.09**Mechanism:** N/A**Prime Partner:** Institute for Youth Development**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: Adult Care and Support**Budget Code:** HBHC**Program Budget Code:** 08**Activity ID:** 29702.09**Planned Funds:** \$612,923**Activity System ID:** 29702**Activity Narrative:** Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.**New/Continuing Activity:** New Activity**Continuing Activity:**

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$147,229,223**Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 257.09**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:** Treatment: Adult Treatment**Budget Code:** HTXS**Program Budget Code:** 09**Activity ID:** 29723.09**Planned Funds:** \$1,960,781

Activity System ID: 29723

Activity Narrative: TBD funds will be utilized by MRC That's It for the recommended HIV/TB activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 10618.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 24967.09

Activity System ID: 24967

Mechanism: Nurse Initiated ART

USG Agency: U.S. Agency for International
Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$3,973,913

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

JHPIEGO's ART2Scale project activities in the FY 2009 COP will separate HIV and AIDS treatment work from systems strengthening. The policy and systems strengthening work on building consensus, and stakeholder buy-in for both accreditation and Nurse-Initiated and Managed (NIM) antiretroviral therapy (ART) policy development, which were dealt with under the treatment section in the FY 2007 and 2008 COPs, will move to systems strengthening. FY 2009 COP activities will be modified as follows:

ACTIVITY 1: Performance Standards

JHPIEGO proposes a model that will link accreditation to standards-based management and recognition (SBM-R), whereby facilities are accredited in order to ensure high quality ART service provision, and the SBM-R approach is used to sustain quality post accreditation. To strengthen TB/HIV integration, JHPIEGO will work with the National Department of Health (NDOH) to develop a specific SBM-R standard focused on improving TB case finding, TB preventive therapy and TB management in accordance with the national TB infection control guidelines. Also, with the NDOH, JHPIEGO will also explore the development of SBM-R for TB service delivery, which would include HIV testing of TB patients.

The SBM-R model will be introduced to five primary health care (PHC) facilities that were assisted by JHPIEGO to get accredited in FY 2007. Building on the FY 2008 COP, during which JHPIEGO would have initiated ART SBM-R in five sites within a district in Limpopo province; JHPIEGO proposes to expand to four facilities with FY 2009 funding, and to strengthen the capacity of district and facility teams to implement the program. This will be achieved through training, on-site technical support, involving different stakeholders and sharing SBM-R results widely with provincial, district and facility staff. Together with the provincial Quality Assurance and HIV and AIDS managers, JHPIEGO plans to establish provincial, district and facility teams in order to institutionalize SBM-R. The SBM-R teams and staff at implementing sites will be trained on the SBM-R approach and tools. The following activities will be undertaken to strengthen SBM-R: conducting baseline assessments of actual performance at targeted sites, conducting root cause analysis and design of interventions, implementing interventions to improve quality of services, supporting continuous measurement of actual performance, and working with the provincial and district management to establish criteria for recognition and rewarding best performing sites. As a result of these interventions, sites are anticipated to achieve a minimum score of 85% on the ART SBM-R standards.

ACTIVITY 2: Strengthening Nurse-Managed Antiretroviral Therapy and Comprehensive HIV and AIDS Services

With FY 2007 funding, JHPIEGO provided technical support to the development of the national NIM ART framework, and conducted a situational analysis to assess capabilities and readiness of NIM ART within comprehensive HIV and AIDS services. It is expected that the focus in the implementation of the FY 2008 COP will be the dissemination of NIM ART results, and further collaboration with DOH in the development and finalization of NIM ART policy. JHPIEGO will further collaborate with nursing institutions and associations on the development of training curricula and strategies for pre-service and in-service nurses. In the FY 2009 COP period, JHPIEGO proposes pre-service and in-service workforce development for nurses in line with the NIM ART framework, which will address the role of nurses and task-shifting in clinical management of ART. JHPIEGO will work with nurse-training institutions to strengthen and align training curricula to NIM ART, and strengthen linkages between the training institutions and provincial departments of health. To improve nursing skills on TB/HIV integration, JHPIEGO will ensure that all aspects of TB/HIV management will be included in the curriculum (e.g. systematically offering counseling and testing to all TB patients and providing insulin potentiation therapy (IPT) to eligible people living with HIV (PLHIV)).

Task shifting will broaden the range of health workers to manage ART services and increase access overall. JHPIEGO proposes a competency-based in-service training for nurses on ART and comprehensive HIV and AIDS management, advanced ART course for ART specialization, development of nursing job aides for ART services, as well as on-site support and supervision to trained providers in selected sites in order to strengthen the management of ART clients by nurses including TB/HIV integration. Competency-based training is a methodology that relies on the learner demonstrating the ability to put the lessons into practice before moving on with other areas of learning. As a result of this intervention, it is expected that 460 nurses will be trained on NIM ART nationally.

ACTIVITY 3: Expand Capacity for Accreditation, Site-Readiness and TB/HIV integration

In the FY 2007 COP period JHPIEGO began conducting national accreditation capacity building workshops for provincial teams. JHPIEGO will focus on district and facility-based trainings in supported provinces and upon provincial request in the FY 2008 COP period. With FY 2009 funding, the accreditation technical support will be expanded from two provinces to four provinces: Limpopo, Northern Cape, Eastern Cape and North West. JHPIEGO will continue to strengthen and expand accreditation through capacity building for the provincial, district and facility accreditation teams. JHPIEGO will conduct district-based accreditation workshops to capacitate the accreditation teams and service providers on site readiness, the accreditation tool and the process, conducting self-appraisal and development of action plans to fill performance gaps. JHPIEGO will assist the department of health prepare twenty-four sites to get accredited. The national accreditation tool will be used as framework to prepare facilities for accreditation, identify gaps and develop action plan, and provide technical support until facility is accredited. The accreditation of primary health care (PHC) sites will strengthen down referral by ensuring that there is capacity at PHC for hospitals to refer ART patients close to where they live. During accreditation on-site support JHPIEGO will assist facilities to strengthen referral systems with other facilities within a service point; and assist them identify and strengthen links with community-based support organization that provide counseling, home-based and other relevant services within the catchment population.

JHPIEGO will ensure the training of staff on infection prevention and control. In collaboration with the Foundation for Professional Development (FPD) and other PEPFAR partners, JHPIEGO will provide

Activity Narrative: continuing education on TB/HIV strengthening using FPD's standardized, certified modules. JHPIEGO will create or strengthen TB/HIV integration models. Patient education will be enhanced through the distribution of TB information, education, and communication (IEC) materials to enable PLWHA to recognize TB symptoms, to protect themselves and others from exposure to TB. JHPIEGO will provide technical assistance on proper ventilation in accordance with the national TB infection and control guidelines. If and when a need arises, JHPIEGO will assist with the procurement of ultraviolet germicide radiation lights in ten of the primary health care clinics or community health care clinics in four provinces (Limpopo, Northern Cape, Eastern Cape and North West provinces).

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

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 28520.09

Planned Funds: \$0

Activity System ID: 28520

Activity Narrative: This PHE activity, 'Antiretroviral Pregnancy Registry ' was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.08.0133."

However, note that OGAC will have to enter the approved budget amount at a later date. The PHE committee on 13 November noted "Approve for continuation and use of FY08 funds. Determination of FY09 funding level contingent on submission of a detailed and satisfactory budget. Please communicate with the PMTCT Evaluation Team."

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 588.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3088.23107.09

Activity System ID: 23107

Mechanism: Strengthening Pharmaceutical Systems

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,615,449

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The signing of memorandums of understanding (MOUs) between Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) with the provinces will enhance accountability by both sides (SPS and counterparts) as the MOUs will list the obligations by both parties as well as the activities to be undertaken.

SPS will keep providing support to this critical component of the National Strategic Plan (NSP), including the strengthening/management of down referral systems.

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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14005

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14005	3088.08	U.S. Agency for International Development	Management Sciences for Health	6682	588.08	Strengthening Pharmaceutical Systems	\$2,328,000
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$499,158

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 255.09

Mechanism: TASC2: Integrated Primary Health Care Project

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2948.23103.09

Planned Funds: \$0

Activity System ID: 23103

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to ARV treatment through the Integrated Primary Health Care Project (IPHC), a collaborative project between the National Department of Health, the provincial Departments of Health in the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West provinces and the United States Agency for International Development (USAID) awarded in 2004 and extended until December 2010 to Management Sciences for Health (MSH). Since this project has a ceiling which cannot be exceeded, no further funding can be added since the contract has reached its ceiling. MSH will work with the DOH to ensure that activities are sustainable to the maximum extent possible. The ARV treatment technical assistance activities of MSH will be completed according to schedule in 2010. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14001

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29489	29489.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$800,000
29488	29488.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	12069	12069.06	APHIA II Western	\$546,000
29487	29487.06	U.S. Agency for International Development	Pathfinder International	12068	12068.06	APHIA II North Eastern	\$424,000
29486	29486.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$300,000
29485	29485.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	12069	12069.06	APHIA II Western	\$200,000
29484	29484.06	U.S. Agency for International Development	Pathfinder International	12068	12068.06	APHIA II North Eastern	\$200,000
29483	29483.06	U.S. Agency for International Development	Engender Health	12067	12067.06	APHIA II Nyanza	\$200,000
14001	2948.08	U.S. Agency for International Development	Management Sciences for Health	6681	255.08	TASC2: Intergrated Primary Health Care Project	\$588,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 268.09

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 7861.23035.09

Planned Funds: \$0

Activity System ID: 23035

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. During the PEPFAR South African Interagency Partner Evaluation, it was decided that Population Council should reconfigure its program areas to focus its strategy as an organization, as well as to optimize its areas of expertise. A decision was made to cease Adult Treatment services and focus on Pediatric Treatment services. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14273	7861.08	U.S. Agency for International Development	Population Council SA	6759	268.08		\$970,000
7861	7861.07	U.S. Agency for International Development	Population Council	4486	268.07	Frontiers	\$0

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2801.09	Mechanism: N/A
Prime Partner: HIVCARE	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3299.23073.09	Planned Funds: \$1,678,247
Activity System ID: 23073	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It is largely anticipated that the funding requirements in this budget period will be reduced as accreditation processes are completed and clinics are able to draw stock from government supplies.

The antiretroviral treatment (ART) clinics have been dedicated to providing ART to eligible patients. It does not operate as a primary health clinic although the clinic does provide care and treatment for opportunistic infections. It has existing systems for radiology, pathology and referral and is operating effectively. Sufficient community-based organizations have been providing home-based care (HBC), tracing and similar services.

The activity has been modified in the following key focus areas.

A. An emphasis on qualitative aspects of patient care, including:

1) Retention in care at the dedicated ART clinics have until recently focused their attention upon the treatment of those already in need of ART. Counseling and testing and the staging of patients have been a minor activity provided to the relatively few walk-in patients. The vast majority of patients are already tested and staged, having been referred by the State clinics in the area. A pre-ART register has been instituted and these patients are being followed up at the required intervals. In addition to the clinics activities a separate call center communicates with each patient in terms of a preset protocol with the objective of informing, educating and promoting the patients personal interest in his/her condition.

2) Support group meetings will be continued and linkages with HBC organizations will be maintained.

3) Increase the linkages and communication with referring State clinics which has been problematic on both sides due to the high workload. The emphasis on compliance is strengthened by strong referral systems with other facilities such as local hospitals and TB treatment sites. Local hospital linkages have proven to be invaluable with regard to PMTCT cases and the subsequent follow up of mother and baby.

4) Ameliorate TB education, screening and follow-up.

5) Increase prevention with positives: State-supplied condoms are inserted in every medicine package and referrals to family planning clinics manage unwanted pregnancies and sexually transmitted infections (STIs).

6) All patients accessing the ART centers have access to trained professional and lay counselors as well as to psychologists should this be required. This assists in the treatment process by providing coping mechanisms for the patient.

7) All ARV medication is issued on a doctor's script and an individual treatment plan is maintained for each patient. This is overseen by an external clinical advisor who is both a highly experienced and qualified HIV clinician. In a similar fashion all switching and treatment changes take place following discussion between the treating doctor and the medical advisor. This ensures quality of care as well as continuity of referrals where this is required.

8) All treatment protocols utilized are those of the National Department of Health in order to facilitate the return of the patients to State care upon the cessation of funding.

B. An emphasis on quantitative aspects of patient care, including:

1) The Youth Clinic offers an outreach service to local church groups, orphanages and nursery schools in order to promote the early identification of HIV-infected persons.

2) The program currently supports ART at 15 primary health clinics, a Youth clinic as well as two dedicated ART clinics.

3) The clinic sites provide palliative care to all patients and all uncomplicated opportunistic infections are treated as part of the comprehensive ART care package offered. This includes the treatment of sexually transmitted diseases.

4) The doctor practices that are supported are able to offer routine HIV counseling and testing and this will be provided. In addition this will be coordinated from the Head Office to ensure accost effective uptake.

5) Cotrimoxazole is widely available and yet the measurement of this indicator have been found wanting. This will be addressed and rectified. Currently cotrimoxazole is available to 100% of patients although the period on the medication differs from patient to patient.

6) Bringing the whole family into care: A family centered approach is followed with patients encouraged to bring their partners and children and to have them test.

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

Activity Narrative: 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 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 sites 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

Activity Narrative: 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 on 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13773

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13773	3299.08	HHS/Centers for Disease Control & Prevention	HIVCARE	6603	2801.08		\$2,134,000
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 328.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09

Activity ID: 3274.23081.09

Planned Funds: \$776,724

Activity System ID: 23081

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Lesedi Lechabile (LL) has explored the possibility of including treatment literacy mobilization activities. As they are based within a wider primary health care setting, these services are already on offer from their clinic. Further, Community Health Media Trust (CHMT) has established a provincial office in the town of Welkom, where LL is based, and will provide treatment literacy to the communities served by LL. Turntable Trust (TTT) works in the rural areas of KwaZulu-Natal. TTT will use materials developed by CHMT to provide pre-treatment and adherence counseling training to peer health educators and to community care givers who in turn conduct community outreach events, door-to-door visits and support group meetings.

John Hopkins University (JHU) will work with its partner Health-E to promote informed media reporting around advancements in treatment.

JHU, together with its strategic partner the South African Broadcasting Corporation (SABC), will produce the second series of "Circles," a new drama targeted at the male market that explores the impact of HIV on men, their spheres of influence and their attitudes across different generations.

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.

Activity Narrative: 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-infected 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13957

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13957	3274.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$3,400,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 520.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3072.23660.09	Planned Funds: \$1,603,158

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In an effort to increase its ability to enroll new patients onto treatment without impacting on current capacity, CAPRISA has established referral networks with various Department of Health (DOH) antiretroviral (ARV) sites for decanting of stable, virologically suppressed treatment patients. The South African Government first line regimen is a twice-daily d4T, 3TC and EFV. Treatment patients who have exceeded 24 months in the CAPRISA treatment program and who are stable and virologically suppressed undergo a single drug switch from ddI to d4T. Clinicians, nurses and adherence counselors monitor and assist these patients over a one-month period ensuring treatment compliance and good immunological response. Patients are then transferred out to their nearest DOH ARV site and clinic staff liaise with DOH sites to set appointments for patients. Patients are given a one-month supply of drug by the CAPRISA pharmacy, and appointments to decanting sites are usually made within the first two weeks after the last CAPRISA appointment.

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 eThekweni Clinical Research Site and Vulindlela clinical research site.

The CAPRISA eThekweni 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 eThekweni 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 Program 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

Activity Narrative: 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 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 eThekweni 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13860

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13860	3072.08	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	6634	520.08	CAPRISA Follow On	\$2,180,200
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1066.09

Prime Partner: Wits Health Consortium,
Perinatal HIV Research Unit

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3101.23644.09

Activity System ID: 23644

Mechanism: PHRU

USG Agency: U.S. Agency for International
Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$8,349,780

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

All activities align with the South African Government's (SAG) policies and programs outlined in the National Strategic Plan (NSP). Pediatric ARV treatment is described separately. The current activities will continue, and emphasis will be placed on the following areas:

Family approach:

Since children are retained in the system better than adults, we will continue to encourage the whole family to be treated in the same facility. Mothers identified through prevention of mother-to-child transmission (PMTCT) as being infected with HIV are referred to antiretroviral (ARV) treatment and care programs and encouraged to bring their partners with for counseling and testing (CT), care and treatment providing a safe space for mothers. Family planning and ongoing counseling are important components to ARV treatment programs and are provided at these ARV sites. The promotion of strong family networks to and support of the family institution form part of the program. Including men in these programs encourages them to be more responsible in their sexual behavior and child-rearing and allows safer disclosure of status and ongoing counseling reduces violence towards women and constructive engagement in health care.

Gender equity:

Most ARV treatment sites have more women than men attending the clinics. The Perinatal HIV Research Unit (PHRU) has a number of programs targeting men that aim to increase the number of men knowing their HIV-status and attending care and treatment programs. PHRU supports adolescent-friendly services that are designed to attend to the special needs of girls and boys in a confidential and appropriate manner.

Workplace program:

The PHRU has over 500 staff and has an active HIV-workplace program. The program comprises HIV-prevention, care and treatment as well as general health care and family planning. Being an HIV research organization, many of the staff are HIV-infected. PHRU also encourages their sub-partners to develop workplace programs.

Lay staff:

Lay staff are the backbone of the ARV program in South Africa. PHRU will continue training and developing these staff to enable them to grow in their careers. In addition, these staff will be used to assist nurses in their duties to enable task shifting to take place.

Strengthen down referral systems:

PHRU has been instrumental in setting up down referral systems in Gauteng. PHRU will continue to disseminate this information through training and mentoring to support increase numbers of ART sites.

Number of sites:

Expanding access by increasing the number of sites that can initiate and maintain people on ARV treatment is important for equity in health care (an NSP goal). Many of these sites require refurbishing or renovation such that these clinics can be accredited and patient flow can be improved resulting in more people accessing ARV treatment. The focus of this expansion is in the rural and less resourced areas of the provinces in which we work.

At the same time, the PHRU will endeavor to pull out of sites that have the capacity of working on their own and only to provide technical support and assistance on an as needed basis.

Expand access to treatment for marginalized and most at-risk populations (MARPs)

A focus of PHRU's ARV treatment and care programs is to increase access to treatment for all people infected with HIV including marginalized and MARPs. PHRU will continue to work by mainstreaming this focus into public sector health facilities.

Training:

Training is becoming an increasingly important component in all our programs and PHRU will continue to expand this aspect. PHRU will continue running workshops, providing in-service training and mentoring, updating staff on latest developments and continue running the larger practically oriented AIDS priorities symposiums, conferences and workshops.

Rural Mpumalanga:

In rural Mpumalanga province, the focus will be on the ARV sites. There are many non-governmental organizations (NGO) now offering HIV-services in the district and rather than duplicating efforts the PHRU is focusing on supporting and increasing the number of ARV treatment sites in the district. PHRU liaises with the other NGOs that provide the support networks in the district.

Adolescents:

The activities have been described under Pediatric Treatment. Young women, in particular, are vulnerable to violence and coercion to engage in sexual activities. While the PHRU focuses on prevention of HIV-infection in adolescents it is recognized that some will require ARV treatment. The sites PHRU supports are trained to be able to provide services that take into account the special requirements of adolescents.

TB:

In South Africa, the TB program is generally run separately from the ARV treatment program. In all programs, TB prevention, screening, testing, referral and follow-up for TB treatment is encouraged.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14268	3101.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$11,185,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,600,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10269.09

Mechanism: TBD Africare Follow On

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 23702.09

Planned Funds: ██████████

Activity System ID: 23702

Activity Narrative: SUMMARY:

The project will provide support to antiretroviral (ARV) services in the district in which they will be operating. The aim of this program area is to extend access to antiretroviral therapy (ART) through increased uptake and the accreditation of more health care facilities within the district.

ACTIVITY 1: Increased access to ARV services

The project will work with district HIV and AIDS managers to identify health facilities for strengthening to provide ART services. The project will work with health care providers within these facilities to identify strategies that will increase access to ART. This would include introduction of treatment readiness programs from the time one is tested HIV-positive through the support groups, thus shortening the time to initiate ART. Also, the project will facilitate down referral of stable patients on ART to primary health care sites and recruit and train private general practitioners in the area to support primary health care clinics to provide ART services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1201.09	Mechanism: HCI
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3108.23892.09	Planned Funds: \$873,814
Activity System ID: 23892	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

While Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will continue to focus on the four key activities described above, the emphasis during FY 2009 will be on expanding these activities and other activities, in the following ways:

ACTIVITY 1: Establish Quality Improvement Teams at the Facility Level

By improving and institutionalizing the formation of quality improvement teams at a facility and district level, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, which is specific to each area / district/ province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites and districts.

ACTIVITY 2: Training

In FY 2009, HCI staff will work to develop Continuing Professional Development (CPD)-accredited antiretroviral therapy (ART) training materials, including a comprehensive package of manuals, posters, flip charts and job aids. The development of these materials will include modules on eligibility for ART, initiation of ART in both adult and pediatric patients, disclosure, ART adherence issues, poly-pharmacy (addressing concomitant administration of medication) and specific ART challenges.

In addition, HCI will revise existing quality assurance (QA) training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health care staff, including informal staff such as community workers, lay counselors and home-based carers. This is particularly important at primary health care (PHC) facilities where HIV-infected clients interact with a wide range of formal and informal health staff.

ACTIVITY 3: Human Capacity Development

As HCI is already in the process of recruiting and placing medical staff in health facilities, these medical staff will be tasked with provision of clinical services to HIV-infected clients on a day-to-day basis and provision of training and mentoring for health facility staff regarding HIV and AIDS care, with specific reference to ART treatment and care services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to department of health (DOH) clinic staff (doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality ART services to all ART clients enrolled on the program / eligible for ART treatment and care. HCI staff and DOH staff meet regularly to ensure that any additional knowledge regarding newer ART medication / treatment options and research findings are readily shared.

ACTIVITY 4: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and ARV treatment sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at PMTCT and CT sites will be responsible for referring HIV-infected mothers and their newborns for onward care, treatment and support, while staff at ARV sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health care system, ensuring compliance / adherence with treatment and an improved quality of life.

HCI staff will also ensure that health care workers are capacitated to ensure appropriate 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 PMTCT, TB or ART defaulters, including HIV-exposed babies who have been 'lost to follow-up'.

HCI plans to strengthen linkages between Orphans and Vulnerable Children (OVC) programs, routine maternal and child health services and ART services. It is envisaged that 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 systems:

HCI has been extensively involved in revision of the Clinic Supervision Manual for health care facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of ART and follow-up services.

ACTIVITY 5: Policy:

HCI will actively participate in the development, revision and implementation of the National ART guidelines, ART monitoring and evaluation framework, ART adherence tool and ART-accreditation policy in collaboration with the national and provincial DOH staff, to ensure accountability and long-term sustainability of this program.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13875	3108.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$1,463,800
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$570,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7861.09	Mechanism: NIAD/NIH Post Phidisa
Prime Partner: South Africa National Defense Force, Military Health Service	USG Agency: HHS/National Institutes of Health
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 17720.23919.09	Planned Funds: \$1,535,583

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY

This activity will continue antiretroviral therapy (ART) and HIV clinical management for approximately 1,500 South African National Defense Force (SANDF) personnel and family member dependents that were previously receiving ART via the Phidisa II clinical trial. The Phidisa II clinical trial, initiated in 2004, compared four combination ART arms and was terminated in December 2007. 1,400 patients have been transferred, beginning in April 2008, to an observational cohort study entitled Phidisa IA, with continued research collection. The Phidisa Project established the infrastructure, staffing, and procedures for ART and HIV clinical management capability at all three of the South African Military Health Service (SAMHS) hospitals, and in three rural sickbays. With the national roll-out, the strategy of the SAMHS Masibambisane Program has been to extend the geographical coverage of ART primarily to rural sites other than the Phidisa clinic and to have a well defined presence in the three SAMHS hospitals. In these hospitals, the Phidisa Project is managing the majority of HIV-infected SANDF personnel and dependent family members; however, a transition has begun to ultimately transfer routine HIV management and care of these patients to the SAMHS. This has been slowed primarily due to lack of uniformed human services to staff these clinics. The SAMHS has been challenged in filling these much needed posts for doctors, nurses, and pharmacists - despite active recruitment. The Charisma Phidisa staff continues to be one source of recruitment, although the numbers have been small. A more feasible strategy for sustainability will be the addition of SANDF resources to support the key Charisma personnel necessary. To this end, co-location and integration of the Phidisa clinic and the SAMHS ARV roll-out clinic is in process. In two of the three hospital sites, where the SAMHS roll-out is also available, patients newly initiated on ART are offered a choice of participating in the Phidisa observational cohort or being followed by the SAMHS roll-out. In those rural sick bays that are Phidisa Project only, patients who choose not to be enrolled in Phidisa 1a are managed by the Phidisa clinic staff, without research collection. HIV management will continue to be comprehensive, with opportunistic infection (OI) prophylaxis and treatment given according to the South African national guidelines. There will continue to be a translation and communication of the Project Phidisa research findings to the SAMHS and to the greater South African and PEPFAR professional community.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Retention of clinical staff and capacity at the six ART sites

PEPFAR funds will continue to support a percentage of the costs (ranging from 10% to 50%) for positions comprised of physicians, pharmacists, nurses, and laboratory technicians as detailed in the FY 2008 COP. Modifications to this activity include the increasing SAMHS Masibambisane ARV roll-out capacity, which has begun at the three SAMHS hospital sites, as detailed above. All three hospitals will have co-located clinics with an ultimate goal of sufficient SAMHS human resource capability (uniformed and civilian) to adequately manage routine HIV ART care and management for active duty members and their families. Periodic training of staff in clinical management and quality assurance will continue without modification.

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 accrual 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

Activity Narrative: 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 jirovecii 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17720

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17720	17720.08	HHS/National Institutes of Health	South Africa National Defense Force, Military Health Service	7861	7861.08		\$2,000,000

Emphasis Areas
Military Populations
Workplace Programs
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2797.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 23936.09	Planned Funds: \$89,286
Activity System ID: 23936	
Activity Narrative: This PHE activity, 'Identifying Optimal Models of HIV Care and Treatment in South Africa,' was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.07.0117	
New/Continuing Activity: New Activity	
Continuing Activity:	

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Estimated amount of funding that is planned for Public Health Evaluation \$89,286
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 192.09 **Mechanism:** AIDS Economic Impact Surveys
Prime Partner: Boston University **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 16505.23937.09 **Planned Funds:** \$300,000
Activity System ID: 23937
Activity Narrative: This PHE activity, Costs and Cost-Effectiveness of Treatment Delivery in South Africa, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.07.0121.
New/Continuing Activity: Continuing Activity
Continuing Activity: 16505

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16505	16505.08	U.S. Agency for International Development	Boston University	6575	192.08	AIDS Economic Impact Surveys	\$300,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$300,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9226.09 **Mechanism:** TBD Public Private Partnership USAID
Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 21166.23739.09 **Planned Funds:** ██████████
Activity System ID: 23739

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. PEPFAR funds will be used to support implementation of an HIV Treatment program for South African workers and managers in SMEs. The partner to implement these activities is to be determined. The major emphasis for this program will be the development of a workplace program, with minor emphasis given to community mobilization and participation; information, education and communication and linkages with other sectors and initiatives. The target population will include adults (men and women of reproductive age), factory workers, host country government workers and workers in both the public and private sector.

While a growing number of large companies in South Africa are now providing HIV and AIDS related services to their employees, very few small (20-50 employees) or medium (50-200) sized enterprises have made progress towards developing comprehensive strategies to combat the epidemic. SMEs face significant obstacles in providing HIV and AIDS services to employees. In a random sample of SMEs in Gauteng and KwaZulu-Natal conducted by the Center for International Health and Development (Connelly and Rosen 2005), six major barriers to action on the part of SMEs were identified: 1) lack of information about HIV and AIDS services; 2) lack of access to these services; 3) little perception of costs or damages being imposed by AIDS, leading to low willingness-to-pay for services; 4) stigma among employees, who were not requesting HIV-related programs or benefits; 5) lack of external pressure from labor unions, shareholders, or advocacy groups; and 6) the relative weight of other problems facing the companies, making HIV and AIDS a low business priority. The study also reported that the vast majority of AIDS-related attrition occurs among easily replaceable, non-critical, and/or unskilled employees. Because SMEs offer fewer benefits, have higher employee turnover, and employ fewer skilled workers than do larger companies, they are less likely to capture the uncertain benefits of investments in HIV and AIDS programs than are large companies. Given the complexity of the disease and the widespread impact that HIV and AIDS have on companies, communities and local economies, diverse resources and skills are needed. This often requires a multifaceted approach ranging from awareness and prevention to care and treatment to public advocacy. Through public-private partnerships, businesses can deal more effectively and efficiently with the challenges that HIV and AIDS present. Businesses possess expertise and skills that, if applied to the HIV and AIDS pandemic could assist in developing innovative approaches and deploying resources in ways that could greatly assist the fight against HIV and AIDS. Businesses also have experience in product launches, supply chain management and manufacturing. They also have the ability to access and understand important subsets of the population, their employees, major business partners, and customers. Non-governmental organizations (NGOs), on the other hand, often have resources that are key in the response to HIV and AIDS. They have complementary networks, and are trusted by individuals and communities in ways that businesses are not. They have a tradition within the community of aggressively dealing with crisis and they frequently have the leadership in place that can marshal the necessary resources. Government brings crucial resources in the form of infrastructure, policy, regulations, human capacity and the political will to act. Public-private partnerships provide an opportunity for businesses to leverage the diverse resources of another organization and generate value above and beyond what the individual organization could generate on their own.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21166

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21166	21166.08	U.S. Agency for International Development	To Be Determined	9226	9226.08	TBD Public Private Partnership USAID	

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4625.09

Mechanism: N/A

Prime Partner: McCord Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 23742.09

Planned Funds: \$246,610

Activity System ID: 23742

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

McCord Hospital/Zoe-Life (MH/ZL) plan to continue to strengthen all activities mentioned in the FY 2008 COP narrative. Slow progress in this program area related to a variety of procurement, budget, and pharmacy systems issues will continue to be addressed. Provision of antiretroviral therapy (ART) at primary health settings will remain a priority within the context of a functional comprehensive primary health care service.

NEW ACTIVITIES:

1. **NUTRITIONAL SUPPORT:** ZL will develop and implement a nutrition screening tool for clinical use within adult HIV care services, at patient literacy sessions and support groups to ensure anthropometric assessment and appropriate interventions. Also, ZL will provide technical support to access micronutrient supplementation for nutritionally compromised HIV-infected patients enrolled in the programs.

C.ZL will develop guidelines for primary level and community-based health-care workers (HCWs) as well as training courses and resources for HCWs to provide integrated nutritional assessments and counseling for adults on treatment, including guidelines for primary health nutrition management of patients with high BMI and side effects.

2. **GENDER:** Access of ART to men will be addressed by assisting non-governmental organization sites to offer ART services after work hours, as well as through provision of ART within the workplace program.

SUMMARY: 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 eThekweni 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.
ACTIVITIES 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** 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

Activity Narrative: 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: 1. Linkages with educational facilities and facilities housing orphan's 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 centres (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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$26,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6183.09

Mechanism: N/A

Prime Partner: Tuberculosis Care Association

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 13839.24473.09

Planned Funds: \$786,433

Activity System ID: 24473

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TB Care Association (TBCA) activities noted in the FY 2008 COP will continue in FY 2009. Activities are planned and implemented in partnership with Department of Health coordinators for HIV/AIDS, STIs and TB (HAST) at all levels of government.

The following additional activities will be occurring in FY 2009:

ACTIVITY 4: Provision of accredited training by becoming an Health and Welfare Sector Education and Training Authority (HWSETA)-accredited provider

In FY 2007/08, TBCA began the process of seeking formal accreditation as a training provider with HWSETA. It is anticipated that in FY 2008/09, approval will be granted and provision of accredited trainings at National Qualifications Framework (NQF) levels 4 and 5 will be offered to community health workers, non-governmental organizations, and provincial governments as needs are identified. Focus of trainings offered will be on educating and working closely with the community with regard to sexually transmitted infections (STIs), including HIV; applying listening skills in the care and support environment; providing information about TB; developing and implementing a client antiretroviral (ARV) treatment plan; health promotion in the community; and provision of primary health care in the community.

ACTIVITY 5: Support to Brooklyn Chest Hospital for Management of multi-drug resistant (MDR) / extremely drug resistant (XDR) TB and HIV

Clinical and psychosocial support will be provided to Brooklyn Chest TB Hospital in the form of two social auxiliary workers who will counsel MDR/XDR-TB patients and run group sessions in the hospital wards. We will employ two lay counselors who will counsel MDR-TB patients attending the outpatient department. These staff will be report to hospital management and be fully integrated into a multidisciplinary team. Training and mentorship will be provided for clinicians to improve HIV care and treatment for co-infected hospitalized patients. Funds will be used to improve the physical environment of the hospital to be more pleasant for patients who are hospitalized for long periods of time. Referral systems will be put in place to ensure that discharged patients complete their treatment, attend follow up visits and receive community-based adherence support, for both TB and HIV.

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 and 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

Activity Narrative: 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; to 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13839

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13839	13839.08	HHS/Centers for Disease Control & Prevention	Tuberculosis Care Association	6628	6183.08		\$910,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7338.09

Mechanism: UGM

Prime Partner: Family Health International SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16091.22956.09

Planned Funds: \$0

Activity System ID: 22956

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for these activities. PEPFAR funds were allocated for Family Health International Umbrella Grants Manager (FHI UGM) to manage sub-partners working in this program area, but in FY 2009, there are no sub-partners receiving funding in this program area. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16091

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16091	16091.08	U.S. Agency for International Development	Family Health International SA	7338	7338.08	UGM	\$1,011,800

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 226.09	Mechanism: N/A
Prime Partner: Foundation for Professional Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 2930.22961.09	Planned Funds: \$20,840,687
Activity System ID: 22961	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity 1: Support to South African Government (SAG) antiretroviral (ART) clinics is expanding to the Eastern Cape (2008) and the Western Cape (2009) after conclusion of memorandums of understanding (MOUs) with these provinces.

At the request of SAG, the Foundation for Professional Development (FPD) will continue to actively assist the Department of Health (DOH) in the accreditation of Community Health Clinics (CHCs) and Primary Health Clinics (PHCs) and the expansion of down referral services. The primary goal of this COP is to build capacity at the CHC and PHC levels in order to support nurse-initiated and -driven antiretroviral therapy (ART). At primary- and community-level, FPD will collaborate with key stakeholders to strengthen scope of non-ART services and coordinate linkages and delivery between these services.

A key focus area is to strengthen family friendly services; these activities will include: to strengthening integration between HIV and AIDS services and Family Planning (FP) Reproductive Health (RH) clinics and Safe Motherhood programs in order to facilitate women's access to services, and partner and family member identification and testing to enroll more men and children.

FPD will work with facility Health Management Information Systems (HMIS) systems to track patient progress and outcomes, support data use and program improvement at site and ensure compliance with national HIV care and treatment patient monitoring systems. Activities in 2010 will focus on developing, strengthening and harmonizing facility- and community-based monitoring systems while ensuring that data quality and data use are integral components of the process. Key to HMIS will be integration and inter-communication with other DOH systems (e.g. National Health Laboratory Service (NHLS) and District Health Information System (DHIS)). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentoring to build sustainable, local monitoring and evaluation (M&E) and HMIS capacity.

Activity 2: Clinical training: FPD anticipates that the number of people trained will increase with around 1,000 additional people trained due to increasing need to train teachers on HIV-related issues in the context of the AIDS outreach activities that involve schools. The mix of course will also be adjusted to meet the current training needs of clients and could also include courses such as an advanced HIV course and a course that integrates the latest developments on HIV/TB and sexually transmitted infections (STIs) for health care professionals who have completed the existing AIDS training portfolio. Depending on demand, this activity could also be used to absorb training requests for TB training on extensively drug resistant (XDR) TB and multi-drug resistant (MDR) TB and counseling and testing (CT) if the dedicated funds in their respective COPs are exhausted and surplus funding is available in this COP. The FPD training model is based on a adult education model and does not extend to direct supportive supervision at the work site, the numbers of people trained would render such follow-up prohibitively expensive (i.e workplace supervisory visits for 7,000 students) The indirect support model will, however, be further strengthened. This includes access to an alumni program that provides monthly continuing education meetings in all provinces in the country, regular news letters, access to a free HIV clinical journal every quarter and access to two toll free support lines: the HIV Hotline that provides treatment advice and the HIV911 line that provides advice about accessing non-governmental organization (NGO) support services.

Activity 3: Management training: Due to the successes of the course and the increasing need from managers for a ladder of learning that allows them to increase their managerial skills as they move up in management seniority, an Advanced Health Care Management Course will be added for around 70 more senior AIDS managers who have completed the Certificate in Advanced Health Management. This qualification will be acquired through a work-based action research project. This cost for this activity will be absorbed by reducing the intake on the Certificate in Advanced Management Course with 50 students.

Activity 4: Internship program: After two years of experience with the program, it was decided to extend the placement period for some interns to 12 months rather than 6 months. This will allow FPD to recruit higher quality interns and also secure the cooperation of some of the hosts who have requested this extended period.

Activity 5: Placement Activity: Africa Health Placements addresses some of the priorities related to Health Systems Strengthening, including recruitment and placement of qualified foreign health care professionals in the public sector. This project currently is the only project of its kind in South Africa, and FPD is working to understand the dynamics behind health professional migration in South Africa, including migration between the public and private sector and also between South Africa and abroad.

Activity 6: Human Capacity Development/Call Center/Clinical mentoring support: This activity is slightly modified to include the use of international infectious diseases specialists who will come on a voluntary basis to provide clinical mentoring in rural parts of Limpopo. The call center activity was contracted to the National Medicines Information Centre at the University of Cape Town, which already had substantial resources in place for this activity with the requirement that they must expand their activities to all provinces.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29309	29309.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	8355	8355.08		\$0
29308	29308.05	Department of Health & Human Services	Catholic Relief Services	11992	11992.05	HRSA/AIDS RELIEF	\$269,550
29307	29307.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	11970	11970.07	CINI	\$20,000
29306	29306.07	HHS/Centers for Disease Control & Prevention	Children in Need Institute	11970	11970.07	CINI	\$30,000
29305	29305.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	8624	8624.07		\$44,169
29304	29304.07	HHS/Centers for Disease Control & Prevention	Share Mediciti (Umbrella)	8624	8624.07		\$43,000
29303	29303.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	7527	7089.08	EGPAF Bilateral	\$200,000
29302	29302.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$20,000
29301	29301.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$25,000
29300	29300.07	HHS/Centers for Disease Control & Prevention	HHS/CDC	5612	3969.07		\$45,000
13745	2930.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$24,705,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$21,465,226

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8683.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 19525.22877.09	Planned Funds: \$383,507
Activity System ID: 22877	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

The Vendor Chain and BizAIDS components of the existing SABCOHA program will begin a CT component that will identify HIV-infected individuals. Through its counseling and testing program, SABCOHA will work with the existing infrastructure, and ensure that newly identified HIV-infected individuals will take advantage of the holistic education, testing, and treatment program for the employed sector.

Once an HIV-infected individual has been identified, it is the aim of the Vendor chain program to ensure adequate transition to care. Most of the HIV-infected 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 addition 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-infected 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:

ACTIVITY 1: 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-infected 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19525

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19525	19525.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$395,000

Emphasis Areas

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 4632.09**Prime Partner:** South African Clothing &
Textile Workers' Union**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 7934.22864.09**Activity System ID:** 22864**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$309,476

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In March 2008, a mobile clinic was purchased by way of a sub-grant from The Solidarity Centre. Although this will initially be used as a mobile voluntary counseling and testing (VCT) clinic, servicing factories within the Amajuba and Uthikhela districts, it is anticipated that in FY 2009, workers that have been initiated on treatment at public sector clinics and are stable, will be "down referred" and managed by this clinic. This clinic is manned by a professional nurse, an enrolled nurse and a lay counselor/driver.

Similarly, HIV counseling and testing (CT) has been rolled out at seven bargaining council clinics in the Western Cape. Within the clinics, lay counselors offer counseling and education on prevention to clients in the waiting rooms.

Currently in the Western Cape, patients testing HIV-positive are being referred to public sector clinics. However, it is anticipated that a Wellness Program will be piloted at Salt River Clinic, one of the seven bargaining council clinics. CD4s, viral loads and other baseline tests will be conducted as will sexually transmitted infection (STI) and TB screening and testing. The Western Cape Department of Health (WCDOH) has committed to cover the costs of all lab tests up until the end of Quarter 1 FY 2008. It is currently being negotiated that this agreement be extended for a greater period of time. Negotiations are currently underway to utilize these clinics as "down referral" sites for all SACTWU members and their dependants that have been initiated onto treatment at Department of Health (DOH) facilities and considered to be clinically stable.

To ensure continuous improvement and quality of care, antiretroviral therapy (ART) clinical staff are provided with didactic training and onsite mentorship. The didactic training is provided by another PEPFAR partner, The Foundation for Professional Development and the medical faculty of the University of KwaZulu-Natal. All lay counselors are trained in defaulter tracing and treatment adherence and provide such interventions where necessary.

Micronutrient supplements are provided where indicated e.g. when clinical assessment indicates inadequate dietary intake to meet basic vitamin and mineral supplements. Food supplements are also provided to severely and moderately malnourished people living with HIV (PLHIV). At the skills development workshops, PLHIV are also taught skills to develop food gardens and provided with seeds.

The social worker makes a home visit prior to any HIV client being initiated onto antiretroviral treatment. A psychosocial assessment is completed and a report is presented at the pre-initiation multi-disciplinary team meeting. Included in this assessment is a report on the client's availability and access to clean water as well as their ability to store clean water within their homes. Lay counselors provide hygiene education and promote hand washing with soap when conducting educational talks in the bargaining clinic waiting rooms.

All HIV clients are initiated onto cotrimoxazole prophylaxis prior to being initiated onto anti retroviral therapy. Screening and treatment for the prevention of cervical cancer in HIV-infected women will be routinely conducted.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13820

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13820	7934.08	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	6624	4632.08		\$450,000
7934	7934.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	\$510,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$2,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 224.09

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 2927.22951.09

Activity System ID: 22951

Mechanism: CTR

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$894,689

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2010, the core deliverables for Family Health International's (FHI) Adult HIV and AIDS treatment section will be to provide outlets that will provide 1) assist in referrals to antiretroviral therapy (ART) services; 2) provide counseling and testing (CT); 3) tracking and tracing of CD4 counts; 4) assessment, diagnosis and management of sexually transmitted infections (STIs); 5) referral to family planning (FP) services; 6) referrals to home-based care (HBC)/ palliative care (PC) programs for care services as well as ART adherence counseling; 7) screening for tuberculosis (TB) in all clients and family members of suspected TB clients; 8) cervical cancer education as part of prevention among positives; and 9) referrals for clients' other needs, such as social and legal support. As part of the client tracking system and providing quality services, monitoring and evaluation systems will be put in place and monitoring activities will continue over the life of the project. Data from the mobile service unit (MSU) will also be reported to the local government clinics and district officers that provide the commodities for the MSU.

The above are in addition to the services described above (FY 2008 COP content) and are based on requests from the department of health (DOH). The additional services are also consistent with the changes already made in the MSUs that are currently functioning.

All staff for the MSUs will have been hired and trained using the DOH approved and certified curricula by the FY 2009 COP. FHI will coordinate with the DOH and other training groups to ensure that MSU staff attends refresher trainings on the services provided by the MSUs.

Starting in FY 2008 COP, FHI will manage all four of the MSUs directly and will continue to do so in the FY 2009 COP as per discussions to date with Project Support Association of Southern Africa (PSASA) and USAID. FHI-SA will continue to work with HBC volunteers in mobile clinic service sites to provide referrals for CT, TB, STI, FP and ART services and to conduct, and continue to conduct, outreach to HBC projects and communities through Information, Education, and Communication (IEC) materials and household visits. In FY 2009 COP, FHI will thus work directly with the communities and the provincial departments of health of Mpumalanga, KwaZulu-Natal, Limpopo and Eastern Cape provinces to scale up community outreach activities in support of the four MSUs through the provision of technical assistance (TA) including training to HBC volunteers to identify PC, CT, ARV, FP and other needs in the household and to refer appropriately.

With FY 2009 funding, FHI will further work with the provincial departments of health in assisting them with their strategies and plans for taking over the functioning of the MSUs as per the MOU agreements. The above will include MSU handover preparations. As part of the handover preparations, FHI will develop and review existing tools and algorithms for services to facilitate and ensure mobile services are in line with the DOH policies and guidelines.

To facilitate quality assurance and quality improvement, and as part of MSU performance assessments, FHI conducts quarterly MSU costs analysis, report analysis and feedback and random MSU visits on-site. FHI also worked with PSASA to develop management guidelines and service protocols for the MSUs, which follow both national and international standards.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29279	29279.08	U.S. Agency for International Development	Abt Associates	11968	11968.08	Health Systems 20/20	\$50,000
29278	29278.08	U.S. Agency for International Development	Abt Associates	11968	11968.08	Health Systems 20/20	\$200,000
29277	29277.08	U.S. Agency for International Development	Abt Associates	11968	11968.08	Health Systems 20/20	\$150,000
29276	29276.07	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	11957	11957.07	University Research Corporation	\$100,000
29275	29275.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	11967	11967.06	New JHPIEGO GAP	\$135,000
13725	2927.08	U.S. Agency for International Development	Family Health International	6583	224.08	CTR	\$970,000
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$136,485

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 242.09

Mechanism: ACCESS

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2939.23179.09

Planned Funds: \$0

Activity System ID: 23179

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, was funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for Jhpiego HTXS is changing in October 2009 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 2009 COP and funds are being requested in the new COP entry.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13781

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29397	29397.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	\$200,000
29396	29396.08	HHS/Centers for Disease Control & Prevention	Research Triangle International	6439	1255.08	Expansion of Routine Counseling and Testing and the Provision of Basic Care in Clinics and Hospitals	\$514,459
29395	29395.08	HHS/Centers for Disease Control & Prevention	Protecting Families Against AIDS	6438	679.08	Promoting Extensive Implementation of Quality Prevention of Mother to Child Transmission (PMTCT)	\$514,459
29394	29394.08	HHS/Centers for Disease Control & Prevention	To Be Determined	9388	9388.08	Multi-Country PHEs	████████
29393	29393.08	HHS/Centers for Disease Control & Prevention	To Be Determined	9388	9388.08	Multi-Country PHEs	████████
29392	29392.08	U.S. Agency for International Development	To Be Determined	12014	12014.08	Technical Management Agent/Civil Society Fund	████████
29391	29391.07	HHS/Centers for Disease Control & Prevention	Voxiva, Inc.	12083	12083.07	Voxiva	\$399,611
13781	2939.08	U.S. Agency for International Development	JHPIEGO	6605	242.08	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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9633.09

Mechanism: N/A

Prime Partner: Institute for Youth
Development

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 22322.23172.09

Planned Funds: \$1,422,328

Activity System ID: 23172

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Institute for Youth Development in South Africa (IYDSA) competed in the South Africa local Annual Program Statement in 2008, and was approved for funding August 6, 2008. IYDSA as a prime partner is also 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 IYDSA will become one of three local implementing partners that will have CRS funds and responsibilities transferred to, and thus current funding levels will increase in FY 2009. These will be adjusted through reprogramming in FY 2009.

The IYDSA treatment program Zisa Uncedo is implemented in the Eastern Cape, where the majority of the population live in a rural setting. This is a resource and capacity poor province. The province requires a further 10,700 professional healthcare workers in order to implement a primary health care service. Buildings are old and space is limited. The disincentive for health workers is strong. The reason for starting the work in these areas is in order to improve the services lacking in the South African Government (SAG) sector, which is affected by the lack of qualified staff, high staff turnover, lack of public sector infrastructure and other challenges related to the historical reality, where former 'black' areas were marginalized from sufficient institutional and financial support by the previous regime.

IYDSA often works alongside and within existing government facilities, as well as supporting community programs implemented the local church structures in these rural areas. Using this strategy IYDSA fosters and gains active community participation. In doing so, the staffing and infrastructure challenges are overcome through task shifting by the training of community healthcare workers. The lack of infrastructure challenges are overcome by working through the existing local church structures and, in special circumstances, provision of limited additional work space through purchase of refurbished shipping containers. The hub and spoke model contributes to mitigating the existing space limitations by down referring patients to satellite clinics within their own communities.

In order to support the down referral of patients, IYDSA plans to transport patients from distant communities during their treatment preparation phase. Once on treatment they will be monitored at a satellite site within their community. This program will be initiated at Kwelera, a site earmarked for Government accreditation. Through this process a cohort of patients will be recruited and initiated in preparation for the implementation of an accredited treatment site.

The average rural person faces very real challenges if they are to maintain their treatment, this includes correct nutrition, stigma, and crucially transport. Often patients will travel extensive distances in order to access care. The Great Kei Treatment Center (an existing treatment facility) is required to be an up referral point for Kwelera, yet patients travel to East London as there are established transport routes. With the initiation of an IYDSA satellite, it is anticipated that over 70 patients will be referred to Kwelera from East London.

The necessity of this development is marked by the unacceptably high default and treatment failure rate in this area. There are no Adherence Monitors and patients have to find the finances on a monthly basis to travel to East London in order to maintain their treatment. This strategy will contribute greatly not only to adherence and consistent treatment, but also to the increase of male and pediatric patients.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22322

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22322	22322.08	HHS/Centers for Disease Control & Prevention	Institute for Youth Development	9633	9633.08		\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$18,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4748.09

Mechanism: N/A

Prime Partner: Health Science Academy

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8242.23067.09

Planned Funds: \$970,905

Activity System ID: 23067

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to the current courses offered, Health Science Academy (HSA) will introduce two new courses in 2009. FY 2009 funds will also enable Health Science Academy to increase PEPFAR capacity by employing a training coordinator for the two new courses. The new courses address the current needs of the National Department of Health (NDOH). The NDOH is currently unable to roll out a full-scale program and regards capacitating itself in order to do so as a priority. The two new courses are:

1) Pharmacovigilance Course

Target group: Public sector pharmacists in South Africa

Program design: The course will be presented as a self-learning package of a manual and CD, supported by two contact sessions. Focused learning activities and tasks will be included in the learning material.

Assessment methodology: Candidates will compile a portfolio during the course and complete a written assessment on completion.

Duration: The course will take six months to complete and will be spread over two years. In the first year FY 2010 Health Science Academy will train 375 learners and another 375 will be trained in FY 2011.

Content: Learning material will include the following topics:

- The role of pharmacovigilance in patient safety
- Concepts and principles of pharmacovigilance
- Adverse drug reactions (ADRs): efficacy and risk in treatment
- Identifying and managing adverse drug reactions
- HIV medication-related ADRs
- Pharmacovigilance for pediatric patients
- Pharmacovigilance of complementary, alternative and traditional medicines
- Communication in pharmacovigilance
- Bringing it all together: Pharmacovigilance in the health care facility

2) HIV and Aids Comprehensive Care Management and Treatment course:

Health Science Academy will address the HIV and AIDS Adherence and Counseling modules of the course. This is a new request from NDOH for Health Science Academy. The course is structured as follows:

Target group: Pharmacist, Nurses and Medical Doctors

Program Design: The course is presented as an interactive workshop based on lectures and participatory learning methods suitable for adult learners. As well as self-study component. The registration period is 6 months.

Assessment Methodology: Learner assessment will be both formative and summative. 20% will be assigned during the workshop for group assignments. 80% will be allocated to the submission of an assignment after completing the self-study component of the course.

Duration: Six days spread over six months

Content: Learning material will include the following topics:

- Epidemiology and prevention
- Pathogenesis
- Diagnosis
- Monitoring HIV and AIDS
- Clinical features
- Opportunistic infections
- Neurological complications
- Neoplasms
- ARV management
- Nutrition
- HIV and infant feeding
- PEP
- Sexually Transmitted Infections
- Vaccines
- HIV and AIDS in the workplace
- Palliative care

Health Science Academy is also committed to supporting the Gauteng province to train more dispensing practitioners than in other provinces. HSA aims to train:

- 600 Community-based Care Givers
- 75 Adherence Counseling
- 1,000 Dispensing Course
- 108 Pharmacists' Assistant

Health Science Academy will place more emphasis on the Pharmacists' Assistant course. Courses for which the uptake is slow will be phased out. These courses include Adherence Counseling and Drug Supply Chain Management. This will allow Health Science Academy to decrease the targets in the above areas and add more to the Dispensing and Pharmacists' Assistant courses.

Activity Narrative: Repackaging of the slow courses

As stated above, the Adherence Course is seen as only a part of the comprehensive HIV and AIDS Management course. The uptake has been very slow for this course. The organization will train 75 healthcare professionals from the KwaZulu-Natal Department of Health. The course is designed for healthcare professionals who hold bachelors degrees and higher. Health Science Academy will repackage the course in order to accommodate other healthcare professionals with lower qualifications but who are engaged in HIV and AIDS work.

Health Science Academy is amongst few partners accredited by the South African Pharmacy Council to provide Pharmacists' Assistant training. This provides an opportunity to train other PEPFAR partners, such as Foundation for Professional Development, CAPRISA, Absolute Return for Kids (ARK) and Right to Care.

Training in the Private Sector

The program stated that pharmacists in the private sector will be targeted as an extension of the HIV and AIDS management in communities by virtue of their expertise in the field. Health Science Academy would intensify advocacy of the program to the private sector in general and the private pharmacists in particular.

Partnerships

Health Science Academy will continue forming partnerships with PEPFAR partners first and other training providers in general. It is through such partnerships that Health Science Academy will train community care givers in Limpopo, Eastern Cape, North West and Mpumalanga.

A relationship with RPM Plus in the implementation of the Supply Chain Management will be sought.

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. HSA will introduce two new courses from client 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 Council for Higher Education. 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-

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13768

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13768	8242.08	HHS/Centers for Disease Control & Prevention	Health Science Academy	6601	4748.08		\$850,000
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**

Estimated amount of funding that is planned for Human Capacity Development \$530

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 271.09**Prime Partner:** Right To Care, South Africa**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 9453.22941.09**Activity System ID:** 22941**Mechanism:** N/A**USG Agency:** U.S. Agency for International Development**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$19,341,122

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ART treatment sites receive the following package of support from Right to Care (RTC):

- RTC conducts an initial needs assessment at all treatment sites, including the epidemiology of HIV and AIDS in the target population served by the treatment site. During this period, RTC also establishes the priorities of the district and provincial department of health (DOH) for the health care facility.
- Technical assistance is provided to establish the policies and procedures at the site. This includes supporting the health care facility to ensure the most efficient workflow processes, task shifting, interaction with local non-governmental organizations (NGOs), pharmacy supply chain management for facilities, data system strengthening and quality assurance assessments.
- Training is provided to all health care workers. This provides both on-site mentorship programs, as well as didactic training courses. Retention of staff and career development are emphasized.
- RTC is focused on the recruitment and retention of staff for treatment sites, particularly in rural and under-served or hard-to-reach populations. Where possible RTC will fill existing DOH positions, or alternatively if a position needs to be supported until the DOH can establish new positions, RTC will employ and second staff to sites. RTC has supported down referral from the overloaded and successful Comprehensive Care Management and Treatment (CCMT) sites of patients stable on ART. Such down referral is conducted with an emphasis on transfer not only of the patient, but also the data record. In addition to internal HAART treatment reviews, quality assurance activities will include the following: (1) review of all counselors at site to ensure consistent treatment adherence education and counseling (2) review of the use of treatment protocols at site including pharmacy and laboratory resource utilization (3) review of management of toxicity e.g. Nevirapine dose escalation and rash or hepatotoxicity, (4) individual clinician level performance review to ensure management is according to training, policies and guidelines, (5) monitoring the quality of care provided by down referral sites and maintenance of down referral guidelines, (6) monitoring prescription, dispensing and supply management of pharmaceutical supplies, (7) provision of cotromoxazole and isoniazid prophylaxis, (8) management of opportunistic infections.

ACTIVITIES AND EXPECTED RESULTS:

RTC will use PEPFAR funds to accelerate the implementation of the National Strategic Plan (NSP) CCMT program at DOH sites. Through memorandums of understanding (MOUs) in the five provinces, RTC plans to enhance the ART services by developing network coverage of the CCMT and primary health care facilities in each district. This may include additional CCMT treatment sites as requested by the DOH. More emphasis is however placed on the improved efficiency of each of the sites, and the integration of CCMT sites into the primary health care facilities through down referral. FY 2009 funds will be used to expand access to treatment with a special focus on the following target areas:

- Improved management of patients according to the treatment guidelines focused on safe, effective ART treatment to reduce HIV and AIDS associated morbidity and mortality.
- Integration of ART with prevention of mother-to-child (PMTCT) activities with Highly Active ART (HAART) provided to all eligible pregnant women.
- Improved follow-up of patients in pre-HAART wellness clinics through the provision of care and support activities at these clinics, strengthening the scope of non-ART services including but not limited to, HIV counseling and testing (CT), HIV primary care, opportunistic infection management, family planning, nutritional counseling, linkages to in-patient care, home-based care, and secondary prevention, and OVC and social services.
- Increased CT for ART access, and transition to care by linking CT activities to referral treatment sites. CT is provided to couples, to reach the partners and family members of individuals already in care.
- Focused activities to the current gender imbalance focused on reaching more men (approx. 65% of ART patients are women).
- Inclusion of pediatric patients in family-focused clinics
- Expansion of the successful down referral model to 18 sites in four provinces Mpumalanga, Free State, Gauteng and Northern Cape as requested by those provincial DOH. By the end of FY 2009 RTC will have over 20,000 patients will be treated at down referral sites.
- RTC will support the early diagnosis of TB, improved TB treatment, access to TB culture and polymerase chain reaction (PCR) testing for drug resistance, HIV testing in TB, and provision of ART to TB patients. Linkage between ART treatment sites and TB hospitals will facilitate care for patients diagnosed with multi/extensively drug resistant TB. Isoniazid prophylaxis will be introduced and expanded in all RTC-supported CCMT sites, in accordance with the national and provincial treatment guidelines.
- RTC will continue to support capacity development for pharmacy services, in particular the training of pharmacy assistants, integration of pharmacy supply chain IT systems chosen in each province with HIV data systems, and overall reporting of outcomes according to SAG and PEPFAR requirements.
- RTC will increase the access to data management systems enabling clinics to monitor quality assurance including CD4 percentage increases, viral load, disease stage, side-effects, adverse events and outcomes at annual intervals.

In order to complement clinic-based ARV services, 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 such as nutrition, wellness and welfare services, encouraging patients to remain on treatment, tracking patients that are lost to follow up and providing home-based care services for those that are terminally ill. The Clinical Mentorship Program will continue to enhance the provision of HIV care by transferring skills, using local and international clinical mentors. Implemented in rural sites and hard to reach populations, with human capacity development and skills transfer, increased numbers of people in hard to reach populations will receive quality care and treatment services. To address gender imbalances, 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.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13797	9453.08	U.S. Agency for International Development	Right To Care, South Africa	6612	271.08		\$29,554,000
9453	9453.07	U.S. Agency for International Development	Right To Care, South Africa	4460	271.07		\$0

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,367,031

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$493,661

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$194,470

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2813.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 23519.09

Planned Funds: \$0

Activity System ID: 23519

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Human Science Research Council (HSRC) requested FY 2008 funding to conduct a situational analysis of adult treatment and HIV service delivery in South Africa. This activity will be completed with the allocation of FY 2008 funding. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 190.09

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2912.22611.09

Planned Funds: \$10,253,724

Activity System ID: 22611

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities from FY 2008 will continue, and in addition, in FY 2009 Aurum intends to scale up prevention with positives, retention in treatment and a focus on public sector consolidation with down referral.

The prevention with positives approach will include risk stratification, risk reduction counseling, substance abuse screening and intervention, condom access (female and male), and couple counseling. Aurum will undertake the evaluation of the effect of these on the sexual behavior of populations at public sector sites.

With regards to down referral, Aurum will focus on the referral of stable patients from district level services to lower levels and develop networks of referral linked to the TB-HIV activities defined elsewhere in the COP.

Networks will be developed in Gauteng, Eastern Cape and Limpopo provinces. Support will include human resources, training and mentoring, pharmacy and data collection support, monitoring and evaluation.

In the general practitioner (GP) and non-governmental organization (NGO) program, Aurum will continue the process of devolvement of patients to alternative means of support primarily within the public system and enroll new patients only at public sector sites. The GP and NGO network will be incrementally downsized from Aurum support to this alternative and strategies as accreditation of NGO sites will be completed.

Retention will be addressed through the development of down referral to clinics closer to patient's homes and linkage to community support from the community health centers and primary health care clinics.

A further activity in the public sector will be surveillance of primary resistance at the Tembisa site to allow for rational drug use and choice. This will be done in cooperation with the Department of Health and local government.

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. The SME Project will provide treatment to targeted SME employees, taxi drivers, market traders and their partners and dependents.

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.

Activity Narrative: 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 Pediatrics (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 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.

ACTIVITY 4: Provision of ARVS to SME employees

People identified as HIV-infected through Aurum activities within the workplace, mobile clinics or taxi ranks will be offered ARV treatment within the GP network if they do not have immediate alternate access to treatment

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13688

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	\$0
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
13688	2912.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$11,857,412
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$528,000

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 192.09

Prime Partner: Boston University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 2916.22612.09

Activity System ID: 22612

Mechanism: AIDS Economic Impact Surveys

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$339,817

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Please note that the activities and reference numbers have been changed. Activity 1 in FY 2008 COP is no longer included as a Basic Public Evaluation (BPE). Activity 2 in FY 2008 COP is now BPE 1 in FY 2009 COP. BPE 2 in FY 2009 COP was previously included under the Palliative Care section of FY 2008 COP.

BPE 1: Evaluation of patient-level non-clinical outcomes

This evaluation will not be modified in any major way from the FY 2008 COP. It is taking place at three PEPFAR-supported treatment facilities that are sub-partners of PEPFAR partner Right to Care and relies on data collected during routine clinic visits. Approximately 800 adult patients will continue to be assessed for non-clinical outcomes of treatment. In FY 2009, the patients being followed will have been on antiretroviral therapy (ART) for 3-5 years, allowing long-term impacts of treatment to be assessed. It is expected that at least three additional publications of international journal quality will be produced by the evaluation team by the end of FY 2009, as well as several site- and issue-specific reports that will assist in developing operational improvements to programs. This BPE serves as an evaluation system to track patient progress and outcomes in terms of non-clinical indicators such as quality of life and economic well-being. Understanding these impacts and improving the non-clinical outcomes of long-term patients is essential to the sustainability of treatment programs. This BPE is expected to continue to serve as a valuable tool for routine monitoring and evaluating of treatment service quality. It will continue to generate information to improve the treatment services being provided by Right to Care and to maximize the economic and other non-clinical benefits of treatment to adult patients and their households.

BPE 2: Improvements in linkages to care

In FY 2009, this evaluation will move from observational data collection to evaluation of programmatic improvements implemented by PEPFAR partners. As noted in the FY 2009 COP Technical Considerations, patients not yet ready for ART require a more active follow-up strategy than is currently in place at most facilities, to reduce loss to care and promote early presentation for treatment. Once the rates of and reasons for loss to care are identified through FY 2008 COP activities, potential improvements in procedures and services will be identified through discussion with the treatment sites and other stakeholders. With FY 2009 funding, two or more such improvements will be implemented and evaluated through this BPE. Depending on the results of these intervention-specific evaluations and availability of funding, ongoing evaluation responsibilities will then be transferred either to the implementers of the interventions (other PEPFAR implementation partners) or to the Health Economics Research Office of the Wits Health Consortium. This BPE is expected to produce at least two publications of international journal quality and to generate a set of recommendations to service providers for improving linkages to care.

SUMMARY: Boston University (BU) will use FY 2008 funds to 1) expand and extend an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa; and 2) extend an ongoing analysis of the outcomes and sustainability of treatment for adult patients. Results will be used to inform future planning by the USG PEPFAR Task Force and South African Government and improve treatment delivery. All of the activities are public health evaluations, and the target populations for the activities are adults, people living with HIV, policy makers, program managers, clinicians (public and private), organizations (all types), and USG staff. BACKGROUND: ACTIVITY 1: BU was requested in FY 2005-2007 to examine cost and cost-effectiveness of alternative models of treatment delivery in use 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. In FY 2007, BU amended the methodology to cover up to the first 24 months on treatment, expand the sample of patients from each site, and analyze new models of treatment delivery initiated after the original sites were selected. In FY 2008, the number of sites will be increased further and the methodology will be refined to generate more detailed information about the relationships between resource utilization (costs) and patient outcomes. In addition, the methodology will be adapted to analysis of pediatric treatment delivery models and an initial set of pediatric sites will be analyzed. ACTIVITY 2: With USG support, BU began an evaluation in 2005 of the impact of treatment on South African patients' social and economic welfare, including quality of life, labor productivity, family stability, and other outcomes. In FY 2008, this evaluation will be continued for a fourth year, allowing examination of longer term outcomes essential to treatment sustainability. Both activities address specific areas of interest of the South African Government and are being undertaken with the approval of relevant local and provincial authorities. Both activities will be conducted in partnership with the Health Economics Research Office (HERO) of the Wits Health Consortium. BU's findings from all phases of the targeted evaluations are being utilized by the USG PEPFAR Task Force and other PEPFAR partners to improve efficiencies within current treatment service delivery models. ACTIVITIES AND EXPECTED RESULTS: ACTIVITY 1: Analysis of treatment models and costs. The USG supports a wide range of treatment delivery models in South Africa, including public sector, private sector, and NGO-based programs. In FY 2005-2007, PEPFAR provided support to BU and HERO for a targeted evaluation of the cost-effectiveness of approximately 10 treatment sites representing various models of delivery, including urban and rural public hospitals, a rural NGO clinic and a rural faith-based clinic, and a private physician-based program. The models and sites have been chosen to represent the most promising or most common approaches to large-scale treatment delivery in urban and rural areas and in the public and private sectors. The analysis relies mainly on retrospective data routinely collected by treatment programs to generate information about which models of treatment delivery are successfully treating the largest number of patients at the lowest cost, which characteristics of delivery systems are most important, and whether patient medical outcomes are affected by the model and cost of treatment delivery. 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. Initial results of the evaluation have raised a number of additional questions that can only be answered by expanding and extending the activity for a fourth year (FY 2008). These 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; and cost-effectiveness of

Activity Narrative: treatment delivery models launched after the original study sites were chosen. In FY 2008, BU will revise its methodology to estimate costs and effectiveness up to 48 months following eligibility, incorporate the larger sample sizes needed to examine subsets of patients, and add additional study sites to the evaluation. In addition, the methodology will be adapted to pediatric treatment, which will require different definitions of outcomes and different time frames for evaluation. The pediatric methodology will be applied to an initial set of treatment sites. The expected results of this activity are accurate and detailed estimates of the costs of delivering treatment and achieving successful outcomes across a wide range of settings and types of patients. This information will assist the South African Government, PEPFAR, and other funding agencies to estimate future resource needs, increase efficiency among existing providers, and target future investments toward the most cost-effective models of delivery. **ACTIVITY 2: Impact of treatment on patients' welfare.** While the medical effectiveness of antiretroviral therapy (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. The sites include a large urban public hospital, an informal settlement non-governmental clinic, and a rural faith-based non-governmental clinic. At each site, a random sample of pre-ART patients and patients who had been on ART less than 6 months were enrolled in the study and completed a baseline 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. Follow-up interviews are conducted during regularly scheduled clinic visits at intervals of 3-6 months, depending on the patient's status. Over the course of FY 2005 and FY 2006, 672 ART patients and 446 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. 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. Information coming out of both of these targeted evaluations will be definitive in designing more efficient and effective programs, contributing to the US Mission's ability to reach its PEPFAR targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29169	29169.06	HHS/Health Resources Services Administration	Catholic Relief Services	11901	11901.06		\$126,026
29168	29168.06	HHS/Health Resources Services Administration	Catholic Relief Services	11901	11901.06		\$2,502
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
13692	2916.08	U.S. Agency for International Development	Boston University	6575	192.08	AIDS Economic Impact Surveys	\$350,000
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 416.09**Prime Partner:** Broadreach**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 3006.22619.09**Activity System ID:** 22619**Mechanism:** N/A**USG Agency:** U.S. Agency for International Development**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$12,518,262

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, BroadReach Health Care (BRHC) will expand capacity building activities all conducted at the request of and in partnership with the South African Government (SAG). The FY 2008 narrative primarily describes activities under BRHC's general practitioner (GP) program with private providers which offers services to HIV-infected persons through three different treatment models. The GP program will be maintained, but the majority of funding for this program area will be for the intensification of BRHC's program to build capacity in SAG facilities. All proposed activities will be aligned with the National Strategic Plan (NSP), national ARV guidelines and other national guidelines governing the care and treatment of HIV-infected people.

Activity 1: Clinical Services

The majority of BRHC support for accreditation has been aimed at district and regional hospitals. In FY 2008 and increasingly in FY 2009, BRHC support for accreditation will shift from hospitals to community health centers (CHCs) and primary health clinics (PHCs) where in line with district/provincial priorities for ART roll-out. Other support for accreditation includes human resources, training, equipment, refurbishment or creation/expansion of space. BRHC will continue to prioritize down referral as a solution to bottlenecks and overcrowding at hospital initiating sites. BRHC takes a holistic approach to down referral, viewing an initiating site and all PHCs as part of one interdependent health system supported by a single information system.

BRHC will employ both facility and community-level approaches to improving the integration of services and referral systems within facilities. The goal is to ensure that at whatever point a patient accesses the health care system (outpatient departments, in patient wards, mobile counseling and testing (CT), antenatal care (ANC), TB clinic, community health workers, home-based care) that a comprehensive package of prevention, care and treatment services are made available to that patient and family and household members. These services will include cotrimoxazole prophylaxis, targeted prevention messages, nutritional counseling, micronutrient supplementation, and routine offer and provider initiated CT. Linkages with family planning, maternal and child health, gender-based violence, directly-observed treatment, short course (DOTS) and nutrition programs will be strengthened.

BRHC support to facilities will focus heavily on integration of TB and HIV services, where routine offer of CT of HIV patients for TB, and of TB patients for HIV is provided in accordance with national guidelines. Importance will be placed on infection control measures in health facilities and in the home and community. BRHC will build on existing DOTS infrastructure, programs and personnel to assist with smooth integration of TB and HIV services.

BRHC's program will include strategic support for strengthening of supply chain for lab and pharmacy as appropriate, and may involve partnership with other PEPFAR partners with this expertise. BRHC engages with the National Health Laboratory System (NHLS) at both facility and district levels to improve systems for collection and transportation of lab tests. Assistance to pharmacy is provided in the form of HR and streamlining of dispensing and drug delivery processes, particularly in down referral settings. All ARVs used at BRHC-supported SAG facilities are procured through SAG.

Activity 2: Human Capacity Development (HCD)

HCD activities will focus on creative problem solving to expand access to comprehensive and integrated treatment services at lower level facilities. Approaches will include training, operations and mentoring support to shift tasks such as treatment initiation and ARV prescription renewals from doctors to nurses. BRHC will review existing best practices before designing new approaches, and use monitoring and evaluation (M&E) of HCD interventions to inform strategies for scale-up.

BRHC provides a combination of in-house and outsourced training courses aimed at ensuring quality delivery of services in the SAG facilities it supports. Training workplans are designed in cooperation with district/provincial authorities and are harmonized to address gaps and increase training volume and coverage. All BRHC implemented/sponsored training courses use nationally certified or DOH-approved curricula. BRHC will engage additional qualified clinical mentors and preceptors to ensure supportive supervision within the work setting.

BRHC provides salary support to SAG staff on a temporary basis to fill critical vacancies. This support will be coupled with budgeting and planning technical assistance (TA) to assist SAG to take over full support of these staff in future budget cycles. BRHC will explore innovative strategies for ensuring retention of health workers, maintaining a healthy and productive workforce, and optimizing workstreams.

Activity 3: Referrals and Linkages

BRHC assists each site to strengthen or develop active defaulter tracing programs by providing TA, personnel and transportation solutions as required. Defaulter tracing models are built on best practices and adapted to the individual needs of a particular health system. In most areas where BRHC works, BRHC's site includes an entire health system, which allows for the creation and testing of scaleable approaches to patient tracing across large geographical areas. BRHC takes a family-centered approach to providing comprehensive care and treatment services and will intensify efforts in this area to build HIV and AIDS-competent communities. BRHC will expand partnerships with non-governmental organizations (NGOs) and community-based organizations in the catchment areas of BRHC sites to ensure uninterrupted service delivery and community-level support for people living with HIV (PLHIV) and their families. Training, institutional strengthening, M&E and other TA will be provided to NGOs/community-based organizations (CBOs) to enable them to meet the demand for community-based services. BRHC will help coordination between SAG facilities and communities.

Activity 4: Information systems/M&E/Quality Assurance & Quality Improvement (QA/QI)

In anticipation of SAG decisions-mandating software, BRHC aims to provide temporary solutions that improve the ability of sites to meet SAG reporting requirements. Information systems build on existing paper

Activity Narrative: -based and register systems, providing added value by improving data quality and information use. BRHC will expand systematic QA/QI approaches across all sites to promote consistent quality of care for all HIV-infected and affected people who seek services in the public sector, and to provide ongoing monitoring and support of training that has been provided. BRHC will focus on the use of patient treatment outcomes, especially viral load suppression, patient retention, and patient adherence, to monitor the progress and quality of programs.

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

Activity Narrative: 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 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 FY 2007 COP will be scaled up significantly in FY 2008 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13697	3006.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$14,326,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,270,998

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6156.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 12341.22755.09

Planned Funds: \$0

Activity System ID: 22755

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. Because the South-to-South program of Columbia University focuses solely on improving care and treatment for children, the FY 2009 funding was moved from Treatment Services to the new categories of Pediatric Care and Pediatric Treatment. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13741

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13741	12341.08	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6590	6156.08		\$1,164,000
12341	12341.07	U.S. Agency for International Development	Columbia University Mailman School of Public Health	6156	6156.07		\$2,600,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4502.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3290.22746.09	Planned Funds: \$4,446,000
Activity System ID: 22746	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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

Activity Narrative: 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 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 began 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13738

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13738	3290.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6589	4502.08	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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2797.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16321.22753.09

Planned Funds: \$2,246,662

Activity System ID: 22753

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 4:

Disease Management System (DMS) Program will now only be supported at three Columbia sites, as one of the sites has been taken over by another partner.

Columbia will provide comprehensive services in:

Prevention - Columbia will address the uptake of prevention of mother-to-child transmission (PMTCT) programs, partner testing, prevention with positives (provider-initiated testing and counseling (PITC) couple counseling, condom promotion and distribution, encouragement of disclosure, behavioral risk reduction interventions, assessment, diagnosis and management of sexually transmitted infections (STIs), effective family planning referrals, and alcohol assessment and counseling. Columbia will also ensure that counseling and testing is offered routinely to clients seeking care in the antenatal clinic, family planning and STI clinics.

Pre-antiretroviral therapy (ART) care – Columbia will use pre-ART registers to keep clients in care, inform timely referral for ART and ensure that pre-ART service providers are sensitized to the eligibility criteria for ART initiation, capacitate feeder sites to manage pre-ART clients until they are eligible for ART, and increase the number of clients enrolled onto pre-ART care following a positive HIV test.

Early referral and retention in care and support - Columbia will initiate and emphasize treatment buddy selection and involvement; sexual partner tracing; engaging families in care; coordinated visits and assessment of family members; couple counseling; support groups; and cohesive care plan for family.

Treatment adherence – Columbia will provide pill boxes, adherence counseling, sensitization of pharmacy staff and community workers on conduct adherence counseling, pill counts at every visit, and educational materials.

Cotrimoxazole (CTX) prophylaxis – Columbia will educate staff on the indications for CTX, providing education materials, trainings, onsite mentoring, pharmacy support to ensure uninterrupted supply of CTX, and providing alternate prophylaxis if CTX is contraindicated.

Family-focused care – Columbia will enroll and assess family members of people living with HIV (PLHIV) as a priority of clinical support activities. The tools to assist this process include family counseling and checklists to ensure mentoring activities identify and address bottlenecks in the family-focused approach.

Pharmacy support - Columbia is currently involved in facilitating the two-year Pharmacy Assistant training program. This training is coupled with field work which assists with decongesting current treatment sites. The regional Columbia pharmacy advisors are supported by one central Pharmacy Advisor who provides onsite mentoring, support with ensuring functioning pharmacy systems are in place at all sites, and regularly communicating with district and provincial departments of health.

Infrastructure support - Columbia will support necessary renovations and site remodeling to ensure suitable space to provide all aspects of the comprehensive program is available. This includes minor structural renovations, alterations to patient flow patterns, and the provision of a project manager to provide expertise and advice.

Interventions for FY 2009 to address challenges around the quality of patient care will include:

- Continuing Medical Education to be incorporated with onsite mentoring on lab staging, and monitoring with particular emphasis on regular monitoring tests (CD4, VL)

- Capacitating clinical teams to identify treatment related complications such as adverse events, side-effects and the formulation of management plans

- Staging of disease is routine at every clinical visit by chart reviews, precepting, case-based learning, and utilizing IEC materials (posters, flip-charts)

- Increasing the number of clients with undetectable viral loads after 12 months of treatment by promoting adherence strategies, prompt follow-up of missed visits, regular lab and clinical staging, early identification and management of treatment related complications, and opportunistic infections.

- Down referrals of stable clients to feeder sites for continuation of ART as part of the chronic care model, with relevant up-referrals for management of complications

- Capacity development of feeder sites to manage ART clients, with the ultimate goal of achieving ART Accreditation

Staffing: to meet the demands of the growing site programs, and Columbia geographical expansion during the FY 2008, there is a need to increase both Columbia staff complement, and DOH staff supported by Columbia. Most supported sites are faced with human resource constraints, and Columbia intends assisting by the direct recruitment of staff, health systems strengthening to retain current staff, and promoting other programs to retain staff (team focused site support, recognition of staff achievements, debriefing sessions, attending to operational issues in a timely manner).

SUMMARY:

Activity Narrative: 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

Activity Narrative: 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 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 FY 2008, 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 State is currently ongoing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16321

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16321	16321.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$0

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2255.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3296.22762.09

Planned Funds: \$5,283,351

Activity System ID: 22762

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Activities funded with Track 1 funding is integrated with the local funding and this comprehensive program (including progress and planned activities) are contained in the local funding COP entry.

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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13769

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13769	3296.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6602	2255.08	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

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 274.09

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3339.22788.09

Planned Funds: \$121,363

Activity System ID: 22788

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2009 funding will support the two-week antiretroviral (ARV) training and the four-day refresher training of Health Care Professionals in the South African Military Health Services (SAMHS). A simpler customized ARV training course for pharmacy assistance will also be funded. Health Care Professionals will also be trained on TB management, particularly management of multi-drug resistant (MDR) and extremely drug resistant (XDR) TB, the new TB guidelines and sexually transmitted infection (STI) syndromic management. There will also be a focus on cervical screening for HIV-infected women.

Adherence counseling facilities will be upgraded at some ARV sites. For improved adherence, members on treatment will be provided with pill boxes.

The project will also focus on site readiness to ensure accreditation of roll-out sites by the department of health (DOH).

Another focus area for successful implementation of health care service delivery will be to equip health centre managers with the necessary management skills. It is necessary that professional clinical training and guidance is provided to clinicians at sites and units throughout the country.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13828

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13828	3339.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$125,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 510.09

Prime Partner: Soul City

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3056.22898.09

Activity System ID: 22898

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$400,255

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 2: The materials were updated and translated into local languages with FY 2008 funding. In FY 2009, more than 200 new training sessions will be conducted with an average of 30 people per session. At least 425,000 copies of these materials will be distributed through Soul City's training partners and to facilities providing antiretroviral therapy (ART), including those of other PEPFAR partners. These materials are also distributed to health facilities, through a partnership with the Department of Health. All Soul City Materials are updated regularly (with each reprint) and checked by experts in the field for quality and accuracy. The training is focused around schools, but is largely with the adult community of the school: the school governing body, teachers and parents. In this way, many adults and children will be assisted to get into ART programs.

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.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13812	3056.08	HHS/Centers for Disease Control & Prevention	Soul City	6620	510.08		\$485,000
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4132.09

Mechanism: N/A

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8107.22887.09

Planned Funds: \$0

Activity System ID: 22887

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

John Snow, Inc.'s (JSI) Supply Chain Management System (SCMS) project does not plan on continuing with this activity, as it involves expertise with patient information systems development, which is not a core mandate of the SCMS project. However, while SCMS does not currently have the technical expertise or staff in country to lead and oversee this type of initiative, SCMS has stated that they could continue this activity if requested by the U.S. Government. Therefore no FY 2009 funding is requested.

SUMMARY:

John Snow, Inc. (JSI), through SCMS, is using PEPFAR funds to strengthen ARV patient information and reporting capabilities utilizing a system based on biometric fingerprinting to ensure data verification and smart cards as a mobile, patient-retained medical record. The prototype system that was successfully pilot tested as a proof of concept was named STAT (Secure Technology Advancing Treatment). SCMS is further developing the STAT system as a cost-effective system that is both scaleable and sustainable. The emphasis areas are human capacity development, local organizational capacity building and strategic information. The primary target populations are people living with HIV (PLHIV) and public and NGO healthcare providers.

BACKGROUND:

The lack of verified program reporting data/performance indicators and use of cumbersome and often incomplete paper-based patient medical records continue to present major challenges in scaling up antiretroviral treatment (ART) programs. Under the DELIVER project, JSI developed a public-private partnership with a local biometrics and smart card leader to design and field test a prototype patient information and reporting system, named STAT, based on combination biometrics and smart card technology. The system was successfully demonstrated in a static clinic environment and also in an offline, remote, rural setting for both ART and care and support services. In order to address emerging issues during the pilot phase around proprietary software, licensing fees, and data transmission costs, which made large-scale implementation impractical, SCMS developed new partnerships in FY 2006 to continue the development of the STAT system in an open source environment, eliminate licensing fees, and design a data transmission mechanism that was both scaleable and sustainable. Specifically, SCMS partnered with Right to Care (RTC), a leading PEPFAR-funded ART provider and their IT collaborator Therapy Edge, to develop a smart card component in the context of a much needed down referral system where patients can be down referred from specialist ART initiation sites to primary health care facilities. Of particular concern in expanding ART services is the reality that large accredited ART sites are becoming overburdened with patient follow-up and are struggling with the human capacity to add new patients. Under these circumstances, the development of effective down referral systems where patients can receive follow-up care and drug re-supply closer to their local communities is critical. The STAT system offers several crucial components to a successful down referral model: from a clinical and quality of care perspective it enables doctors who have stabilized ART patients to track patients over time, quickly assess them, and make clinical treatment adjustments when patients are referred back to the initiating ART treatment site in case of treatment failures; from a patient perspective it enables patients to easily access ARV services at multiple service delivery sites; and from a program performance perspective, it enables program managers and funding agencies to access verified (i.e. high quality) PEPFAR indicators at any time, providing virtually real time reporting and strategic information capabilities. Using FY 2007, SCMS focuses on implementing the solution at the RTC initiation site at Helen Joseph Hospital and several down referral sites that are currently being identified. It is anticipated that this activity will result in a model demonstration system in which SCMS will have developed an open source solution and a standard for smart card systems in health care. This effort is important as the National Department of Health (NDOH) has included biometrics and smart cards in its long-term strategic plan for developing an electronic patient medical record for South Africa. SCMS will continue to build on their collaborative relationships with the SAG, and will also explore potential deployment of the STAT system in private sector environments..

ACTIVITIES AND EXPECTED RESULTS FY 2008:

Specific activities will include STAT system training for ARV service providers, implementation and maintenance of the STAT system at sites, and the development of sustainable financial support mechanisms to ensure STAT remains after PEPFAR funding has been utilized to introduce the system and provide the initial implementation. The focus of activities will include technical assistance and human capacity development.

Activity 1: Technical Assistance

It is anticipated that once the demonstration system for down referral at RTC/Helen Joseph Hospital and its down referral sites is fully operational and documented in FY 2007, that the Gauteng DOH will support expansion of the down referral system across the province. This may involve the utilization of the Therapy Edge/Smart Card as is from the demonstration site, or it may involve a full scale tendering process. Either way SCMS will have made a significant contribution as even in the event of a tender, SCMS will be able to provide the smart card standards that are required for successful systems development and integration. In addition to Gauteng province, the Reproductive Health Research Unit (RHRU) and the Foundation for Professional Development (FPD) have both expressed interest in the smart card concept to assist in down referral systems development. SCMS will follow up on the feasibility of expanding the system to RHRU and/or FPD sites once these PEPFAR partners and others have experienced and evaluated the demonstration project

Activity 2: Human Capacity Development

Training on the patient information system for ARV service providers and data capturers will be conducted

Activity Narrative: for all those participating in the expansion program. Follow-up supervision and technical assistance will be provided and evaluated. It is expected that overall quality of care will be improved by the system's ability to track patient information including ARV initiation, drug regimen changes, and treatment outcomes. SCMS will contribute significantly towards meeting the vision of the NDOH in developing an electronic patient-retained record and will also contribute significantly towards meeting the vision of the USG PEPFAR Task Force Five-Year Strategy for South Africa by providing a state-of-the-art system to facilitate the virtual real time collection, analysis and reporting of the required PEPFAR M&E indicators for ART for thousands of patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14258

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14258	8107.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6756	4132.08		\$0
8107	8107.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4480	4132.07	Supply Chain Management	\$3,000,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2917.22767.09

Planned Funds: \$1,913,973

Activity System ID: 22767

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, EGPAF will continue to assist the Department of Health (DOH) with its down referral process and accreditation of more primary health care (PHC) facilities in an effort to ensure adequate and appropriate geographic and epidemiologic treatment coverage. EGPAF will train PHC-level staff on comprehensive HIV and AIDS prevention, care, management and treatment and, ensure that didactic training translates to good clinical practice. Facility-based quality improvement (QI) teams will be established and service gaps identified will be addressed to ensure quality service delivery. Testing and counseling will be offered at all possible entry points to ensure that HIV-infected people eligible for treatment are identified early. Patients not eligible for antiretroviral therapy will be enrolled into wellness programs. Coordinated linkages with other care and support services within facilities and in communities will be established or strengthened. Prevention interventions will be integrated in care and treatment settings. All HIV-infected patients will be screened for TB, and all TB patients will be offered HIV testing. Tracing or tracking of patients that do not return for results will be strengthened. Monitoring and evaluation systems to track patient progress and outcomes in the care and treatment setting will be put in place. The family-centered approach will be standard practice. After McCord was accredited as a DOH rollout site in 2006 and the DOH provided antiretroviral drugs (ARVs) and HIV-related lab tests it was decided that the funds be reprogrammed for the ARV drug and lab portion. This resulted in funding of McCord and six other sites.

In an effort to strengthen human capacity, task shifting will be explored where nurses will be supported to manage stable patients on treatment thus preparing them for adult treatment initiation in the future. EGPAF will provide support in the form of ongoing didactic training, onsite mentoring, preceptorship and supportive supervision. An integrated training approach will be implemented thus the trainings will cover the following areas, basic and advanced HIV and AIDS training, TB/HIV, sexually transmitted infection (STI) and opportunistic infection (OI) management, QI, monitoring and evaluation (M&E), and general infection control practices.

Gender is a critical issue in treatment, care and support, with implications for the quality and effectiveness of the care provided and, the disproportionate burden on women and girls to provide care. EGPAF will work with DOH to ensure equitable access for both women and men to medicines and other care and support services and resources. Linkages with reproductive health programs for female-headed households and caregivers will be strengthened. Programs for older women caregivers that provided support networks and access to productive resources will be targeted. Programs that target men/ boys and encourage their participation and responsibility in care-giving and household functions, their support for female caregivers and their recognition of the burden of care as well as programs that reduce gender-based violence and promote human rights will be implemented. Specific needs of women will be addressed. Generally, more females than males access treatment services and the ratio is 60:40.

EGPAF overall support is in line with National DOH adult treatment policies and guidelines. The National Strategic Plan (NSP) 2007-2011 Priority Area 2, Treatment, Care and Support, goals 6 and 7 are taken into consideration. All patients will be managed according to government guidelines and standards to ensure quality, including CD4 percentage increases, viral load, disease stage, side effects, adverse events and outcomes at 12 and 24 months.

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.

Activity Narrative: 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.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13767

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29179	29179.06	HHS/Health Resources Services Administration	Catholic Relief Services	11903	11903.06		\$80,658
29178	29178.06	HHS/Health Resources Services Administration	Catholic Relief Services	11903	11903.06		\$1,042,789
29177	29177.06	HHS/Health Resources Services Administration	Catholic Relief Services	11903	11903.06		\$796,975
29176	29176.06	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	3272	1432.06		\$1,900,000
29175	29175.06	HHS/Health Resources Services Administration	Catholic Relief Services	3730	3730.06		\$2,077,346
29174	29174.06	HHS/Health Resources Services Administration	Catholic Relief Services	3730	3730.06		\$3,680,706
29173	29173.06	HHS/Health Resources Services Administration	Catholic Relief Services	11902	11902.06		\$5,449
29172	29172.06	HHS/Health Resources Services Administration	Catholic Relief Services	11902	11902.06		\$184,936
29171	29171.06	HHS/Health Resources Services Administration	Catholic Relief Services	11902	11902.06		\$112,294
29170	29170.06	HHS/Health Resources Services Administration	Catholic Relief Services	11901	11901.06		\$27,832
13767	2917.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6600	193.08		\$5,510,000
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

Emphasis Areas

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6155.09

Prime Partner: Pact, Inc.

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12337.22884.09

Activity System ID: 22884

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$2,077,736

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Human Capacity Development

Pact's primary focus in implementing the Umbrella Grant Management (UGM) Program is the development of human capacity in South African non-governmental organizations (NGOs) and community-based organizations (CBOs) to promote the establishment and strengthening of viable and sustainable civil society organizations. However, the COP guidance is very specific in terms of what can be included in Human Capacity Development (HCD) and for this reason Pact will only address the Leadership and Management development aspects of the UGM HCD activities.

Prior to the signing of grant agreements, Pact provides extensive assistance to partner 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 emphasizes to management staff during this process the importance of ensuring that program and finance units work as a team rather than in isolation. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of management to diversify their funding base and ensure sustainability.

Pact conducts organizational capacity assessments in collaboration with each partner. The core methodologies used in all of Pact's capacity building activities are as follows: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans (ISP). Several individuals from partner organizations participate in the assessments in order to ensure that feedback is obtained from staff at all levels. This process develops the skills of senior management to objectively assess organizational strengths and weaknesses and utilize the results to develop a realistic strategy that will ensure that organizational objectives are achieved (including retention strategies for staff) and identified gaps are addressed. The strategy also details what interventions and support will be provided, by whom, when and how organizational change will be measured.

Pact also conducts workshops that primarily target senior management and board members. A resource mobilization course is offered annually to provide information to partner organizations on sources and strategies for diversifying their funding base. One day of the three day workshop is devoted to developing the skills of participants in writing proposals. Board training is also offered annually to address issues related to fiduciary, legal and ethical roles and responsibilities of board members. Although Pact's Monitoring and Evaluation (M&E) course targets M&E and Program staff, senior management members of partners organizations are encouraged to attend in order to ensure that they understand how to utilize data to make organizational decisions.

Pact, in working with partner organizations over the course of the past four years has recognized that management skills among the leadership of many of the civil society organizations (CSOs) need to be further developed. For this reason, utilizing FY 2008 and 2009 funding, Pact will identify short-term management courses in South Africa that will enhance leadership and management skills. Attendance to leadership courses will be made available to all partner organizations and their sub recipients but will primarily target the partners that have experienced great difficulty in transitioning to the increased funding levels or have new management staff and structures.

Alignment with National Strategic Plan (NSP) or other South African Government (SAG) policies or plans

In developing program descriptions with partners, Pact ensures that activities are aligned with district and provincial business plans, the NSP and/or other SAG policies or plans.

Gender

Pact ensures that gender related activities are clearly articulated in partner's program descriptions and implementation plans. Programmatic and technical assistance provided to partners addresses gender issues as part of the assessments and recommendations for strengthening technical and organizational capacity.

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:

Activity Narrative: 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 PEPFAR 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 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 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 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

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14256

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14256	12337.08	U.S. Agency for International Development	Pact, Inc.	6755	6155.08	UGM	\$2,140,000
12337	12337.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		\$1,100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$948,550

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5191.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9446.23048.09

Planned Funds: \$16,269,216

Activity System ID: 23048

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Reproductive Health and HIV Research Unit (RHRU) will continue with all the activities described above in the new program year. In addition, RHRU will strengthen its network and collaboration with public sector facilities in the Johannesburg inner city through the development of a hospital based care and treatment (C&T) and antiretroviral therapy (ART) initiation and referral model at Selby Hospital. This hospital receives large numbers of "stepped down" patients from large local hospitals, many of whom have undiagnosed or untreated HIV. RHRU will conduct in-hospital case finding through bedside voluntary counseling and testing (VCT). All patients and visiting family members tested will receive support and referral to other services, both clinical and non clinical as appropriate. Eligible patients will receive adherence counseling and fast-track entry to treatment either on-site or through rapid referral to an initiation site. Prior to discharge, patients will be referred to a named ART site with a map and a medical summary indicating the urgency of accessing ART. Patients who are lost-to-follow up will be traced using home-based organizations.

It should be noted that all RHRU assisted initiation sites now have designated down referral linkages which are also receiving support from the program. Nurse initiation of ART at a primary health care (PHC) level will be scaled up in appropriate PHCs, in line with findings from a pilot of this approach in partnership with the Department of Health in Ekurhuleni. RHRU will ensure integration of new approaches and task shifting responsibilities into trainings of health care providers and support staff.

RHRU has developed a set of HIV Standards to guide PHCs on the accreditation, provision and integration of HIV care into their facilities and is working with the National Department of Health to roll these out to all provinces over the next two years (see also Care and Support section). RHRU has been requested by the Department of Health in all three provinces to expand its support to new sites. In 2009-2010, RHRU will expand to a minimum of three new sites, along with their associated down referral networks in Gauteng, North West province and KwaZulu-Natal (KZN).

RHRU will continue to place emphasis on the development and implementation of appropriate systems to streamline and improve care and treatment in all sites it supports. This includes the continuing development and implementation of the Cell Life pharmacy system, patient follow-up systems, case finding methods and facility patient file audits.

Lastly, RHRU will work closely with general practitioner (GP) networks in eThekweni, KZN to ensure up referral of indigent patients to public sector ART sites. RHRU will provide training of GP's and the development and implementation of referral systems.

RHRU has made contact with local prisons, with the view of improving HIV conditions of care and referral networks in the future. In addition, prisoners attending local ART clinics are being counseled regarding safe sex practices; condom access in prisons has been assessed (and appear to be broadly available), while knowledge of HIV prevention appears to be good amongst prisoners.

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 Narrative: 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 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

Activity Narrative: increasing the demand for and acceptance of ART.
New/Continuing Activity: Continuing Activity

Continuing Activity: 13792

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13792	9446.08	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	6611	5191.08		\$22,022,260
9446	9446.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	\$14,783,370

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 486.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4526.23000.09

Planned Funds: \$0

Activity System ID: 23000

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Department of Correctional Services is in its fourth year of funding with a very high carryover amount. All the proposed FY 2009 activities will be supported using carryover funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National Department of Correctional Services has decided to enhance its activities under Treatment Services by conducting training of offenders in Correctional Centre-Based Care. This will increase access to care, support and treatment services for offenders and personnel living with HIV and AIDS and also reduce morbidity and mortality as well as other impacts of HIV and AIDS.

Training includes:

-Training of personnel as support group facilitators (including workplace programs) to assist in the establishment and maintenance of support groups for offenders who are either infected or affected by HIV and AIDS in Correctional Centers;

-Training of healthcare personnel in the Comprehensive Management of HIV and AIDS, including other related diseases (opportunistic infections);

-Training of professionals in spiritual counseling;

- Training of healthcare professionals as ARV Project Managers.

Training of offenders and personnel will be conducted continuously, due to the high turnover of nurses and movement of inmates. This applies for all trainings.

Training of offenders and personnel in support groups never occurred due to lengthy tender processes in order to procure training services.

Correctional Centre Based Care (CCBC): Nursing personnel will be trained on how to utilize offenders in rendering correctional centre-based care. Following training, the Regional HIV and AIDS Coordinator is responsible for the actual implementation, monitoring and evaluation of CCBC.

Correctional Services is using the Primary Health Care approach, in which a nurse deals with the inmates holistically. Subsequent to training, a portfolio of evidence must be completed and assessed by an external service provider. Implementation at the correctional center-level forms part of the day-to-day functions of the nurse depending on the patient's diagnosis.

Correctional Services will train 120 healthcare professionals as ARV Project Managers. All managers will be trained to be equipped with relevant skills to manage ARV wellness clinics effectively. This is to ensure a holistic approach in the management of the inmate.

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 Qalabusha 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14039

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14039	4526.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$203,700
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2787.09	Mechanism: N/A
Prime Partner: Absolute Return for Kids	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3283.22558.09	Planned Funds: \$4,576,503
Activity System ID: 22558	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to above work in KwaZulu-Natal (KZN) province, Absolute Return for Kids (ARK) will be using PEPFAR funds to co-fund its treatment activities in the Eastern Cape (EC). ARK has been requested by the Eastern Cape HIV and AIDS, STI and TB (HAST) unit and the Nelson Mandela Metro to further scale up support in this province. ARK has been supporting the Eastern Cape since 2006 and is currently working in eleven sites delivering care and treatment in ten sites and PMTCT services in one site - Uitenhage provincial hospital.

FY 2009 funds will be used to support the scale-up of integrated treatment services in the EC. The scale-up in these sites will ensure that communities in this resource constrained province are reached at the primary level of care. Nelson Mandela Metro has one of the largest treatment gaps in the province with a large peri-urban population, thus treatment will reach patients in these high burden areas.

Modifications to FY 2008 Activities are as follows:

ACTIVITY 1: Support to KwaZulu-Natal Department of Health and Eastern Cape Department of Health

Referral systems will be strengthened to provide effective referral of patients between ARV, TB, prevention of mother-to-child (PMTCT) and pediatric antiretroviral (ARV) services to ensure that mothers and infants testing positive will be referred for early care and treatment, and people co-infected with HIV and TB receive early diagnosis and appropriate care. Tracing of lab results for HIV-infected pregnant women and HIV-exposed infants for early infant diagnosis will be conducted proactively to ensure that bottlenecks in the system are addressed with DOH partners and the National Health Laboratory Services (NHLS). TB infection control practices are standard at ARK-supported sites and include well-ventilated waiting areas and consulting rooms, safe sputum collection, and patient and staff education on safe cough etiquette and hygiene.

ACTIVITY 3: Family-Centered Treatment Services

ARK supports a family-centered approach that integrates care for the whole family to ensure access to all appropriate services. ARK's PMTCT program will link into the adult ART and pediatric care component. HIV-infected pregnant women will receive comprehensive HIV care including TB and other opportunistic infection (OI) screening and treatment, cotrimoxazole prophylaxis and rapid enrollment for those eligible for ART. All HIV-infected pregnant women and HIV-exposed infants who have a TB contact will receive TB screening, prophylaxis and treatment if appropriate. HIV-exposed infants will be monitored closely in the postnatal period by community-based patient advocates who will ensure referral at any signs of deterioration prior to immunization, and encourage and support testing at six weeks, and entry into care and treatment services for HIV-infected infants. ARK patient advocates encourage male partners, other family members, and exposed children to test and enter care services if needed. Patient advocates provide TB prevention education and engage family members in assisting with treatment adherence measures as part of creating a supportive environment that encourages full disclosure and minimizes stigma within the family.

ACTIVITY 4: Pediatrics

Pediatric ART services will focus on improved child survival activities with specific reference to improved diagnosis and treatment of TB, recommended Vitamin A supplementation, routine immunization and the integrated management of childhood diseases. All HIV-exposed infants will receive the basic preventative care package including infant feeding and nutrition, cotrimoxazole prophylaxis, early testing, and TB screening, prophylaxis and treatment.

ACTIVITY 5: Human Capacity Development

ARK provides training and mentoring of ARK and department of health (DOH) clinical staff (doctors, nurses, pharmacists and pharmacy assistants) in KwaZulu-Natal and the Eastern Cape. All clinical staff receive pre- or in-service three-day training in Adult HIV Management, which is accredited by the Health Professions Council of South Africa for the provision of continuous professional development. The course focuses on HIV infection and disease progression, staging, opportunistic infections including TB/HIV co-infection focusing on TB screening, diagnosis and treatment, antiretroviral therapy, managing side effects, adverse events, clinical monitoring, and adherence support.

In-service training is also provided on pediatric care and treatment and PMTCT for three days, covering early diagnosis and treatment, TB prevention, screening and treatment, infant feeding and nutrition, immunization, cotrimoxazole prophylaxis, adverse events, dosing and adherence. Training is provided both pre- and in-service as well as through on-site mentoring.

ACTIVITY 6: Reporting and Quality Assurance/Improvement

Scale-up of clinical services includes increasing capacity for data management and reporting. All sites will have additional data capturing support, and additional monitoring and evaluation management support at the provincial office. All sites will have internet connectivity to facilitate information management activities.

New activity for FY 2009:

ACTIVITY 7: Construction and Renovation

In those clinics where space is a bottleneck to service delivery, ARK will assist the facility with the provision of space in the form of temporary infrastructure, or renovating existing rooms to ensure more efficient patient flow.

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 (KZNDH), ARK, as the implementing partner, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with the KZNDH 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 KZNDH 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 KZNDH 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 captureurs 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13348

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13348	3283.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$5,820,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$235,682

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 397.09

Prime Partner: Africa Center for Health and
Population Studies

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 2997.22571.09

Activity System ID: 22571

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,165,086

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The most important task for FY 2009 is to develop systems of task shifting. If the Department of Health (DOH) allows the Africa Centre (AC) to start nurse lead antiretroviral therapy (ART) initiations, this will be started with FY 2009 funding. In addition, further task shifting from nurses to lay counselors will be a priority.

A family approach will be established to make sure that families will be appropriately counseled, tested and treated. In FY 2007, AC started family clinics in the two biggest sites and this year will try to make this approach available to other clinics. The wellness clinic will increase cervical screening and will make family planning services more accessible. Provision of psychosocial support where within the clinics and support groups will be available.

The incorporation of provider-initiated testing and counseling (PITC) for all patients attending clinics will improve the numbers of people knowing their status and for those accessing ART, if eligible. A wellness program will be available for patients not yet eligible for treatment. Pre-ART registers have been developed in FY 2007 COP and the wellness clinic will help to identify changes in clinical staging.

Africa Centre will develop food and nutrition policies and guidelines which are adapted to the local, rural community. The dietician in the program will train nurses, counselors and Home-based Caregivers in nutritional assessment and counseling. Anthropometric tools will be bought with PEPFAR funding. For long-term food security support groups will be getting guidance how to establish community gardens. Micronutrient supplementation will be made available following DOH and WHO guidance. Women are encouraged to exclusively breastfeed. However, if the mother chooses replacement feeding, formula will be made available according to the AFASS criteria. Food parcels and porridge will be made available for severely malnourished patients.

Counselors and nurses who work in the ART program receive in-service training in ART care based on DOH curriculum and comprised of four sessions of three hours each, covering ART eligibility, ART, side effects, Pregnancy HIV and ART, TB HIV and ART, adherence follow up of patients, changing regimens and practical sessions like taking routine monitoring bloods. Training primarily takes place on sites at the district clinics by Africa Centre training officers in collaboration with DOH trainers. In addition, individual mentoring of nurses is also done.

All newly-employed healthcare workers in the ART program will receive pre-employment training in all aspects of the full ART, PMTCT and TB package according to government guidelines and standards. This training lasts for two weeks and covers HIV and AIDS, TB, palliative care, drug toxicities, pediatric HIV, pregnancy HIV, adherence, HIV pathophysiology, HIV resistance, and Post-Exposure Prophylaxis (PEP).

Nurses and counselors will also attend educational workshops, as part of long-term training, conducted every month with the aim of improving the quality of care offered to the HIV-infected clients. The scope comprised of the induction training above and other training topics such as syndromic management of STIs, PAP smears and pain management. The training will also be supported with a training-of-trainers approach, will enhance the sustenance of training activities.

AC also offers certificate courses such as supervision, assertiveness, diversity management, facilitation, problem solving and decision making skills, of which all ART staff will be given an opportunity to attend. Some of the staff members are doing post-graduate courses and other courses related to the program where a portion of their tuition is contributed by the employer.

Human resource information systems in the form of HIV and AIDS mini-libraries will be maintained within the clinics to provide information and education to healthcare staff and patients in the clinics. In addition, the training will also be supported with training-of-trainers approach. This approach will enhance the sustenance of training activities.

Poverty, unemployment and unpleasant socioeconomic status are prevalent to people living with HIV (PLHIV) in the area. AC has a Community Development Department, which has, over the past several years, successfully developed income generating programs, such as beadwork, woodwork, sewing, food gardens, poultry farming and sleep mats, in the rural area of Hlabisa Sub-district,

Income generating activities have been started in FY 2008 and will continue in FY 2009. PEPFAR funding will be used to strengthen the community development department through additional staff. These staff members will then develop business plans for the PLHIV groups and supervise their activities.

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 KZNDH 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

Activity Narrative: 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 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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13371

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13371	2997.08	U.S. Agency for International Development	Africa Center for Health and Population Studies	6453	397.08		\$2,619,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$40,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6151.09

Prime Partner: Academy for Educational Development

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12332.22566.09

Activity System ID: 22566

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$2,850,239

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AED-UGM will continue providing technical assistance (TA) and capacity building to new and ongoing sub-partner organizations using the same strategy as mentioned above.

AED-UGM has one sub-partner, Population Council, working in this program area. Given the fact that Population Council is an organization that has a strong organizational structure and is technically sound, AED-UGM views them as a partner who could potentially assist other sub-partners in the following ways: 1) sharing Strategic Planning and Organizational Management and Human Resources tools and expertise; 2) exposing them to ideas for project development/design; 3) sharing of administrative, financial and human resources updates; 4) helping them to explore ways to incorporate men into HIV and AIDS programming; 5) helping to improve scientific writing skills; and 6) sharing experiences in networking and advocacy.

With FY 2009 funding, AED-UGM will organize and conduct leadership seminars, dissemination workshops, forge twinning relationships and convene trainings where Population Council's expertise will be used to strengthen sub-partner organizations and expose them to best practices in HIV and AIDS service delivery, specifically in the areas of treatment and the continuum of care. Examples of planned activities in year two in this area are: 1) Leadership Seminar on Community Mobilization; 2) Leadership Seminar on HIV and AIDS operations research findings and thematic topics; 3) convening of dissemination workshop to share research findings with sub-partners; and 4) exchange visits/twinning relationship between Population Council and GRIP on Rape Crisis Interventions, exploring opportunities for increasing access and adherence to antiretroviral therapy (ART).

Although no domain scores were assigned when conducting the Population Council's capacity building (CB) assessment in year one, their staff emphasized the benefit and usefulness of attending the AED-UGM's Monitoring and Evaluation (M&E) workshops and would like to participate in future training of this nature. Additional areas where technical support would be helpful include: 1) index training for improving their filing systems, 2) accessing long-term support to address staff educational needs, and 3) exposure to research and thematic topics on HIV and AIDS-related issues. To date, the Population Council has received support from the Educational Training Fund (ETF) for participation in two courses: one on the Essentials of Human Resources and one on USAID Rules and Regulations; both offered by external training providers. It is anticipated that Population Council will continue to benefit from staff professional development courses sponsored by AED-UGM.

AED-UGM is a capacity building program which ensures that sub-partner organizations collaborate and coordinate with SAG. AED-UGM seeks to ensure that all sub-partner service delivery strategies are aligned with the four priority areas in the NSP, namely: (i) Prevention; (ii) Treatment, Care and Support; (iii) Research, Monitoring and Surveillance; and (iv) Human Rights and Access to Justice.

AED-UGM is committed to gender equality and has established systems, procedures and monitoring and evaluation instruments to ensure sub-partners are sensitive to this issue. Since gender equality and gender equity are concerned with ensuring that the needs of women, men, girls and boys are addressed in all phases of program planning, AED-UGM monitors the integration of gender concerns in situation analyses, the formulation of objectives, program activities and MER plans. Thus, AED-UGM goes beyond the mere counting of the number of females and males attending training courses by actively promoting gender equality and gender equity, and providing support to sub-partners to enable them to address this issue effectively. As part of this process, sub-partners are required to report on gender-related activities in their quarterly monitoring reports. Gender equality consultants will also be engaged to strengthen the expertise of AED-UGM in this area.

Sub-partner organizations sign MOUs with provincial and district departments. Details concerning the status of MOUs in different provinces will be provided in sub-partner COPs. AED-UGM ensures that sub-partners report progress on SAG collaboration efforts and MOU status on a quarterly basis.

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 populations are indigenous 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 PEPFAR 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. Treatment programs include patient uptake, counseling and testing, doctor

Activity Narrative: consultations, laboratory testing, treatment management, adherence support, patient counseling, telemedicine, 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:** Separate COP entries describe the ARV services activities implemented by each partner managed through this process. 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 2. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13365

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13365	12332.08	U.S. Agency for International Development	Academy for Educational Development	6451	6151.08		\$2,808,500
12332	12332.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		\$2,050,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,245,980

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 167.09 **Mechanism:** N/A
Prime Partner: Africare **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 2908.22581.09 **Planned Funds:** \$0
Activity System ID: 22581

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13380

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
13380	2908.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$285,000
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

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4616.09 **Mechanism:** N/A
Prime Partner: CARE International **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 19524.22640.09

Planned Funds: \$0

Activity System ID: 22640

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The sub-partner Centre for the AIDS Programme of Research in South Africa (CAPRISA) has been graduated to a prime partner with its own award so these activities will continue through the new award. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19524

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19524	19524.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$67,871

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2790.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 3288.22650.09

Planned Funds: \$0

Activity System ID: 22650

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Training will be provided to health care providers from various stakeholders (department of health (DOH), Municipalities, community-based organizations (CBOs)), nurses, doctors, pharmacists /pharmacist assistants, dieticians where available and data capturers. The outcomes of training are improved service delivery, role clarification and responsibility, strengthened partnership with stakeholders, increased enrolment of males, quality assurance, integration of services, as well as better coordination and monitoring of the HIV and AIDS programs, improved compliance of treatment and reduced HIV and AIDS prevalence. Quality assurance will be provided through continuous oversight and follow-up by the AIDSRelief agency members, field trip visits, annual antiretroviral therapy (ART) conference, and on-site support to clinical staff implementing the program.

Family-centered testing and care approach will be used where possible. Couple counseling and testing (CT) at CT and prevention of mother-to-child transmission (PMTCT) sites will be used to promote testing of men and to build their support for their female partners. It is also hoped that, through a community-based testing, increased outreach will be made to women and children in villages. Where possible, training and employment of women as health care workers to increase the confidentiality and comfort of women and girls seeking treatment will be emphasized.

Given that AIDSRelief sites operate in rural and remote areas, where technical capacity and infrastructure is lacking, heavy emphasis is put on provision of laboratory services through a quality service provider. To overcome this challenge, a Johannesburg-based Toga Laboratories, another PEPFAR-funded partner, has been selected as the laboratory service provider for laboratory tests to be conducted under the program. The company has been established by Prof. Des Martin and Dr. John Sims, long-time South African virology experts. Toga Laboratories has an ongoing quality assurance (QA) program to monitor and evaluate, objectively and systematically, the reliability of the laboratory data. There is an in-house laboratory quality unit which coordinates external quality assurance. For every test performed in the laboratory, there is a quality control plan stated in standard operating procedures (SOP). Internal quality controls (IQC) are performed daily on all instruments as well as for manual tests and recorded. External quality assessments include the UK National External Quality Assessment Scheme (UKNEQAS) as well as National Health Laboratory Services (NHLS) assessment programs, among others.

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

Activity Narrative: 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. Sinosiso 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 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13714

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13714	3288.08	HHS/Health Resources Services Administration	Catholic Relief Services	6580	2790.08		\$4,179,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$775,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 2792.09

Prime Partner: Catholic Relief Services

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 3286.22645.09

Activity System ID: 22645

Mechanism: Track 1

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$1,906,567

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Activities funded with Track 1 funding is integrated with the local funding, and this comprehensive program (including progress and planned activities) are contained in the local funding COP entry.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13716

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13716	3286.08	HHS/Health Resources Services Administration	Catholic Relief Services	6581	2792.08	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	\$4,461,580

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,600,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 2808.09	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 3334.22682.09	Planned Funds: \$776,724
Activity System ID: 22682	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It was determined that Activities 1-6 are now covered under Health Systems Strengthening. With FY 2009 funds, these activities will continue as described in the FY 2008 COP with expansion to new geographic areas as sites are graduated. In FY 2009 there will be an emphasis on developing graduating sites as mentors to new sites for sustainability.

Activity 7: Pharmacovigilance

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 is to ultimately improve the quality of care that patients receive in public sector facilities.

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; Activity 1 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13868	3334.08	HHS/Health Resources Services Administration	University of Washington	6637	2808.08	I-TECH	\$2,455,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$600,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 500.09

Prime Partner: National Department of Health,
South Africa

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 3282.22851.09

Activity System ID: 22851

Mechanism: In Support - CDC

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: \$847,600

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

With the appointment of a new Deputy Director-General responsible for oversight of the HIV & AIDS, TB, and Maternal and Child Health Program, it is expected that support to the Department of Health will increase in FY 2009, as it has already been seen in FY 2008, with increased support to the Free State and Eastern Cape Health Departments, and financial support set to expand to other provinces, including the North West province.

BACKGROUND:

As per the expanded vision in PEPFAR II, and the need to provide comprehensive support, funding to support all the components of the Comprehensive Plan for HIV and AIDS Care, Management and Treatment (CCMT), including integrating prevention with positives, maternal and child health, pediatric care, support and treatment, and TB-HIV integration.

ACTIVITIES AND EXPECTED RESULTS:

Activities commenced in FY 2008 and expected to continue in FY 2009 include:

- a) Implementing the community IMCI module through the capacity building of community health workers currently involved in supporting ART adherence at home and community level;
- b) Printing of revised guidelines on HIV care and treatment, including management of people living with HIV;
- c) Support for additional staff and related travel costs; and
- d) Community mapping of HIV care and treatment services.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14061

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14061	3282.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$873,000
7368	3282.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	\$1,342,728
3282	3282.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	\$357,272

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6134.09

Mechanism: N/A

Prime Partner: Toga Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 12329.22834.09

Planned Funds: \$0

Activity System ID: 22834

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to ARV Services for Toga Laboratories. However, based on the project's activities, it became clear that the funding would be more accurately categorized under Laboratory Infrastructure. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13841

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13841	12329.08	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6630	6134.08		\$218,000
12329	12329.07	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6134	6134.07		\$300,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7301.09	Mechanism: UGM
Prime Partner: Right To Care, South Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 15944.22936.09	Planned Funds: \$97,090
Activity System ID: 22936	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

UGM non-governmental organization (NGO) Management and Sustainability:

Right to Care (RTC) will support sub-partners with established policy guidance and procedures that meet the requirements of both the South African labor law as well as the USAID regulations. All sub-partners will have access to the RTC human resources capacity.

Support of infrastructure is given through expertise within RTC for advice and consultation. Through various infrastructure projects, RTC has developed expertise in proper clinic flow, effective interior space design in both CCMT sites as well as TB clinics. Other sub-partners facing infrastructure challenges will be able to make best use of limited resources which are necessary in increasing clinic capacity. Sustainability of sub-grantees will be supported through RTC's continued relationship with the Department of Health to ensure that continued HIV and AIDS response is in line with the strategic plan for South Africa, ensuring that once the PEPFAR program is complete, that the activities of the NGO can be taken over by the South African Government.

Where systems are identified to be inadequate, RTC aims to capacitate sub-partner organizations to manage their programs independent of RTC. Within the implementation plan and budget, RTC has planned 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.

Adult Antiretroviral Therapy (AART):

RTC will help sub-partners to accelerate the implementation of AART and to support non-governmental organization (NGO) treatment sites in districts where government provision has not yet been rolled out.

RTC, with its extensive treatment expertise, will give TA to sub-partners to ensure that each ART patient at sub-partner-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 focus on reducing stigma and encouraging disclosure in order to enhance drug compliance and to improve patient retention. Emphasis will be placed on an integrated, family approach, increasing the number of HIV-infected children and pregnant women on ARVs, couple counseling, prevention and disclosure, linkages and referrals to care for sexually transmitted infections (STIs), family planning, and TB, and enrollment and retention in care.

Sub-partner pediatric treatment funding will be used for: (1) human capacity development and salaries -- NGO and faith-based organization (FBO) clinics receive sub-awards for doctors, nurses, pharmacists and counselors (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 sites, (4) procurement of health commodities; (5) procurement of laboratory services for pathology monitoring; (5) provision of ARVs and related medications (i.e. cotrimoxazole prophylaxis)

RTC supports its AART providers by disseminating policies and guidelines and sharing best practices. Ongoing quality assurance and supportive supervision is undertaken by centralized treatment experts. Clinical mentorship is provided in various forms. Doctors and nurses at sub-partner organization's sites can spend time working at Themba Lethu clinic or other RTC-supported government sites, call hotline numbers for urgent assistance, receive case-specific advice on patient management, and request mentors to see difficult cases alongside as part of the learning process.

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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15944

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15944	15944.08	U.S. Agency for International Development	Right To Care, South Africa	7301	7301.08	UGM	\$500,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 257.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 2953.22926.09

Planned Funds: \$0

Activity System ID: 22926

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for these activities. As the Medical Research Council of South Africa (MRC) is dealing with research and not the implementation of programs, a decision was made during the PEPFAR South Africa Interagency Partner Evaluation to discontinue the TB/HIV multi-drug resistance budget as well as treatment, care and counseling activities, and put them under a TBD Funding Opportunity Announcement. Therefore there is no need to continue funding this program area with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14023

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29539	29539.08	HHS/Centers for Disease Control & Prevention	To Be Determined	12096	12096.08		
29538	29538.08	U.S. Agency for International Development	Academy for Educational Development	6451	6151.08		\$66,000
29537	29537.08	U.S. Agency for International Development	CARE South Africa	12095	12095.08		\$2,250,000
29536	29536.08	U.S. Agency for International Development	JHPIEGO SA	12094	12094.08		\$4,293,000
29535	29535.08	U.S. Agency for International Development	World Vision South Africa	6647	4103.08	World Vision	\$200,000
29534	29534.06	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	12144	12144.06	ASPH Cooperative Agreement	\$150,000
29533	29533.06	HHS/Centers for Disease Control & Prevention	PATH AIDSTAR	12092	12092.06		\$380,256
29532	29532.08	HHS/Centers for Disease Control & Prevention	Deloitte Consulting Limited	12090	12090.08	CDC Deloitte	\$88,380
29531	29531.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	12088	12088.08	UCSF-Local	\$62,000
29530	29530.05	Department of Health & Human Services	US Centers for Disease Control and Prevention	12085	12085.05		\$251,461
14023	2953.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$2,019,540
7660	2953.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		\$1,889,272
2953	2953.06	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	2645	257.06	TB/HIV Project	\$1,212,728

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7300.09

Mechanism: N/A

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 15943.22895.09

Planned Funds: \$242,726

Activity System ID: 22895

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. After discussions with CDC South Africa and the National Department of Health, it was decided that the project be piloted in the Northern Cape first. Therefore, the project will be implemented in four clinics in the Northern Cape. The clinics will be selected by the provincial department of health (DOH).
2. The project sites should be part of the South African DOH antiretroviral (ARV) sites and not the Planned Parenthood Association of South Africa (PPASA) Youth-Friendly Services (YFS) clinics. The sites will function as satellite ARV clinics for young people. This approach will mean that Pathfinder can provide services rapidly, without undergoing lengthy ARV accreditation process for new clinics, and that the provincial Department of Health will be more likely to be partners in the project.
3. Shelter will be provided for youth by support groups and peers.
4. Doctors are to be provided and supported by the DOH.
5. Peer educators will do home visits to support young people on treatment and follow up with youth that are defaulting on treatment.

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

Activity Narrative: 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 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 and AIDS services and care for young people.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15943

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15943	15943.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7300	7300.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 4105.09

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: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 22312.22869.09

Planned Funds: \$1,446,938

Activity System ID: 22869

Activity Narrative: SUMMARY:

The Southern African Catholic Bishops Conference (SACBC) is also 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. The Adult Treatment activities are thus mostly contained in the CRS narrative, and the funded activities described in this COP narrative will address the efforts to prepare the SACBC to assume full responsibility for the treatment activities in FY 2009. These activities are:

ACTIVITY 1: TREATMENT

The SACBC has a major orphans and vulnerable children (OVC) program described elsewhere in the COP. Some of the SACBC already have co-located OVC and treatment services, and this will be scaled up in FY 2009. Appropriate staff at implementing sites will be identified for training around treatment issues to provide for improved HIV care and treatment service delivery at OVC, as some sites currently only refer people living with HIV (PLHIV) who qualify for treatment to appropriate local treatment centers. This training will be provided by the CRS/SACBC Track 1 program. Efforts will be made at all sites to identify people who qualify for treatment at an early stage to enable them to access services timeously.

ACTIVITY 2: GENDER MAINSTREAMING`

The program is aiming at ensuring equitable access for men and women to services, and address issues on stigma mitigation. The program will address the obstacles that women and girls face in accessing health care, ranging from cost of treatment, transportation, and child care, to appropriate appointment schedules, sufficient women health workers, and guarantees of privacy and confidentiality. Where possible, training and employment of women as health care workers to increase the confidentiality and comfort of women and girls seeking treatment will be emphasized. Men will be targeted as caregivers and edify their role in the society.

ACTIVITY 3: FAMILY-CENTERED APPROACH

A family-centered testing and care approach will be used where possible. Couple counseling and testing at sites will be used to promote testing of men and to build their support for their female partners. It is also hoped that, through community-based testing, increased outreach will be made to women and children in villages. There will be a renewed emphasis on the family-centered approach through: grouping family visits together, in providing psychosocial support, encouraging interactive family sessions, and assisting families with social service applications (child grants etc.) where possible.

Awareness campaigns and workshops will be conducted to address various family members in areas around treatment literacy, opportunistic infections, and linking nutrition with treatment.

ACTIVITY 4: CAPACITY BUILDING

Training of trainers will occur at the site level. Sites that are closer to each other will team up together to facilitate training. Existing health systems serving patients in HIV care and support will be strengthened.

There will be scaling up of linkages, coordination and referrals to programs like immunization and if necessary primary health care centers. The objective is to provide a comprehensive package of services that includes wellness care and ART to HIV-affected; with the view of increasing the proportion of people on treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22312

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22312	22312.08	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	6623	4105.08	SACBC	\$100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening**Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 9228.09**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:** Treatment: Adult Treatment**Budget Code:** HTXS**Program Budget Code:** 09**Activity ID:** 21170.22838.09**Planned Funds:** \$621,686**Activity System ID:** 22838

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

The overall project goal is to increase access and availability of safe and effective treatment of HIV and AIDS in the uninsured population of South Africa. The strategy to achieve this goal focuses on Human Capacity Development (HCD) through activities that are designed to strengthen the AIDS leadership and human resource (HR) management at the district level to deal with all aspects of improved service delivery.

BACKGROUND:

The South African Institute of Health Care Managers (SAIHCM) is a Not-for-Profit Association representing qualified health care managers. SAIHCM was founded with a vision to enhance and promote high standards of professional health care management in both the public and private sectors in South Africa. SAIHCM supports HCD through a series of interventions designed to strengthen leadership around HIV and AIDS and HR management. Coordination with provincial Departments of Health (DOH) takes place through interaction with District Health Managers to identify participants who will enroll in this program. Equal access to training activities will be ensured for all people. A gender focus will also be built into the work to be undertaken in the management development forums. In this context, participants will undertake exercises to assess gender aspects of their treatment project, looking at such issues as ensuring gender parity in uptake of testing and treatment, including gender in data collection and promoting activities where all counselors are trained on aspects relating to male norms and behavior..

To date, efforts to develop AIDS management and leadership in South Africa have 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. 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 organizations, 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, continued professional development structures that will serve all managers from the district.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Professional support services to qualified AIDS managers

The project will, on an annual basis, enroll 500 managers at a district level from both the public sector and civil society who have formal management qualifications, and therefore qualify as SAIHCM 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. As part of this component, SAIHCM will conduct 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.

ACTIVITY 2: Assessment of the training and development needs of AIDS managers

On an annual basis, 500 managers who have not received formal management training and managers will be targeted. This is an internally-focused activity where the individual manager takes stock of his or 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 from many sources during a three-day event conducted by a skilled facilitator. The end result is that the management development needs of each participating health care manager are identified and converted into 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).

ACTIVITY 3: Establishment of district forums for leadership development for AIDS managers.

SAIHCM will establish 50 Action Learning Sets per annum at the level of the health district. These are facilitated learning events for managers, which will take place every two months. These one-day sessions 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 predominantly support the critical reflection component of learning. ALSes are learning groups comprised of 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

Activity Narrative: basis of their willingness to fulfill this role. The supervision by a SAIHCM facilitator will only be required for the first six-month period. Learning is centered on the need to find solutions to real problems faced by the managers in implementing AIDS projects. 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 ALSes will be published in the SAIHCM Journal to further share lessons learned with the broader health management community.

ACTIVITY 4: Workplace visits

Depending on need and funding SAIHCM will attempt to arrange a supervisory visit to the workplace of all the managers enrolled on this program during the first year of participation. The purpose of these visits will be to review that application of managerial competencies in the workplace with the participating manager, to help identify opportunities to improve service delivery as well as potential challenges and obstacles that these managers face that can be addressed in the monthly training sessions.

The anticipated outcomes of the project will be that every year: 400 AIDS managers who had never previously been trained in management will have participated in a formal assessment of the managerial competencies and other skills needed to function as AIDS Managers. They will have developed personal development plans and been channeled to formal training opportunities offered by PEPFAR training partners or enrolled in the district-based management development forums.

20 district-based development forums will have been established where AIDS managers from all sectors meet on a regular basis to participate in problem-solving brainstorming events and other Continuing Professional Development (CPD) events.

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 Foundation for Professional Development (FPD), a private institution of higher education, and also a PEPFAR training partner. In this context SAIHCM provides alumni of FPD management training programs access to SAIHCM membership benefits. This relationship will be leveraged 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 ALSes as a way for them to engage in life-long learning.

PEPFAR Partners and Civil Society AIDS Service organizations: SAIHCM will also engage PEPFAR partners and other AIDS service organizations from 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 to increased public-private partnerships.

Provincial Government: SAIHCM will work in partnership 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 ALSes. The District Health Services competency framework 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21170

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21170	21170.08	U.S. Agency for International Development	South African Institute of Health Care Managers	9228	9228.08		\$640,316

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$640,316

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.09: Activities by Funding Mechanism****Mechanism ID:** 4760.09**Prime Partner:** St. Mary's Hospital**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 8264.22801.09**Activity System ID:** 22801**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Treatment: Adult Treatment**Program Budget Code:** 09**Planned Funds:** \$5,024,284

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, the support and clinic capacitation for efficient down referral and transfer to community clinics will be a priority. Together with other PEPFAR-supported capacitation programs in the area (RHRU and McCord Hospital), St. Mary's Hospital has established a defined geographical area that the hospital has committed to capacitate in order to address the down referral process. This geographical area consists of eight referral clinics, one of which St. Mary's will assist to obtain full accreditation to initiate patients on antiretroviral therapy (ART) in FY 2009. St. Mary's will ensure that clinics adopt a family approach to ARV treatment and care addressing partner and family member identification and testing. Children and couple counseling and testing (CT) training will be provided to staff in the clinic to assist with this approach to ART in the community.

As in FY 2008, two therapeutic counselors (TCs) will be located in each of the clinics and have been trained by St. Mary's in ART and CT. These TCs will ensure adequate support to patients referred to the community clinics and will transfer skills to clinic staff. The TC's role is also to support the patient in the home care setting, which includes screening for TB, offering CT to other family members, implement integrated management of childhood illness (IMCI) strategies and adherence. At least three clinics require additional clinical and counseling space and three park homes will be procured for these sites.

Screening for TB will be a priority, as well as the need for clinics to integrate TB and HIV care, and the provision of TB prophylaxis where indicated, and the promotion of cotrimoxazole prophylaxis if available. If the clinics are unable to provide adequate TB treatment and support, these patients will be referred to either St. Mary's Hospital or other institutions supporting TB care and treatment. Healthcare workers in the community clinics may require additional training and this will be linked into the training that St. Mary's Hospital healthcare workers will receive.

The challenge is to enroll those patients that are not ready/eligible for ART into a wellness program for periodic follow-up. Computer monitoring systems are currently being investigated by Catholic Relief Services (CRS), a PEPFAR partner, to assist with the tracking of all patients, "pre-ART" and for those on treatment. Data captureurs to manage this system will also be located in each of the clinics.

Experience in FY 2007 highlighted that clinics require assistance in terms of personnel. Locum budgets for nursing and a rotating doctor will be allocated to cover for shortage of staff when clinic staff are in training. St. Mary's will assist one clinic to obtain accreditation for ARV initiation, and there will be a need to assist with health care personnel (doctor, pharmacist, nurse) in order to ensure that the accreditation is obtained. The DOH will assume responsibility for these personnel costs beyond FY 2011.

Activity 4: Procurement of ARV Drugs

St. Mary's Hospital will be responsible for the procurement of ARV drugs for the patients that will be down referred to the community clinics; until such time that the referral clinic is accredited as an ARV initiation site. These drugs will be packaged at St. Mary's and distributed to down referred patients at the community clinic level.

Activity 5: Possible establishment of a laboratory service at clinic level

There are concerns that the National Health Laboratory Services (NHLS) may not be able to cope with the demand for laboratory services at a clinic level. There may be some need to establish a TOGA tainer at clinic points to assist with this demand. Discussions have not been held with the NHLS or with the DOH, but some discussion has occurred with TOGA Laboratories (a PEPFAR partner).

Modification to Activity 3 in FY 2009:

The hospital will focus less on patient care in-hospital and rehabilitation services and more on the support of the clinics in a more direct manner.

The activities will also directly address the Ethekwini district plans to have additional primary health care facilities providing ARVs by 2009/2010. The service provider recommended by the Department of Health is the provider contracted by the hospital for this support.

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:

Activity Narrative: 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.

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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13833

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13833	8264.08	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	6626	4760.08		\$1,552,000
8264	8264.07	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	4760	4760.07	New APS 2006	\$700,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$57,359

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8711.09

Mechanism: N/A

Prime Partner: Tshepang Trust

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19526.22823.09

Planned Funds: \$1,016,858

Activity System ID: 22823

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Tshepang Trust (Tshepang)'s general practitioner (GP) model was formulated out of a need by individuals to access treatment services in areas of close proximity to their places of abode for several important reasons:

Patients can access their treatment and medical care outside of working hours without having to miss work because they have had to stand in lines for long periods of time in a crowded healthcare setting. Patients do not have to worry about stigma, e.g. being seen by people they know queuing at an HIV clinic.

The GP model is simply a means to complement government services because it addresses two fundamental challenges that currently face the department of health, infrastructure and medical human resources which are currently lacking in public health facilities. Both the sessional and GP models are an effective short and immediate way for South Africa to reach its National Strategic Plan (NSP) targets. This is because 70% of the medical resources including HIV Clinical Management skills are in the private sector in the form of GPs versus 80% of South Africa's population that is dependent on the poorly-resourced public health care system.

Long-term sustainability depends on all HIV and AIDS patients being cared for by the state and when the public health care system is stronger and stable enough with systems in place to take on the challenges of care and treatment, Tshepang will, in cooperation with government, find ways of returning the patients currently seen at GP's rooms back to state facilities. Taking the challenges mentioned above into account, this can realistically take place in another three to four years. To take patients back to state facilities now would create more of a burden for the public health system rather than assist in ensuring that the country reaches its NSP treatment goals of ensuring that 80% of all individuals needing ART receive it by 2011.

All Tshepang-contracted GPs are skilled professionals who have been trained in HIV clinical management that acknowledges South African Government (SAG) standards and procedures for HIV care and management. Furthermore, Tshepang protocols on HIV disease management are based on the SAG national guidelines and the Tshepang model ideally (although not always possible) has been to utilize GPs who would also assist at local public sites in order to ensure that they understand clinic procedures and work according to national guidelines.

Tshepang started off as a sub-grantee of American Center for International Labor Solidarity (Solidarity Center) commissioned as a treatment partner in the Prevention Care and Treatment Access to South African Teachers (PCTA) program. The partners within the PCTA consisted of four South African teacher unions, the Academy for Education Development (AED), the Federation of American Teachers (AFT) and the Solidarity Center being the prime recipient of funding from PEPFAR for all these partners. Within this partnership teacher unions would refer their colleagues for HIV and AIDS treatment to Tshepang and later as the program evolved also referred them for testing. The funding cycle for the Solidarity Center grant came to an end in March 2007, but the Center gave Tshepang a no-cost extension to continue with testing and treatment services until December 2007.

In the meantime, a request for proposals was issued by PEPFAR via the CDC for a five-year cooperative agreement for a workplace intervention program (WIP) to run from FY 2007 until FY2012 and Tshepang applied. The organization was awarded the grant and could now receive direct funding from PEPFAR through CDC to provide counseling, care and antiretroviral therapy (ART) treatment to individuals in the workplace in order to continue with the treatment of teachers from the PCTA program but also extend the program to include Health Care workers and workers from the Small Medium Micro Enterprises (SMMEs), their spouses and immediate family dependents. WIP is based on the GP model. The funding cycle for WIP started in October 2007 but because of the no-cost extension mentioned earlier, the organization only started using its grant funds with effect from January 2008.

SUMMARY:

Tshepang is now moving towards a holistic approach to care and treatment with the cycle starting from routine counseling and testing as part of prevention and early detection as per national guidelines and the NSP, then care (which includes cotrimoxazole prophylaxis, TB screening and cervical cancer prevention) and ultimately ART. Adult treatment at Tshepang has always been family-orientated with primary members including their spouses and immediate dependents being enrolled into the program, however there have not been many dependents joining, since the program is a workplace program, not many individuals enrolling come with children into the program although they are catered for. For example between January and June 2008, only 41 dependents, 33 adults and 8 children have been enrolled onto the program versus the 654 that were enrolled as primary recipients. Tshepang aims to focus more on couple counseling and being more aggressive in enrolling the partners of recipients into treatment particularly men and children. This will be done through GPs as part of ongoing counseling during consultations and also through Patient Managers as they continue with adherence counseling on a monthly basis.

ACTIVITIES AND EXPECTED RESULTS:

Modified Activities:

In the FY 2009 COP, 1,350 individuals will be maintained on treatment plus additional 200 new initiations to offset individuals that might fall off the program. Tshepang believes that this will allow it to focus on incorporating the new activities and stringently monitoring adherence, treatment success and following up on pre ART enrolled people.

In terms of monitoring outcomes, the Trust will be increasing its efforts on monitoring 6, 12 and 24 monthly cohorts, ensuring that individuals timeously do their repeat blood tests for CD4 counts and viral loads. The Trust will also be focusing on recording major side effects and adverse events. Tshepang recognizes the need to focus more on monitoring and evaluation (M&E) and will endeavor to allocate at least 4% of its treatment budget towards M&E.

Activity Narrative: New Activities:

The Trust will also offer nutritional supplements in the form of multivitamins to its patients as a new activity that enhances current services.

INTEGRATED ACTIVITY FLAG:

SUMMARY:

This activity is on services rendered 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 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 and 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 and 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 over 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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19526

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19526	19526.08	HHS/Centers for Disease Control & Prevention	Tshepang Trust	8711	8711.08		\$986,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$25,876

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 4763.09

Mechanism: N/A

Prime Partner: Xstrata Coal SA & Re-Action!

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8260.22731.09

Planned Funds: \$631,088

Activity System ID: 22731

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The ongoing training and mentoring of Outreach Workers (OWs) will be expanded, and on-the-job training will be provided to ensure the incorporation of practical skills in the work situation. Xstrata will strengthen and implement the integration of drugs and lab costs into the department of health systems in three districts in Mpumalanga - Ngakala, Gert Sibande, Ehlanzeni (focusing in Breyten especially).

Antiretroviral therapy (ART) adherence training will be included as well as integrated to fit into skills applicable in the work situation.

FY 2009 funding will contribute to the additional evaluation and development of systems and program frameworks.

Focus will be shifted to include not only infrastructure development (space), but also the need to establish co-invested partnerships with local government to support health systems strengthening.

Xstrata will enhance the OW project through the identification and partnering of service providers already working in the communities providing community-based services such as home-based care, adherence counseling, referral for counseling and testing, support groups, nutrition counseling, and tracking and tracing of defaulters to enhance Adult Treatment services.

The OW program not only identifies other stakeholders, but builds relationships and creates a resource list of services offered in the community. This modification will allow for the development of a feedback and review mechanism to facilitate information sharing at a community and district level.

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 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 (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

Activity Narrative: 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 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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13911	8260.08	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	6648	4763.08		\$1,320,000
8260	8260.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	\$827,284

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$58,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$50,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$50,000

Education

Water

Estimated amount of funding that is planned for Water \$32,500

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 9626.09

Mechanism: N/A

Prime Partner: Walter Sisulu University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 7963.22717.09

Planned Funds: \$955,370

Activity System ID: 22717

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

One main Regional Training Centre (RTC) mandate is to ensure training accreditation. The current training module and materials based on national guidelines will be formalized into a certificate and diploma qualification with technical support of partners such as ITECH, and will be offered by Walter Sisulu University. This will give recognition to the current training and develop career path for health workers RTC is training.

RTC will be scaling down direct patient care in future to concentrate on training. As advised by province, RTC will be setting up Centers of Excellence. RTC will work closely with the HIV Directorate and other relevant departments in the department of health to increase the current RTC onsite mentoring approach, to cover more sites for longer periods, and to improve other aspects of care, such as TB, infection control, integrated management of childhood illness (IMCI). RTC will work to establish district-based performance improvement projects, specialist clinics with wellness programs as centers of excellence, where clinicians can rotate for specified periods to acquire specific skills.

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,

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14052

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14052	7963.08	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9626	9626.08		\$1,164,000
7963	7963.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		\$450,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$984,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$7,192,004**Program Area Narrative:**

The vision for the PEPFAR South Africa team for Pediatric Care and Treatment is to support the South African Government (SAG) policies and programs to provide comprehensive HIV care and treatment services to all those in need. It is estimated that currently 5.7 million people in South Africa are HIV-infected, and that ~1.7 million are in need of treatment. A significant number of the HIV-infected are children living with HIV. According to the Human Sciences Research Council survey in 2005, there are an estimated 129,621 children aged 2-4 years and 214,102 children aged 5-9 living with HIV.

The 2003 Comprehensive Plan for HIV and AIDS Care, Management and Treatment (Comprehensive Plan) states that its primary aim is comprehensive prevention, care, and treatment for all in need with the target of universal access to antiretroviral treatment (ART) over a five-year implementation period (2004 – 2009). The goals of this plan are reiterated in the new South Africa National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP). The plan emphasizes that children under 18 constitute 40% of the population of South Africa, making this a key target group for HIV prevention, care, and treatment services. The NSP aim for 2009 is to start 33,000 children on treatment and to provide care for 250,000 children.

The USG has contributed significantly to these goals and targets, and with the support of the PEPFAR program, 550,000 people are currently on ART in South Africa, of which 50,000 (10%) are children 15 and younger (30% of children on ART are under 5 years), and more than 1.4 million people receive appropriate care and support (C&S) including palliative care. South Africa has exceeded its PEPFAR treatment target set for September 2009 one year early and continues progress to meeting the care and support targets. The PEPFAR-funded treatment programs have maintained excellent retention in program since implementation in 2004. Cumulatively, only 15% of patients started on treatment have died, stopped ART, or were lost to follow-up. Treatment and care partners are progressively improving their capacity to measure outcomes.

Only 13.7% of South Africans have access to medical insurance. The estimated 1.2 million adults and children still in need of ART are primarily dependent on the public sector for care and treatment services. The number in need will continue to rise, especially in light of revised national guidelines raising the threshold for ART eligibility from a CD4 of 200 to 250.

Much more needs to be done to ensure that the ART coverage (currently estimated at 30%) comes closer to the targets set by the SAG. Maintaining the estimated 500,000 adults and children on treatment, and reaching the additional 1.2 million who need ART requires continuous investment in treatment services in South Africa.

The National Department of Health (NDOH) has allocated approximately \$410 million USD for the implementation of the Comprehensive Plan in FY 2009 (prevention, care, and treatment), mainly through conditional grants to the nine provinces. According to the NSP Costing Plan, the total need for funding for ART alone in 2009 is \$710 million for adults and an additional \$128 million for children (a total of \$838 million), clearly indicating the need for additional funding and support to the SAG and civil

society. Much of this funding is directed to the purchase of antiretroviral (ARV) drugs since all drugs for the public sector ART program are procured and supplied by the SAG. The SAG also provides, in some instances, the ARV drugs for non-governmental organizations (NGOs) and private sector programs with PEPFAR funding other service components. 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. Major donors (Ireland, DFID/United Kingdom, European Union and the Netherlands) contribute to care and 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. Other contributing donors to the care and treatment program include Canadian International Development Agency, The Global Fund, The Elton John Foundation, and several public-private partnerships. The USG meets with the major donors several times per year in various fora to discuss activities, explore collaborations, and minimize duplication of effort.

The capacity to deliver pediatric care and ART services varies significantly within the country, although additional funding in FY 2008 has been devoted to improving access to pediatric care and ART, especially through training activities and technical assistance. These efforts will continue in FY 2009 where despite a budgetary reduction for PEPFAR in South Africa, services for mothers and children (prevention of mother-to-child transmission (PMTCT), orphans and vulnerable children (OVC), pediatric care and treatment) have been prioritized and in some cases funding has even increased.

PEPFAR partners continue their efforts to reach a pediatric target of 15% of the total treatment population by the end of FY 2009. By September 2010, PEPFAR South Africa is targeting 13% of pediatrics on treatment.

In addition to the human capacity development activities, emphasis in FY 2009 is placed on early diagnosis for infants and children, the referral of children from PMTCT programs to treatment services to integrate HIV and AIDS services more efficiently, onsite mentorship, and linkages between OVC programs and pediatric treatment programs. Based on OGAC guidance, partners are also incorporating nutrition support, especially for children. The NDOH has requested that community integrated management of childhood illnesses (IMCI) activities be integrated into the community component of care and treatment and this is reflected in the activities of care and treatment partners in FY 2009.

The key pediatric care and treatment priorities for the USG in FY 2009 are: 1) developing human capacity, especially at primary healthcare level; 2) strengthening decentralization of HIV care and treatment, including building capacity for nurse-initiated ART; 3) encouraging early identification of children in need for HIV care and treatment services (e.g., provider-initiated counseling and testing (CT)); 4) CD4 testing for those that test HIV positive and dried blood spot PCR at six weeks; 5) strengthening the capacity to diagnose and treat TB in children; 6) continuing to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening, and reproductive health); 7) providing cotrimoxazole prophylaxis to all HIV-exposed children from 6 weeks of age; 8) fast-tracking children eligible for ART; and 9) reducing loss to initiation of treatment of children that test HIV positive, and loss-to-follow-up once on treatment.

The key PEPFAR C&S priorities focusing on pediatrics in FY 2009 are to strengthen quality HIV and AIDS palliative care service delivery and to implement 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 community home-based caregivers (CHBCs) 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. PEPFAR partners will advocate for new national guidelines to improve access to pain management including the authority for nurse prescription. In collaboration with SAG, FY 2009 funds will scale-up direct delivery of quality palliative care services.

All PEPFAR-funded care and treatment partners (the majority of whom are local entities) follow SAG standards, policies and guidelines. The USG program continues to strengthen comprehensive high quality care for HIV-infected and affected people by: 1) scaling-up existing effective programs and best practice models in approximately 900 public, private, and NGO sites in all 9 provinces; 2) providing direct care and treatment services through prime partners and their sub-partners; 3) increasing the capacity of the SAG to develop, manage, and evaluate care and/or treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, conducting public health evaluations, and providing service infrastructure assistance; 4) increasing demand for and acceptance of ART 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 USG supports a holistic, family-centered approach to HIV and AIDS care that begins at the onset of HIV diagnosis, throughout the course of chronic illness, to end-of-life care. This is of particular importance when working with HIV-infected pediatric individuals. In order to ensure that all HIV-infected clients have access to basic care services and to minimize loss to initiation (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, prevention with positives (PwP), psychosocial support, nutrition assessment and 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 who are eligible receive cotrimoxazole as per national guidelines. This package of services will be offered at community level through support groups for individuals and care givers. These support groups (primarily run by people living with HIV (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 (or their caregivers) 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 2009 investments will result in an improved continuum of clinical, psychological,

spiritual and social care, and prevention services for PLHIV. The NDOH leads and coordinates national efforts to advance palliative care. Partnering with the NDOH at all levels, PEPFAR partners will continue to support the integration of standardized quality palliative care services into primary health care as well as build HIV-related care services into CT, TB, ART, PMTCT, and prevention programs and reproductive health services, STI sites, workplaces, and 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 minimum care standard for facilities includes the following elements of the preventive care package and other essential care interventions, including: 1) prophylaxis and treatment for opportunistic infections (OIs), per national guidelines - cotrimoxazole prophylaxis for stage III-IV disease, CD4<200 or HIV-exposed/infected children; TB screening and management, isoniazid preventive therapy in selected sites, and candidiasis screening and management where the Diflucan/Fluconazole partnership exists; 2) CT to partners and family members; 3) nutrition counseling, clinical measurement and monitoring, micronutrient support according to WHO guidelines, and wrap-around support; 4) STI care; 5) routine screening and management of pain and symptoms; 6) child survival interventions for HIV-infected children (e.g., immunizations, growth monitoring, and safe infant/young child nutrition); 7) integrated PwP strategies including messaging, condoms, support for disclosure of status, referral for family planning and PMTCT services, ART adherence education, leading healthy lives, reduction of risk behaviors, and reduced rates of HIV transmission; 8) provision of at least one element of psychological, social, or spiritual care, or prevention services (emphasizing the holistic approach); and 9) referrals to other services.

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 OIs, TB, symptoms and pain; prevention messaging and condom provision; personal hygiene strategies to reduce diarrheal disease, and distribution of insecticide-treated nets where appropriate. Home and community settings often facilitate delivery of a more comprehensive response including the provision of bereavement care, household support, and community support meetings. PEPFAR partners will continue to strengthen adherence to national standards 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 and faith and community-based organizations.

In FY 2009, the USG will continue to use a minimum requirement for someone having received C&S, including palliative care, which reflects a minimum standard of HIV-related services, aligning the program more closely to WHO standards. An HIV-infected individual must have received at least one form of clinical and one other type of non-clinical care. 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.

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4760.09	Mechanism: N/A
Prime Partner: St. Mary's Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22812.09	Planned Funds: \$137,202
Activity System ID: 22812	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Assurance of dedicated palliative care team and trained personnel to ensure delivery of quality services for pediatric patients;
- Commodity procurement for HIV-exposed and infected children.

SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will implement palliative care activities that encompass human resources, training and consumables, focused on children 0-15 years. 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 persons 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 and children.

BACKGROUND:

This is a split program with adult care funded since FY 2007. The project is an expansion of the current palliative care program that is based 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 anti-retroviral therapy (ART). On an annual basis approximately 700 children of St. Mary's inpatients require palliative care 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, pediatric outpatient and ART clinic, and hospice care settings. 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 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, 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 (TCs) who are trained PLHIV, employed by the hospital that visit the patients and their families in the community. 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 (KZNDOH), the Ethekwini Metropolitan (Durban), other non-government organizations (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.

St. Mary's has adopted a family approach to the treatment of HIV-infected children as all children are treated in the ARV family clinic. Siblings who may or may not be HIV-infected are also supported within the home setting through the TCs support visits as discussed above.

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 2009, 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. 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

Activity Narrative: 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.

In addition the school nurse who is a KZNDH employee will be trained to provide early identification services of children requiring palliative care support and then referral to the St. Mary's Hospital's care and support services.

The follow-up and linkages between all programs such as PMTCT, ART, schools, OVC programs and any other hospital-based or community-based programs will be strengthened so quality care and support services are provided to the children referred to St. Mary's Hospital.

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 and the clinical management of OIs, especially in the arena of TB). Provision for such palliative medications and supplies are included in this activity and are vital to the overall success of the program.

There will be a focus on the provision of cotrimoxazole (CTX) to HIV-exposed and infected children as an urgent priority, according to national guidelines for PMTCT. This will be at the ward level in-hospital, at the outpatient site within the Hospital, at the primary health care facility, family care ARV treatment clinic and promoted at all down referral treatment site clinics in the community. Children born of a HIV-infected mother advise Cotrimoxazole from the age of 6 weeks, which will be addressed at in-hospital and out-patient sites at St. Mary's Hospital.

Nutritional assessment will be provided to all children in-hospital at ward level and at the ARV family clinic. Provision will be made for those children that require multi-nutritional supplements, as well as therapeutic or supplementary feeding support for clinically malnourished patients. In the PMCTC activity program there is some provision for infant feeding support that is linked to the PMTCT programs.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,161

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 6156.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 22802.09

Planned Funds: \$582,543

Activity System ID: 22802

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-Supporting the rapid expansion, uptake and decentralization of family centered HIV care and treatment services.

SUMMARY:

International Center for AIDS Care and Treatment Program at Columbia University (ICAP) will continue to partner with Stellenbosch University to support the South-to-South Partnership for Comprehensive Family HIV and AIDS Care and Treatment Training Initiative (S2S) and apply its PMTCT and Pediatric HIV Care and Treatment, and TB capacity building activities in 60 sites located in Limpopo, Northwest, Gauteng, Mpumalanga, Northern Cape, and Western Cape provinces. S2S's capacity building model 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 COP09 involves supporting the rapid expansion, uptake and decentralization of family centered HIV care and treatment services. This activity will be implemented in collaboration with the Foundation for Professional Development (FPD), BroadReach Healthcare, M2M and several Orphan and Vulnerable Children Organizations.

BACKGROUND:

A main focus of S2S 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. S2S site level support is dynamic and continuously customized to consider site attributes and existing resources. During FY 2009 this capacity building model will support the continuation and expansion of the S2S Program.

ACTIVITIES and EXPECTED RESULTS:

Technical, Program, and Systems Capacity Building Approach: S2S will adopt a dynamic and contextualized strategy to support each implementing partner to operationalize programs with a family centered approach at the site level. The site support will be dynamic and continuously customized to address site attributes and existing resources. However, while the support and program area emphasis will vary, all designated sites will benefit from the following illustrative activities:

ACTIVITY 1: Linkages to follow-up, HIV care and treatment for HIV-exposed infants

S2S will support sites to develop infant follow-up services by capitalizing on existing infant programs to ensure continuity of care, early diagnosis, growth monitoring, and cotrimoxazole prophylaxis for infants. Those identified as HIV-infected will be referred to ART clinics for chronic care and follow-up. A system for tracking and assessing outcomes among HIV-exposed and at risk infants will be developed. The key components of S2S support will include: 1) early identification, follow-up and referral for diagnosis of HIV-exposed infants and young children in the under five clinics, paying special attention to provision of cotrimoxazole prophylaxis, vaccination, nutrition and growth monitoring and early HIV diagnosis; and 2) providing support for the development of systems that will link follow up of HIV-exposed and HIV-infected children with the under-five clinic services.

ACTIVITY 2: Early Infant Diagnosis

S2S will support the development and site level implementation of the system for supporting early infant diagnosis. This will include the development of services to offer early infant diagnosis, reporting tools, and HCW skills training on infant diagnosis including: 1) support early infant diagnosis program with PCR testing for all children <18 month identified through linkage with PMTCT program or rapid test screening; 2) enhance the logistics and transport system for DBS; 3) enhance PCR results reporting systems to decrease post-test counseling turnaround time; 4) ensure that families receive results promptly, accurately and as part of a counseling session; and 5) engage and retain infants who are breast fed in HIV care until final infection status is determined.

ACTIVITY 3: Comprehensive pediatric HIV care services (please refer to pediatric treatment program area for complete description of this program element that targets HIV-infected children on treatment)

S2S will build on site capacity by supporting systems and healthcare workers to institute program elements that consider the multiple and changing needs of pediatric clients. S2S will support sites to apply a developmental approach to pediatric care, understanding that abilities (cognitive and physical) evolve and mature over time and through various life stages and cycles. This should apply to all critical HIV care and treatment issues such as -adherence, disclosure, physical examination, normative laboratory values which change over time and over life stages.

ACTIVITY 4: Basic and Quality Pediatric Care

The platform for quality and comprehensive pediatric HIV care and treatment services is quality and comprehensive pediatric services. Since there is a need to engage non-pediatric trained clinicians to support Pediatric HIV services, S2S will support adult and other non-pediatric clinicians to learn the basic pediatric care skills in order to provide accurate and quality services. This will include supporting staff to understand and implement the corner stone of pediatric HIV assessment such as growth monitoring. This is a simple and very cost effective way of assessing any child's growth but most importantly to identify children

Activity Narrative: who are failing to thrive and need clinical interventions such as HAART to improve health status. Other care elements such as the pediatric physical exam, assessing the child's progress via the caregiver, and pediatric drug and laboratory basics will be emphasized.

HIV specific issues will include: 1) quality and continuous clinical care for all infected children; 2) monitoring and assessment of all infected children for treatment eligibility; 3) increased linkage and coordination between pediatric and adult care and treatment services; and 4) implementation of comprehensive care package for the HIV-exposed and infected child at all ARV sites, including cotrimoxazole prophylaxis, growth monitoring, and neuro-developmental assessments.

ACTIVITY 5: Neurodevelopmental Screening and Capacity Building

In FY 2009, ICAP will work to ensure that child development and pediatric neurodevelopment issues/approaches are integrated and applied in the comprehensive care of the HIV-infected child. Systems will be established and clinicians will learn how to offer comprehensive and integrated services to address the medical, developmental and/or behavioral challenges of the HIV-infected child. This includes developing and/or enhancing neurodevelopment and child development assessment, monitoring and management systems and tools.

ACTIVITY 6: Malaria

Where relevant, S2S can help strengthen malaria prevention interventions including 1) administering prophylaxis, 2) supplying bed nets to clients upon enrollment, 3) educating caregivers on prevention, warning signs, and action steps.

ACTIVITY 7: Sexual abuse

While sexual abuse is an under-reported mode of pediatric HIV transmission, it is increasingly important to have facilities be well equipped with quality services to address such a complex and fragile situation. S2S can provide support to deal with the acute cases and the more chronic cases where sexual abuse is suspect long after the initial incident(s). This will include the clinical management of cases such as HIV testing protocol, PEP, psychosocial support and the long term psychosocial counseling needed for the HIV-infected child and caregiver from sexual abuse.

ACTIVITY 8: Linkage, referral and coordination with care and treatment programs for caregivers and family members.

ICAP will enhance and support the coordination and integration of a HIV/AIDS family service model by S2S: 1) formalize linkage and relationship with adult ART facilities at facility and catchment area level; 2) initiate counseling and testing of care takers and household members of enrolled children and offer referrals to adults determined to be HIV-infected into care and treatment services and vice versa; 3) enhance the formal referral system between clinics and Adult ART sites; and 4) support a system of follow-up during pediatric visits to ensure referrals are activated.

ACTIVITY 9: Community HIV care for HIV-exposed and infected children

Since over 95% of a child's care is provided by caregivers, family members in the community, or OVC and community/faith-based organizations it is essential to ensure that those responsible for: 1) monitoring for danger/warning signs; 2) administering ARVs and other drugs; 3) ensuring the child comes to appointments; 4) providing the daily psychosocial and emotional support to the child; and 5) assuring that referral personnel are accurately educated and properly skilled. S2S will address this need in two ways 1) supporting clinic sites to orient caregivers on these issues and to implement caregiver skills building programs to support the child's care needs throughout the lifecycle 2) reaching out directly with OVC and community/faith-based organizations working with orphans and HIV-infected children in the community to support them to develop and maintain strong linkages to HIV care and treatment services, recognize signs and symptoms of HIV related illness, provide psychosocial support, monitor growth and child development stages (for warning signs and rapid referral to clinical services), support adherence to care and treatment for children, and either conduct or actively link with HIV testing services.

ACTIVITY 10: Pediatric HIV Case Finding

The focus of this activity is to support pediatric case finding at both clinical and non clinical settings such as health facilities and in the community by ensuring all children that have high risk for HIV infection are given an HIV test and if HIV-infected are rapidly engaged into HIV care and treatment services. This includes the children in the care of adults engaged in HIV treatment services, routine provider initiated HIV testing of hospitalized children, and strong and active linkages with community support groups and OVC associations to test all orphans and vulnerable children for HIV.

ACTIVITY 11: Pediatric HIV Testing in Clinical Settings

S2S can support active case finding in health facilities and clinical settings by: 1) supporting the implementation of provider initiated inpatient testing and counseling in all pediatric wards (especially malnutrition and TB/infectious disease), including offering testing and counseling for PCR tests for children less than eighteen months of age; 2) supporting ART facilities to actively screen for and engage children of all ART and PMTCT clients to be tested for HIV (This could be supported by introducing healthy family days at the ART facility where activities are implemented to encourage parents to bring in children, such as a child play area, child care whilst being seen by health workers, healthy family skills building sessions and healthy family commodities such as safe water tools); and 3) supporting HIV testing and counseling services at all points of encounter children have with clinical services, whether it be immunization, TB, under -5, malnutrition, physical and/or rehabilitative therapy.

Activity Narrative: ACTIVITY 12: Pediatric HIV Testing in Community and Nonclinical Settings

S2S can support active case finding in community and nonclinical settings such as OVC programs, faith-based and community-based service organizations by supporting staff and providers within those designated institutions: 1) to know the HIV status of all children under their care; 2) to screen for HIV risk and refer for testing at health facility; 3) perform HIV testing as part of admission intake, and/or 4) have clinical staff conduct HIV screening services on a scheduled basis at the OVC program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$420,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$90,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$90,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 22824.09

Planned Funds: \$587,397

Activity System ID: 22824

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Support Free State, Gauteng, KwaZulu-Natal and North West provincial Departments of Health scale up pediatric care and support activities;
- Advocate for pediatric care and support services and engage more in policy, program, issue and constituency advocacy activities at all levels; and
- Engage in human capacity development around pediatric care and support activities.

SUMMARY:

In line with its global strategic vision, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will advocate for the provision of quality sustainable pediatric care and support programs at all levels including the community. EGPAF will use FY 2009 PEPFAR funds to continue pediatric care and support to support its existing partners namely, National Department of Health (NDOH) and provincial DOH KwaZulu-Natal (KZN), Free State, North West and Gauteng, as well as McCord Hospital and AIDS Healthcare Foundation (AHF) in KZN. The key objectives are to expand the coverage of pediatric care services, increase the uptake of pediatric care services and ensure provision of quality pediatric care services, including follow-up of HIV-exposed infants, early infant diagnosis, and routine testing of children presenting at health care 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 pediatric care and support program in South Africa is to ensure that all health facility-based and community-based pediatric care and support is aimed at extending and optimizing quality of life for HIV-infected children and their families throughout the continuum of illness through the provision of clinical, psychological, spiritual, social and prevention services. To improve quality of pediatric care and support service delivery, EGPAF will continue to support the national and provincial DOH by providing technical support, human capacity development, and infrastructure rehabilitation, where applicable. Priority areas include (a) Early infant diagnosis; (b) prevention and treatment of opportunistic infections and other HIV and AIDS-related complications, as well as pain and symptom relief; (c) Nutritional assessment and support; (d) Strengthening of links between facility-based and community-based care and support services; (e) Psychological, social, spiritual and prevention services provision; and (f) Strengthen monitoring and evaluation (M&E).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Support Free State, Gauteng, KwaZulu-Natal and North West Provincial Departments of Health

- (a) Scale-up pediatric care and support activities. EGPAF will support the provision of age-appropriate services, using a family centered approach e.g. siblings of HIV-infected children will be tested.
- (b) Functional linkages between related programs will be established or strengthened including PMTCT, ART, maternal and child health (MCH), integrated management of childhood illnesses (IMCI), expanded program on immunization (EPI), TB and community-based activities.
- (c) Early identification of HIV exposed infants, PCR testing according to national PMTCT guidelines; provider initiated testing and counseling at all entry points.
- (d) Optimize provision of cotrimoxazole prophylaxis to HIV exposed and infected children from 4-6 weeks, as per national pediatric treatment guidelines.
- (e) Provision of a comprehensive prevention care package that includes nutritional assessment, counseling and support.
- (f) Diagnosis and clinical management of opportunistic infections (OIs) and co-morbidities as well as pain and symptom relief management.
- (g) TB case finding (for families), diagnosis, and treatment will be part of pediatric care and support services.
- (h) Support groups for children and their families will be strengthened/ established.
- (i) Work with DOH and relevant community-based organizations/ stakeholders to establish school-based programs that will educate learners and teachers about pediatric HIV and AIDS as well as care and support service available in the communities

ACTIVITY 2: Advocacy

Pediatric HIV and AIDS care and support awareness is suboptimal. Globally, EGPAF advocates for pediatric care and support and plans to engage more in policy, program, issue and constituency advocacy activities at all levels.

ACTIVITY 3: Human capacity development

Activity Narrative: (a) Pediatric care and support technical assistance will be provided to care and support community-based organizations (CBOs).

(b) Facility-based and community-based care and support personnel will be trained, mentored and coached to ensure quality care and support service provision.

(c) Additional staff will be hired to address program needs e.g. Program Officer Linkages, Program Officer-Nutrition.

Quality pediatric HIV care and support is essential and remains a challenge mainly due to inadequate human capacity. There is limited pediatric care and support skills among health care workers, EGPAF will train counselors, community health care workers, caregivers, and CBOs on pediatric care and support, with a strong focus on community IMCI, TB/HIV, management of opportunistic infections (OIs), early identification of infants and children and infant feeding. At service delivery level, EGPAF employs dietitians and nutrition advisors to provide comprehensive nutritional support based on needs identified. In addition to providing technical assistance, EGPAF will endeavor to strengthen CBOs and faith-based organizations (FBOs) in management, leadership and policy development.

Gender is a critical issue in care and support, with implications for the quality and effectiveness of the care provided and, the disproportionate burden on women and girls to provide care. EGPAF will work with relevant government departments and CBOs to identify child headed households, implement targeted programs to meet needs including programs which keep girls in school, help them manage households, address stigma and compensate for lost family income; programs that target men and boys and encourage their participation and responsibility in care-giving and household functions, as well as programs that work to reduce gender violence and promote human rights. Specific needs of children will be addressed.

All EGPAF supported pediatric care and support activities are in line with the National DOH policies and guidelines and the National Strategic Plan (NSP) 2007-2011 Priority Area 2, i.e. Treatment, Care and Support, goals 5,6, 7, and 8 and their objectives are taken into account. All EGPAF support is aimed at assisting DOH to scale up pediatric care and support services, determining HIV status of infants and children as early as possible and decreasing HIV and AIDS related pediatric morbidity and mortality.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4616.09	Mechanism: N/A
Prime Partner: CARE International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22665.09	Planned Funds: \$121,363
Activity System ID: 22665	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-A focus on strengthening implementer capacity to provide pediatric care and support services through training, community mapping, and improved clinical assessments.

BACKGROUND:

The focus on a family-centered approach to care and support of People Living with HIV/AIDS (PLHIV) and a focus on pediatric care and support will require that CARE and implementing partners' staff capacity is strengthened.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Training and supporting carers to provide appropriate support to caregivers for early identification and referrals for testing and counseling for children exposed to HIV; b) community mapping of the range of services available within the local municipality and district so that there is improved uptake and success rate of referrals for infants, children and adolescents' access to primary health care services, as well as HIV/AIDS related diagnostic services and treatment; c) improved clinical assessment and management of very ill children through appropriately trained and skilled clinicians and carers; and CARE's M&E tools and system is refined to track the survival rate of infants and under 5 year olds; and d) follow-up of infants born to HIV-infected mothers to ensure they attend health facilities for follow-up care as per national guidelines.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,261

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 190.09	Mechanism: N/A
Prime Partner: Aurum Health Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22620.09	Planned Funds: \$97,090

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Adding adolescents to training programs related to couple counseling and family engagement;
- Strengthening the training of the current human resources; and
- Improving the human resource capacity for pediatrics by seconding skilled staff in public sector facilities.

SUMMARY:

This is a new program area in FY 2009. Aurum's pediatric care and support program provides care to children infected with HIV following HIV counseling and testing, and screening for treatment eligibility in accordance with South African government (SAG) guidelines. The facilities where pediatric care is provided include general practitioners (GP) clinics, non-governmental organization (NGO) clinics and public sector sites. These sites are located mainly in the Gauteng, North West, Mpumalanga and KwaZulu-Natal provinces. Children are also assessed for opportunistic infections and eligibility for ART and provided with preventive therapy i.e. INH and cotrimoxazole.

BACKGROUND:

This is an ongoing program funded by PEPFAR since October 2004. The PEPFAR-funded Aurum 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 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 Aurum 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 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. 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. 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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Aurum will focus on a family centered approach with gender being mainstreamed in the program. This will include training on couple counseling and family engagement. In addition Aurum intends on adding an adolescent focus so that this age group receives appropriate services in the public sector.

ACTIVITY 2:

The number of children accessing the South Africa Comprehensive Care, Management and Treatment (CCMT) program remains low in South Africa. Aurum will strengthen the training of the current human resources in order to multi-skill and encourage the family approach to CCMT which includes pediatrics. There is also a need to source pediatric expertise to improve access for children. The program will provide for pediatrics management onsite support especially to primary health care including integrated management of childhood illnesses (IMCI). There is also a need to integrate the PMTCT, IMCI and expanded program on immunization (EPI) with the Comprehensive Care, Management and Treatment program.

Aurum will ensure that both parents, especially the male parent, are involved in the management of the child by including the topic in the counseling training curriculum. This will also encourage men to participate in the HIV care program themselves and to test and be managed as a family. A gender module will be used for training all staff and mainstreaming gender into the program.

ACTIVITY 3:

Aurum supports human capacity development by seconding skilled staff in public sector facilities, who will be leveraged to encourage a family approach to HIV and TB management. Aurum will support community-based staff at four public sector sites to improve linkage to the community and four clinical staff at these sites to improve the human resource capacity for pediatrics. These sites will be in Gauteng, North West, Eastern Cape and Limpopo.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2787.09

Prime Partner: Absolute Return for Kids

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 22560.09

Activity System ID: 22560

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$363,239

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Expanding PEPFAR-funded treatment, care and support activities to the Eastern Cape (EC);
- For all key staff, Absolute Return for Kids (ARK) will provide training and follow-up refresher courses covering all aspects of ARK's palliative care program;
- Patient advocates (PA) will ensure that all babies are brought back for their immunization and testing for HIV;
- Linking Pediatric testing and ART services to PMTCT and TB services;
- Ensuring internet connectivity at all sites to facilitate information management activities; and
- Referral systems will be strengthened.

SUMMARY:

ARK's focus is to provide a comprehensive palliative care package to HIV-infected mothers and their children through partnerships with 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 AIDS. In partnership with the KwaZulu-Natal Department of Health (KZNDH) ARK, as the implementing partner, has established an antiretroviral treatment program in government primary health facilities and hospitals. Specifically, ARK works with KZNDH to identify sites and areas for capacity building, including human resources, modest infrastructure support, and organizational capacity development.

ARK provides a comprehensive range of family-centered palliative care services to patients enrolled on ART and their children. These services are 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 caregivers and their children. ARK provides palliative care services in accordance with South African national treatment guidelines.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2009 ARK will expand PEPFAR-funded treatment, care and support activities to the Eastern Cape (EC). ARK has been supporting the EC from 2006 and is currently working in eleven sites delivering care and treatment activities and PMTCT services in one site.

FY 2009 PEPFAR funds will be used to strengthen pediatric support throughout KwaZulu-Natal (KZN) and the EC. ARK is planning to scale up pediatric ART services in the primary care sites to reduce the burden on the hospitals, as well as reduce waiting times for treatment. The community care component of ARK employs and trains patient advocates who support families, including provision of the basic preventative care package for HIV-infected children, testing and follow-up of HIV-exposed infants and children to ensure early identification and enrollment of children on ART. Additional components include ARK's Child Services component, which assists families to access birth certificates and SAG social grants. ARK will be working closely with the pediatric clinics to ensure integrated services and support for children and their families.

ACTIVITY 1: Human Capacity Development

For all key staff, ARK will provide training and follow-up refresher courses covering all aspects of ARK's palliative program including counseling and testing, screening for pain and symptoms, screening for opportunistic infections (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 community access, prevention with positives, and referral. Specific training modules on clinical and care needs of children and adolescents is provided to clinical staff and patient advocates. A pediatrician at the ARK National office as well as pediatricians and pediatric nurses in the districts support clinical staff through training and mentoring to empower, up-skill and make staff more confident in treating children. 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 2: 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 pediatric treatment management including patient uptake, doctor consultations, counseling and testing, TB screening and management, pain management and symptom control, treatment of opportunistic infections including the provision of cotrimoxazole, lab testing and patient and caregiver education. Pharmacists are responsible for the dispensing of medication. Pediatric ART and care services are linked to PMTCT and TB services. 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. Babies testing negative will be offered a PCR at 12 weeks after weaning if breastfeeding 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

Activity Narrative: breastfeeding counseling and support for the mother.

ACTIVITY 3: Family-Centered Care and Support Services

In an effort to encourage adherence among mothers and ongoing care for their infants and children, 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, TB prevention and referral for care, safe infant feeding practices, and safe sex. All HIV-infected pregnant women and HIV exposed infants will receive TB screening, prophylaxis and treatment if appropriate. Patient advocates 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 children and mothers to individual counseling services and/or support groups. 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. Other children in the household will also be referred for testing.

ACTIVITY 4: Reporting and Quality Assurance/Improvement

ARK provides computers and employs data capturers at all sites. All sites will have internet connectivity to facilitate information management activities. 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 KZNDH and ECDOH 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. The staff is also encouraged to attend formal external training courses offered by FPD.

ACTIVITY 5: Systems strengthening

Referral systems will be strengthened to ensure the easy, quick referral of patients between ARV, TB, PMTCT and pediatric ARV services. Tracing of lab results for early infant diagnosis will be conducted proactively to ensure that bottlenecks in the system are addressed with DOH and the National Health Laboratory Services (NHLS). Additional information management capacity will be added to sites including data capturers and computers as needed. TB infection control practices are standard at ARK-supported sites and include well-ventilated waiting areas and consulting rooms, safe sputum collection, and patient and staff education on safe cough etiquette and hygiene.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,196

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 224.09	Mechanism: CTR
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22983.09	Planned Funds: \$97,090
Activity System ID: 22983	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Early identification and enrollment of children into care and support services; and
- Training of home-based care volunteers and professionals who will in turn provide training to the family members and caregivers to equip them to provide quality pediatric HIV care and support.

SUMMARY:

Family Health International (FHI) provides support to both community- and facility-based palliative care (PC) services at the primary care and hospital level, while strengthening the linkages between PC, counseling and testing and antiretroviral treatment for comprehensive care and support. FHI's interventions strengthen the physical, spiritual, social, psychological and integrated preventive aspects of pediatric PC, and leverage government resources through service networks to meet multiple care needs. Children often present to the health system with advanced disease and are members of families in need of knowledge and support related to HIV. By providing pediatric services in the communities where FHI has been providing PC activities, FHI will take a family-centered approach to pediatric palliative care through this program to ensure early identification and enrollment of children into care and support service through mobile service units' clinics to improve access to integrated services in remote HBC programs. This will improve the ability to address the multigenerational effects of HIV, integrate care, decrease stigma and promote family wellness benefiting infants, children, adolescents and their parents. Despite the crucial roles caregivers play, they are often not adequately equipped with the knowledge and skills they need to provide holistic care and support for HIV-exposed and HIV-infected children. Caregivers are not always aware of how to access care, support, and other child services like ART, TB treatment. FHI will carry out pediatric PC activities with government and community-based organizations (CBOs), the South African Council of Churches, South Africa Red Cross, Nightingale Hospice and Evelyn Lekganyane HBC. FHI will provide training of Home-based care volunteers and professionals who will in turn provide training to the family members and caregivers to enable them to provide quality pediatric HIV care and support. Training content will include: diagnosing common childhood illnesses, providing support and accessing ART, referral for appropriate services such as child protection services, social services like fostering and adoption and accessing child support grants

BACKGROUND:

Pediatrics includes HIV-exposed children (children born to HIV-infected mothers and not yet with a final infection status), "HIV-infected" children (known infected), and HIV-affected children (uninfected children in a family with one or both parents HIV-infected). A family centered approach to care and support in all five delivery categories of clinical/physical care, psychological care, spiritual care, social care and integrated prevention services will be encouraged. Children often present to the health system with advanced disease and are members of a family in need of knowledge and support related to HIV. Caregivers, who have been providing care to adults will need to learn about how to treat symptoms, assess pain and other problems as relevant for children. Managing care alongside parents and transferring skills is another key element of pediatric palliative care. A referral network with relevant services is also critical to providing pediatric palliative care and will need to be expanded to fill identified gaps. The areas of bereavement counseling for children whose parents were HIV-infected are often required and will be supported through the palliative care training. Disclosure support for parents will also be a component of the pediatric palliative care service. Working with other important persons in the child's life (teachers, friends, extended family) helps to bring both support to the child and also to those who would like to be of help but need to know how. The caregivers training and role will be expanded to support these important people. Adherence support for parents and children for ART will also be an area of the service.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthening government programs

FHI will continue to strengthen access to integrated services as a part of a comprehensive palliative care package for HIV-infected children and their families in Mpumalanga, KwaZulu-Natal, Limpopo, Northern Cape and Gauteng provinces. This includes the Integrated Community Palliative Care (ICPC) model in 2 provinces. Efforts will be made to ensure equitable access to child care services for both males and females. The activities expand existing services that CBOs and government care programs currently provide with an emphasis on promotion of the HIV preventive care package.

ACTIVITY 2: Strengthening community-based organizations

In the communities where FHI is working, pediatric PC services will provide for early identification and enrollment of children into care and support services, through mobile clinics to improve access to integrated services in remote HBC programs. FHI will carry out pediatric PC activities with government and community-based organizations (CBOs), the South African Council of Churches, South Africa Red Cross, Nightingale Hospice and Evelyn Lekganyane HBC.

ACTIVITY 3: Training of Home-based care volunteers and professionals

FHI will train home-based care volunteers and professionals who will in turn provide training to the family members and caregivers to equip them to provide quality pediatric HIV care and support. Training content will include: diagnosing common childhood illnesses, providing support and accessing ART, referral for appropriate services such as child protection services, social services like fostering and adoption and accessing child support grants. This activity will contribute to one of PEPFAR's goal of 10 million people in care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,125

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 271.09

Prime Partner: Right To Care, South Africa

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 22990.09

Activity System ID: 22990

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$943,309

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- PEPFAR funds will also be used to structurally improve and maintain all RTC supported clinics;
- PEPFAR funds will be used for human capacity development and salaries at all pediatric care and support providers; and
- Using FY 2009 funds RTC will consolidate provincial centers of pediatric ART expertise established in FY 2008.

SUMMARY:

Following the emphasis in the National Strategic Plan 2007-2011, RTC will use FY 2009 PEPFAR funds to accelerate the scale-up of family-centered approaches to pediatric treatment, care and support. The specific aim is to increase the access to antiretroviral therapy for pediatrics from the current 7% of patients treated to 15%, in accordance with the National Strategic Plan (NSP) and the technical considerations for the FY 2009. Focus for the Pediatric treatment program will be to integrate into the adult treatment at all Department of Health, Comprehensive HIV/AIDS Care, Management and Treatment (CCMT) sites, supported by Right to Care. At the request of the provincial Department of Health (DOH) and implemented according to the memorandums of understanding (MOUs) with each province, RTC has increased the activity and budget emphasis towards pediatric treatment, care and support. The implementation is conducted in collaboration with the Hospital, District, Provincial and National Departments of Health (DOH). The guidelines that are available for the care and support of HIV exposed and HIV-infected children will be followed at all RTC supported sites.

BACKGROUND:

The Right to Care Pediatric Program was established in March 2008. Prior to this date, pediatric treatment was supported at all sites, with training and preceptorship received from ECHO. It became apparent that the scale of Right to Care program required a dedicated training and mentorship program within the organization. Dr. Leon Levin was recruited from private practice to join the organization as a full-time employee. Dr. Levin is one of only eight Pediatricians in South Africa who are experts in HIV treatment, antiretroviral therapy and infectious Diseases. Dr. Levin has been involved in HIV treatment with antiretroviral therapy for over 10 years; has established the largest cohort of patients on treatment in private practice; and established a specialized referral clinic for complex pediatric HIV cases on the East Rand of Johannesburg. PEPFAR funds are used to support access to this referral site for indigent public sector pediatric patients.

The major initial aim of this program was to increase the number of pediatric patients on antiretroviral therapy (ART) at all Right to Care assisted ART sites. According to December 2007 statistics, children under 14 years only represent about 7-8% of all patients on ART at Right to Care. The National Department of Health has called on all HIV and AIDS/STI/TB (HAST) directorates to ensure that at least 15% of all patients receiving ART are children.

The integrated program of pediatric and adolescent education, counseling and testing, care & support and ARV treatment will continue to be implemented using RTCs existing models of care:

- 1) In partnership with the National Department of Health (NDOH), capacity support for pediatric care and support at CCMT sites in five provinces i.e. Gauteng, Mpumalanga, Northern Cape, Limpopo, and Free State;
- 2) Strengthening the pediatric care component of FBO/NGO clinics, which target underserved populations in rural areas, industrial areas, and informal housing sectors;
- 3) Thusong, a private practitioner program for indigent patients where pediatric care is emphasized is the treatment model used in areas where there are no government systems in place. The Thusong pediatric program is not planned for expansion, patients have started to be transitioned into the government program and this will continue in FY 2008 and FY 2009. However, this program will remain operational to allow RTC to treat under this program where necessary; and
- 4) The employed sector, where RTC is providing HIV disease management services to >130,000 employees in >30 companies and pediatric dependents who are HIV exposed or infected are encouraged to enroll onto the workplace care and support program.

Since March 2008, the pediatric team has conducted needs assessments for pediatrics at 10 sites throughout the provinces. Training programs have been finalized for implementation and have been conducted on 3 occasions with 120 health care workers (HCWs) attending. The training provided includes the following broad areas of emphasis:

Since March 2008, the pediatric team has conducted needs assessments for pediatrics at 10 sites throughout the provinces. Training programs have been finalized for implementation and have been conducted on 3 occasions with 120 HCW attending. The training provided includes the following broad areas of emphasis:

- a. Diagnosis of HIV in infants and children
- b. Diagnosis and treatment of TB and other common opportunistic infections
- c. Laboratory monitoring of HIV disease in children
- d. Treatment initiation in children
- e. Pharmacology, dosing, formulation of ARVs in children
- f. Treatment adherence in children
- g. Adolescent counseling and adherence to treatment
- h. Family centered approach to ARVs including linkages to nutritional support program

Activity Narrative: Dr. Levin, Dr MacDonald and others have established mentoring support of treatment sites, with on-site management of patients supported by pediatric experience clinicians. Mentoring pediatricians are sent to sites throughout the network at regular intervals, providing both didactic continuing medical education, and practical bedside teaching. Ongoing support is provided with access to a mobile call-line for clinicians to receive specific advice from the treatment experts. This line is now available to all clinicians in RTC sites, with utilization increasing to 6 calls per day. In FY 2008 linkage will be established to the FPD supported HCW call center.

The pediatric program is linked to an increase in the activities under RTCs PMTCT program at sites throughout the five supported provinces. Particular emphasis is placed on the provision of infant PCR diagnosis to all infants exposed to HIV, and early treatment initiation for all children, to reduce early infant mortality. As the effectiveness of the PMTCT program is enhanced, with transmission of HIV reduced to less than 5%, children requiring treatment will decrease.

Through the development of treatment sites emphasis is placed on the family centered approach, with improved pre and post-natal care and mothers, their partners and children treated in the same clinic, this is in line with safe motherhood. Clinician training is focused on medical officer and primary health care nurse prescribed HIV treatment.

By providing pediatric training and implementation support to these sites RTC leverages NDOH resources to reach an increasing number of children. RTC supports these sites with infrastructure especially focus on renovating the facilities and making them child and adolescent friendly as well as support with staff, training, equipment and data management.

Through the provision of technical assistance, RTC has established a number of pediatric specific IT solutions, which will be ready for beta testing within RTC sites in October 2008. Particular emphasis in TherapyEdge-Pediatrics (TE-Peds) is the provision of treatment guidelines specific to children, yet accessible as part of the real-time integration of the data system at all sites, to all clinicians. TherapyEdge-Pediatrics improves disease management through guideline directed, expert systems and pediatric specific therapeutic intervention. The system provides enhanced clinic management, with the development of workflow processes that define roles and responsibilities enabling shifting, yet ensuring quality assurance. Through interfacing with the NHLS, Toga Laboratories, Lancet Laboratories and others, direct provision of laboratory results into the data system will enable real-time laboratory alerting. The data system provides overall health system strengthening with integration of guidelines and data collection according to IMCI WHO standard. RTC has already demonstrated that the use of TherapyEdge-HIV (TE-HIV) in adult patients has led to: (1) enhanced efficiencies in clinics with reduced waiting periods to <2hours in the largest HIV clinic in South Africa, Helen Joseph Hospital; (2) improvements in patient retention with a reduction in LTFU from 21% to 4%; (3) improvement in clinical quality with response to toxicity, virologic failure, dosing errors, drug interactions and TB diagnosis demonstrated (4) overall mortality, morbidity and viral load suppression rates have improved; (5) staffing: patient ratios required by Helen Joseph Hospital are approx. 25% of the ratios recommended by the DOH, due to the ability to shift and efficiencies of the clinic. Through enhanced guideline driven decision support, RTC will demonstrate the benefits of TE-Peds, in particular the more accurate prescription of drugs according rapidly changing weight, body surface area, and BMI in children growing with antiretroviral therapy. RTC continues to support the pharmacovigilance program of the Medicine Control Council for antiviral therapy in pediatric patients, through the provision of data from all of our sites.

ACTIVITIES AND EXPECTED RESULTS

RTC will use COP 09 funds to build on consolidating and expanding its support for pediatric care at government sites, NGO and FBO clinics/organizations and private sector programs. NGO and FBO clinics also use PEPFAR funds for laboratory monitoring of HIV pediatric and adolescent patients and for the procurement of health commodities such as medical equipment, ARVs, drugs for opportunistic infections, counseling and testing kits, and home-based care kits. RTC supports all pediatric care and support (C&S) providers by disseminating policies and guidelines and providing quality assurance through sharing best practices.

FY 2009 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, counselors; and (3) a capitation fee-for-service arrangement exists with a network of private sector service providers for the Thusong program.

The program of pediatric care will have strong emphasis on diagnosing infants and children with HIV early and national guidelines on PCR testing will be followed. Family members, usually female caregivers, who require care will also be identified during this process and pregnant caregivers will be referred into PMTCT services. Couples counseling will be offered to parents who bring children to the clinics together and this will help to promote the testing of men. RTC will continue getting the children into care as soon as possible and starting them on ART early, especially young infants who are at high risk of dying. RTC support at the sites will ensure that a comprehensive package of preventive care is available to all HIV exposed infants and infected children and ensure that they receive CTX prophylaxis in a timely manner and that they are appropriately referred for immunizations according to the national guidelines. The staff who will be hired for the pediatric program will conduct nutritional assessments, nutritional counseling and refer appropriately for support, an important area of focus will also be TB screening, TB treatment and IPT for those under 5 who do not have active disease. This will include the clinical management of common opportunistic infections and other conditions affecting children with HIV and their management. Emphasis will be placed on quality assurance and assessing and improving the programs already in place.

PEPFAR funds will also be used to structurally improve and maintain all RTC supported clinics and these

Activity Narrative: will offer clinical and psychological and services to HIV-infected and affected children and their families with strong links to available social and spiritual services. PEPFAR funds will be used to 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 value to the counseling and testing program by tracking and tracing pregnant moms who are lost to initiation and PMTCT and by finding the babies of these mothers to assess them and ensure that they benefit from care. The care and support NGOs will also help to minimize the pediatric loss to follow up rate.

Using FY 2009 funds RTC will consolidate provincial centers of pediatric ART expertise established in FY 2008 in each province in order to allow staff from other sites to rotate through the centre of excellence and learn to treat and care for pediatric patients under supervision. In so doing staff from other clinics will acquire expertise in pediatric care and support and then take that expertise back to their own clinics where service delivery will be sustainable.

We would expect the number of pediatric patients on ART to increase at all RTC sites and reach the required 15% pediatric patients on ART to be achieved by the end of the FY 2009. In addition, the quality of pediatric care would continue to improve in FY 2009. 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-affected individuals.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$801,489

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2797.09	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: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22791.09	Planned Funds: \$100,974

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Testing and counseling for infants, children and adolescents and their families;
- Provision of cotrimoxazole (CTX) to all HIV-exposed infants until HIV infection is excluded and infants are no longer at risk from breastfeeding and to all eligible HIV-infected children;
- Provision of a comprehensive prevention package;
- Building a system of referrals between PMTCT, ART, Maternal and Child Health (MCH), Integrated Management of Childhood Illness (IMCI), TB and Community care;
- Building competency and skills of the health care providers working within the pediatric services; and
- Ensuring development of best practice models in pediatric care at 46 sites.

SUMMARY:

The International Centre for AIDS Care and Treatment Programs (ICAP) will support the implementation and expansion of pediatric HIV care and support. The focus areas for this program will be training, technical assistance, supportive supervision, community education and quality assurance with minor emphasis on human resources and infrastructure development.

BACKGROUND:

ICAP has been supporting the comprehensive care of Persons Living with HIV/AIDS (PLHIV) since 2004 in support of the Eastern Cape Department of Health (ECDOH) and KwaZulu-Natal Department of Health (KZNDOH). ICAP supports early access to services, early diagnosis and enrolment and retention into care of children through provision of family focused comprehensive HIV care and treatment. HIV-exposed infants are tested using the dry blood spot (DBS) test for HIV DNA PCR at 6 weeks and 6 weeks post weaning for those breastfeeding. Older children are diagnosed with antibody tests as per South African Department of Health Guidelines. Clinicians are given initial training and are mentored on an ongoing basis to identify at risk babies as well as shown how to collect DBS specimens. ICAP is supporting comprehensive HIV care and treatment including the use of cotrimoxazole for all HIV-exposed and HIV-infected children until a definite exclusion of HIV has been made or those that are infected are stable on ART as per guidelines. Emphasis has been placed on integration of PMTCT, anti-retroviral therapy (ART) and primary health care (PHC) as well as TB clinics, to identify children that are HIV exposed or infected and then assess them for ART eligibility early initiation of ART for infants <12 months of age, and enroll them into care and support services. In FY 2009 this integration of services as well as step up of counseling of care givers to bring back children will be prioritized. ICAP will continue to provide technical assistance, mentoring and monitoring and evaluation of the activities at 46 sites. Essential clinical equipment will be procured and the pediatric record card together with the HIV care and treatment registers will be implemented to ensure quality of services provided.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: HIV Testing and Counseling for infants, children and adolescents and their families

- a. Support routine testing and counseling in every clinic area including well-baby clinic, pediatric inpatient settings, malnutrition units, TB clinics, and family assessments in adult ART clinics. Rapid HIV test kits will be made available, providers will be trained, and support and monitoring of the process provided by ICAP staff. Infants and children identified as HIV-infected will be enrolled in HIV care and treatment.
- b. Increased early infant diagnosis (EID) with DBS at the level of the PHC, pediatric inpatient wards, at TB clinics, PMTCT and post-Natal settings. A system for ensuring DBS test kit availability, as well as for enhancing caregiver counseling, will be developed and implemented.
- c. HIV counseling and testing (CT) extended to the families of pediatric patients at pediatric visits. The caregiver will be encouraged to bring additional family members. This process will be documented and evaluated.
- d. Refresher trainings for providers will be incorporated into monthly in-service trainings for sites and feeder clinics on identifying at-risk infants and children, as well as assessment, diagnosis and management of HIV exposed and infected children.
- e. Ongoing mentoring of health care providers on pediatric care and support. Focus will be on developing and maintaining provider competency. Precepting checklists will be used to follow provider competency over time.

ACTIVITY 2: Cotrimoxazole prophylaxis

Provision of cotrimoxazole (CTX) to all HIV-exposed infants until HIV infection is excluded and infants are no longer at risk from breastfeeding and to all eligible HIV-infected children. Accurate and consistent documentation of CTX will be ensured through refresher trainings, chart review and provider coaching. Reliability will be evaluated per the patient held cards. The Department of Health (DOH) and ICAP pharmaceutical advisors will work together to ensure proper stock level management to avoid stock outs of CTX. Counseling on the importance of bringing the children back for the 6 week follow-up for diagnosis and CTX prophylaxis will start during ANC and care givers will be provided with information on the benefits of CTX prophylaxis whenever they bring the children for other health care services. This information will form part of the counseling checklist, the use of which will be regularly reviewed.

ACTIVITY 3: Preventive Care Package

Ensure nutritional assessment, counseling, support and growth and developmental assessment at each clinical encounter through availability of weight scales, measuring tapes and height boards and training clinicians to accurately measure the anthropometric parameters, plot growth charts and diagnose growth failure and developmental delays. Dietary and social history will also be taken from care givers. The new pediatric care record cards with growth charts will be implemented for both exposed and infected infants

Activity Narrative: and children. ICAP will ensure accurate and consistent plotting of these charts, interpretation and that the growth parameters are accurately reflected in the care registers and patient held cards by regular charts and registers review. Nutritional support and safe feeding practices counseling will be given to care givers. Daily multi-micronutrient supplementation will be provided for the undernourished children and therapeutic or supplemental feeding as well as referral for ART for those with clinical malnutrition. These will include deworming and vitamin A supplementation as per SA guidelines. Infant feeding counseling and ongoing support will be provided to all pregnant women and those HIV-infected. Women will be advised on exclusive breastfeeding and ongoing support will be provided post delivery to ensure maximal survival of the HIV-exposed infants. Basic ante-natal clinic (ANC) training will be provided that emphasizes infant feeding counseling to all expectant mothers. HIV-infected mothers will be educated about exclusive breastfeeding, and breastfeeding will be encouraged where acceptable, feasible, affordable, sustainable and safe (AFASS) criteria are not met. Feeding counseling as well as the mothers feeding choice will be noted on the antenatal cards, on the Road to Health Cards of the infants and on the PMTCT registers. Peer educators and mentor mothers will provide support to the mothers and care givers. Routine and additional scheduled immunizations will be provided to all HIV exposed and HIV-infected children according to national guidelines. Screening for TB and active TB case finding, treatment and prophylaxis will be provided. Clinicians will be trained and mentored to assess all children in contact with adults with active PTB and screen them for TB at baseline using Tuberculin Skin Test (TST), gastric washings, sputum from older children and/ or chest x-rays. Special emphasis will be on children under the age of five, those with HIV infection, malnutrition and other immunosuppressive diseases. All HIV-infected children will be screened for TB each clinical encounter. Implementation of the pediatric record card will ensure prompting for TB symptom check. Children with TB infection will be treated and those without TB will be given isoniazid (INH) prophylaxis according to guidelines.

ACTIVITY 4: Functional referrals between PMTCT, ART, Maternal and Child Health (MCH), Integrated Management of Childhood Illness (IMCI), TB and Community care

Functional referral linkages between services will be established. Children will be assessed for eligibility for ART by laboratory and/or clinical assessment and referred as necessary. HIV exposed children will be followed up and final HIV status established using PCR. All infants <12 months of age who are HIV-infected will be fast tracked to initiate Highly active antiretroviral therapy (HAART). Pediatric support services will be incorporated into routine mother and child services. The HIV status will be documented on the child's Road to Health card using the SA DOH recommended PMTCT stamp and/ or share code as per guidelines for future reference. ICAP will ensure that formal referral forms are available and used to refer clients between facilities or services and will also ensure that such referrals are communicated to the referral sites. This will ensure continuous quality comprehensive care of the family unit. Mothers that were not on the PMTCT program and those that delivered at home and had their first post-natal HIV test will be assessed for ART eligibility and advised to bring their children for testing at six weeks. Formal referrals will be instituted between MOUs and primary health care facilities where follow up of infants and mothers occurs as well as between these facilities and hospitals, inpatient wards, ART sites and TB facilities. Measures such co-scheduling appointments and treatment and counseling the family members together to ensure adherence to care and follow up will be used to monitor this process. Community and home-based care referrals will be established to ensure continuity of care and to improve access to services. ICAP will collaborate with community-based organizations and use home-based care to follow up on clients in their communities for adherence counseling and ongoing support. These community health workers will educate communities and families on the benefits of adherence to care and follow up. In addition, ICAP will support the implementation of Household and community integrated management of childhood illness (HH/C & IMCI) to improve the first five years growth and development of pediatric clients through its adherence and social support component. Health care worker knowledge and skills in HH/C IMCI will be improved through training, technical support supervision, mentoring, and provision of adapted IMCI guidelines, tools and standard operating procedures (SOPs). ICAP will also work with communities, the Department of Health (DOH), nongovernmental organizations (NGOs), and community-based organizations (CBOs), to ensure improved health systems to deliver quality care and IMCI. The DMT, community leaders, community resource persons, households and child care givers will be sensitized and provided with skills that will ensure child growth and development, home management and appropriate health seeking behaviors including car for children affected by HIV and AIDS. Training and sensitization will be done through group education, community outreach activities, and home visits. Monitoring and evaluation of activities will inform the practice of quality care.

ICAP will work with DOH and other organizations in different districts to create external referrals directories (for example, Buffalo City External referrals Directory developed by ICAP). Adherence and social support referrals to care givers including issues of disclosure in children will be addressed. Counseling and support to the care givers as well as older children will be provided. This will include establishing adolescent-friendly services, such as: having a dedicated section or clinicians at site for consultation with adolescents, formation of adolescent support groups to assist them in dealing with acceptance of their HIV status, adherence issues in the context of their environment and changing physiological and biological states. This will also address issues of prevention as well as the transition from pediatric into adult programs as well as ART readiness and compliance for those already on ART.

ACTIVITY 5: Engaging stakeholders and other partners

The sustainability of the HIV care and support programs depends on ICAP collaborating with stakeholders. The stakeholders in this instance are particularly the South African Department of Health through the provincial ministries, district health teams (including HIV, AIDS, STI and TB [HAST] managers) as well as facility managers and teams. Shared responsibility and co-planning will ensure ownership and rollout of this program. ICAP will strengthen the current data feedback sessions with the facilities and providers and also continue to attend HAST and District Health Management Team (DMT) meetings where programmatic challenges are identified and solutions sought. ICAP will also endeavor to have regular focused meetings with the clinic supervisors and program managers to analyze successes and challenges and plan the necessary interventions. ICAP technical support teams will continue to support sites and mentor the site

Activity Narrative: teams and individual providers to ensure quality care of the pediatric HIV exposed and infected clients until site independence can be achieved and the sites are less reliant on the ICAP teams. ICAP will continue to work with partners of the South to South training program and the Ukwanda Stellenbosch University outreach program to build competency and skills of the health care providers working within the pediatric services.

ACTIVITY 6: Quality of Care

ICAP will ensure development of best practice models in pediatric care at 46 sites. Quality, comprehensive and family centered care will be ensured through capacity building at site and at provider level. This will include human resources, provider skills development, infrastructural support and equipment procurement. In essence ICAP will ensure that the minimum package of care (using the model) is in place at 46 sites. The program will also ensure accurate documentation of care and support services through the implementation of pediatric care record card and registers. The pediatric standards of care will be used to assess the implementation and the quality of care that is provided to HIV exposed and HIV-infected children. Monitoring and evaluation of the pediatric care and treatment services will also be a core activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 416.09	Mechanism: N/A
Prime Partner: Broadreach	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 22631.09	Planned Funds: \$97,090
Activity System ID: 22631	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Infants and children by strengthening linkages with existing services;
- Increase routine offer and provider-initiated testing to identify HIV-infected children;
- Expanding wellness programs for HIV-infected infants and children not yet eligible for ART;
- Employing a pediatric AIDS care and treatment specialist who will ensure integration of pediatric initiatives across all BroadReach Healthcare (BRHC) PEPFAR-funded activities; and
- Strengthening of care and treatment programs for children and their families in Khayelitsha, the largest township in Cape Town.

SUMMARY:

BRHC's pediatric care and treatment activities include training and salary support for health professionals, management support, quality assurance, operations support, strategic communications, and community outreach to increase the number of children on anti-retroviral therapy (ART) on BRHC-supported anti-retroviral (ARV) programs. The activities described in this program area are linked closely with activities described under adult treatment, pediatric and adult care and support, TB/HIV, PMTCT, ARV drugs, and counseling and testing (CT). BRHC has been a recipient of PEPFAR funds to provide ARV services in South Africa since 2005.

BACKGROUND:

As of June 2008, the BRHC program operates in five provinces and has almost 20,000 people currently receiving treatment services. Of this total, 7.8% are pediatric patients (excludes Edendale Hospital where pediatric patients are reported by EGPAF). Under PEPFAR funding BRHC has two treatment programs designed to support expanded treatment capacity for the South African Government (SAG). The first program began in May 2005 and consists of three different models providing treatment to eligible patients through networks of private GPs. Two of the models represent partnerships between the public sector and private GPs. This program was designed to ease the burden on the public sector to provide treatment services by strategically leveraging capacity in the private sector in underserved areas. The second program, which began in November 2006, is a program of technical assistance to SAG hospitals to assist with expansion and scale-up of the availability of treatment services in the public sector. The funds requested in FY 2009 are primarily for activities under the second program working with public sector sites. All proposed activities will be aligned with the NSP, national ARV guidelines and other national guidelines governing the care and treatment of HIV-infected and affected people.

In late 2006, BRHC began capacity building work with SAG sites and was initially assigned to 4 hospital systems in KwaZulu-Natal (KZN). As of June 2008, BRHC was reporting data from a total of 110 sites, including 11 hospitals, 62 private GP practices and 37 SAG Primary Health Center/Community Health Center (PHCs/CHCs) across districts in Eastern Cape (EC), KZN, Mpumalanga (MP), Gauteng province (GP) and North West (NW). At the request of District Departments of Health, BRHC has committed to continued expansion and plans to be supporting 19 complete hospital systems by September 09. With FY 2009 funds, BRHC expects to be active at 250 palliative care sites, including 25 SAG hospital systems.

ACTIVITIES AND EXPECTED RESULTS:

Note: Pediatric patients will benefit from all of the activities described in program area "Adult Care and Support", and the activities described here. In the pediatric care and support program area BRHC is highlighting activities which are specifically targeted to pediatric patients:

ACTIVITY 1: Target infants and children by strengthening linkages with existing services
BRHC will employ both facility and community-level approaches to improving the integration of services and referral systems within facilities, and between facilities and communities. The goal is to ensure that at whatever point a pediatric patient accesses the health care system (Outpatient Department (OPD), in-patient wards, mobile CT, ante-natal clinic (ANC), TB clinic, community health worker, Home-based Care (HBC), well-child care, outreach program) that a comprehensive package of prevention, care and treatment services are made available to that child and his/her family and household members. These services will include cotrimoxazole prophylaxis from age 6 weeks for HIV-exposed infants, targeted prevention messages, nutritional counseling, micronutrient supplementation, and routine offer and provider initiated CT. The goal is to furthermore ensure coordination and referral mechanisms are in place such that pediatric patients and their caregivers are able to navigate the health and social welfare systems successfully, and that facilities are able to track and locate patients at any time throughout this process. Linkages with malaria, family planning, Maternal and Child Health (MCH), gender-based violence, Directly Observed Treatment/Therapy Short Course (DOTS) and nutrition programs will be strengthened. BRHC takes a family-centered approach to providing comprehensive care and treatment services and will intensify efforts in this area to build HIV and AIDS-competent communities. During FY 2009, BRHC will expand partnerships with NGOs and community-based organizations in the catchment areas of BRHC sites to ensure uninterrupted service delivery and community-level support for pediatric patients and their families. Training, institutional strengthening, M&E and other technical assistance and human resource support will be provided to NGOs/CBOs to enable them to meet the demand for community-based services for CT, prevention, home-based care, access to social grants and support for OVC. Part of this support will be towards ensuring that the proper community-based support systems are in place and strengthened to increase HIV awareness and to create demand for testing, by providing resources for ongoing education on treatment literacy, providing adherence support, and providing support to the families of HIV-infected pediatric patients. BRHC will play a critical role in providing coordination between SAG facilities and communities, creating sustainable coordination mechanisms and mutually beneficial partnerships. Most importantly, pediatric patients and their families will benefit from programs that aim to provide longer, healthier lives.

ACTIVITY 2: Increase routine offer and provider-initiated testing to identify HIV-infected children
BRHC will support SAG sites to target infants and children for HIV testing at all service entry points, especially ANC, maternity and in-patient pediatric wards. Protocols for the follow up of HIV-exposed infants

Activity Narrative: will adhere to national guidelines. BRHC support to facilities will focus heavily on integration of TB and HIV services, where routine offer of CT of HIV patients for TB and of TB patients for HIV is provided in accordance with national guidelines. Using family-centered approaches to comprehensive care and treatment services, BRHC will ensure the screening and treatment of children of people who test positive for HIV or TB. BRHC will build on existing DOTS infrastructure and community health workers to identify children for HIV care and support as part of routine interactions with the households of TB patients.

ACTIVITY 3: Clinical services and operations

BRHC will place particular emphasis this year on expanding wellness programs for HIV-infected infants and children not yet eligible for ART. The goal will be to ensure early referral and enrollment into comprehensive care programs for children who are HIV-exposed or HIV-infected. Wellness programs will provide a preventive care package, consisting at a minimum of: PCR testing for infants, cotrimoxazole prophylaxis, screening and treatment for opportunistic infections (OIs) (especially TB) ongoing counseling and psychosocial support, nutritional assessment and supplementation, pain assessment, provision of infant feeding support, and prevention messages as part of routine care. Wellness programs will also provide necessary referrals to other health services such as well child care, nutritional supplementation and immunization services as part of IMCI services. BRHC support to facilities will focus heavily on integration of TB and HIV services, and use the opportunity of ill adults attending health facilities to also reach their infants and children with screening and referrals for HIV and TB. BRHC will increase access to PCR testing by purchasing equipment where requested by district and provincial DOHs, or by strengthening transportation and referral systems. It will also build laboratory capacity for early infant diagnosis by providing technical assistance and human resources to improve quality assurance and testing turnaround times

ACTIVITY 4: Human capacity development

In FY 2009, BRHC will employ a pediatric AIDS care and treatment specialist who will ensure integration of pediatric initiatives across all BRHC PEPFAR-funded activities. The specialist will take the lead in supporting sites to pilot innovative approaches to increasing testing of children, improve quality of care for children, and will ensure consistent application of family-centered approaches to the care and treatment of children. BRHC will engage additional qualified clinical mentors and preceptors to ensure supportive supervision within the work setting at BRHC-supported health facilities.

BRHC will enhance training content on care and treatment of pediatric patients in existing BRHC training offerings. BRHC provides a combination of in-house and outsourced training courses aimed at ensuring quality delivery of treatment services in the SAG facilities it supports. All BRHC implemented or sponsored training courses use nationally certified or DOH-approved curricula. Most courses are modular and cover a range of relevant topics including CT, TB, ARV therapy, and management of OIs. Additionally, BRHC will partner with programs such as the South-2-South Partnership for Pediatric HIV Care and Treatment to leverage existing training courses and expertise. If requested by SAG and Regional Training Centers, BRHC will assist to create new courses specifically for the care and treatment of pediatric patients. Pediatric course content, either through existing modular or newly developed training courses, will be provided to all professional and lay staff who have routine contact with children, regardless of ward or department. Training will emphasize the importance of testing and early infant diagnosis for children entering the health system through any service point: in-patient wards, OPD, ANC, MCH services, TB clinic, and community-based services, as well as in providing a package of preventive care services specific to the needs of pediatric patients. BRHC will continue to provide salary support to SAG for clinical and lay staff on a temporary basis to fill critical vacancies. This support will be coupled with budgeting and planning technical assistance to assist SAG sites to take over full support of these staff in future budget cycles thereby ensuring program sustainability and continued growth. Through this mechanism BRHC will ensure adequate human resources are available for the care and treatment of pediatric patients at BRHC-supported SAG sites.

ACTIVITY 5: Outreach to Children in Khayelitsha

BRHC has been asked by the WC Department of Social Development to assist with strengthening of care and treatment programs for children and their families in Khayelitsha, the largest township in Cape Town. This activity involves strengthening the existing Sizis'ukhanyo (NGO) resource center to serve as a coordination and referral hub for children requiring a range of health, social and educational services. BRHC will train resource center staff to provide community education programs on HIV and AIDS, monitor referrals, and provide training to community members and parents/caregivers. Technical assistance from BRHC will be used to expand and solidify linkages between the departments of health, education and social development in the community, ensuring that children and their families can access the comprehensive HIV and support services that they need. Referrals and linkages with other NGOs and CBOs providing services for children in Khayelitsha will also be strengthened. The activity may also include providing health and wellness for services for HIV-infected and affected children in the resource centre itself. Details of this activity are still under development.

Activity 6: Information systems/M&E/Quality Improvement and Quality Assurance

BRHC will continue to support the use of interim software solutions for management of patient data at BRHC-supported SAG sites with the goal of empowering site level staff to use routinely collected statistics for planning and decision making. In anticipation of national, provincial or district-level decisions mandating software for electronic patient record systems, BRHC aims to provide temporary solutions that improve the ability of sites to meet SAG reporting requirements. Information systems build on existing paper-based and register systems, providing added value by improving data quality and information use. Special attention will be paid to the challenges posed by monitoring and tracking of pediatric patients, from identification of HIV-exposed babies before birth, to PCR testing, to the commencement of pediatric treatment if necessary. Information systems will be designed to closely track mother-infant pairs as they move through the health system from pregnancy to well-child care, ensuring timely and comprehensive prevention, care and treatment services are provided to both. In FY 2009 BRHC will expand systematic quality assurance and quality improvement (QA/QI) approaches across all public sector sites. The purpose of this activity is to promote consistent quality of care for all HIV-infected and affected pediatric patients who seek services in the public sector, and to provide ongoing monitoring and support of training that has been provided. BRHC

Activity Narrative: will focus on the use of patient outcomes to monitor the progress and quality of programs. Pediatric patients will be monitored according to the following age bands: 0-2, 2-4 and 5-15 years of age.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,576

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$3,822

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 397.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 22591.09

Planned Funds: \$388,362

Activity System ID: 22591

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Expand activities home-based care (HBC) services to include social and legal services for children;
- Dietician will train HBC workers and support groups on nutrition care and support for pediatric clients;
- Anthropometric tools required for nutritional assessment of pediatric clients will be procured; and
- Long-term food strategies will be developed to ensure ongoing nutritional support for pediatric clients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Africa Centre (AC) will expand activities home-based care (HBC) services with the appointment of a social worker for assisting in social (access to social security services for women and children as indicated in the NSP) and legal protection of pediatric patients.

ACTIVITY 2:

The dietician will train HBC workers and support groups on nutrition care and support. A referral system between the community and the clinic and food security projects will be implemented. This will be used to refer children and adults with poor nutritional status to and from the clinic and community and will strengthen efforts to manage malnutrition in the community.

Africa Centre will develop food and nutrition policies and guidelines adapted from the South Africa Government (SAG) nutrition policies which are applied to the local, rural community settings. This will cover both adults (pregnant women) and children.

The dietician in the program will train nurses, counselors, Home-based Caregivers and support group members in nutritional assessment and counseling and tools. For example, the nutrition risk score will be used to identify children at risk of malnutrition and will refer these children for food security support.

ACTIVITY 3:

Anthropometric tools required (adult and pediatric scales, stadiometers, mid upper arm circumference [MUAC] measuring tapes, and measuring mats) to conduct effective nutritional assessments will be procured with PEPFAR funding. Children will be weighed at all visits and during the well-baby clinics. Nurses will be trained on IMCI as a tool to manage malnutrition and other childhood illnesses.

ACTIVITY 4:

For long-term food security, support groups will be getting guidance on how to establish community gardens. All adults with HIV and TB will be referred to these support groups. All children with poor nutritional status will be referred to the Supplementary Feeding Scheme (PEM Scheme) and their mothers will also be referred to support groups to benefit from the Food Security Programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$20,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9626.09

Prime Partner: Walter Sisulu University

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 22719.09

Activity System ID: 22719

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$97,090

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Coordinate adaptation of an advanced training module to ensure delivery of quality pediatric HIV and AIDS care services; and
- Water and sanitation will be integrated into the pediatric care model.

SUMMARY:

Comprehensive care for HIV in children has lagged behind in the Eastern Cape province. FY 2009 funds will be used to address these deficits.

BACKGROUND:

The Eastern Cape Regional Training Center (RTC) will use FY 2009 funds in the Eastern Cape to employ a person and support travel to focus coordinate and follow through on development of sustainable skills capacity for health workers to provide holistic care for children, through provision of support and training for improvement of health systems of pediatric care in the Eastern Cape.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

RTC staff will coordinate adaptation of an advanced training module which will be delivered through didactic training, clinical discussions, internal workshops, ongoing mentoring and performance improvement meetings with staff of facilities and their feeder clinics and in so doing, creating a learning network across the local service areas (LSAs) of operation. This will facilitate health workers to deliver quality pediatric HIV and AIDS care and enhance their capacity to participate effectively in all levels of HIV and AIDS care. The emphasis areas include the quality of counseling, cotrimoxazole prophylaxis, infant feeding, immunizations, early diagnosis and maintaining accurate records, ensuring follow up of PMTCT infants, performance of PCR and referral to initiate ARV treatment and social support.

ACTIVITY 2:

Water and sanitation (hand washing, proper storage of water, safe preparation of infant feed) will also be integrated into the pediatric care model. Diarrheal disease is a major concern in the Eastern Cape Province especially among pediatrics. Water and sanitation will be a focal point of all training and quality improvement activities at facility, community and district level. Practical demonstration will be necessary during support group and wellness mentoring in some home visits.

This training module will be formalized into a certificate and diploma qualification with technical support of partners such as the University of Washington's I-TECH and be offered by Walter Sisulu University.

The primary target populations are families, doctors, nurses and community health workers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$55,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.10: Activities by Funding Mechanism**Mechanism ID:** 4763.09**Mechanism:** N/A**Prime Partner:** Xstrata Coal SA & Re-Action!**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: Pediatric Care and Support**Budget Code:** PDCS**Program Budget Code:** 10**Activity ID:** 22739.09**Planned Funds:** \$194,181**Activity System ID:** 22739

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Recruitment and training of an additional 40 Outreach Workers to assist HIV-infected children access home-based care and support services; and
- Link the existing community outreach program to treatment and prevention programs.

SUMMARY:

Re-Action! will support the Mpumalanga Department of Health (DOH) with the scaling-up and expansion of pediatric care and support services. Services offered at local clinics will be linked to the first level of interaction within households through Community Outreach Workers.

BACKGROUND:

The Outreach Worker (OW) program is a direct entry point for HIV-infected children to access home-based care, referral, treatment and support groups. This is initiated by the "I know the way to live" campaign whereby individuals have the opportunity to test for HIV at home. In addition, the OWs conduct follow-up visits identifying potential health risks in the households, as well as the tracking and tracing of defaulters. Re-Action is already through its Public, Private Mix Methodology collaborating with the Department of Social Services, Churches and NGOs in Mpumalanga.

ACTIVITIES AND EXPECTED RESULTS:

Re-Action! will: 1) source, recruit and train an additional 40 OWs, as they are regarded as an important link between the community and district health facilities and are directly involved in developing the community intervention strategies; 2) link the existing community outreach program to treatment and prevention programs at a clinical level ensuring effective cross-referral and patient follow-up; and 3) build the capacity and skills of health care professionals and Outreach Workers (OWs) in the management and treatment of pediatrics; 4) skills upgrading will take place through training, mentoring and technical assistance (the duration, process and methodology will be finalized once an assessment has taken place as well as around the ongoing needs of the health care professionals and outreach Workers); 5) increase the number of OWs that deliver community-based and household targeted pediatric care and support services; 6) conduct household needs assessments identifying potential health risks; and 7) increasing TB case finding for families by increasing the number of household visits conducted in the community.

The quality and psychosocial management of HIV-infected individuals underscores the Re-Action! program and the OWs are thereby supervised by a professional nurse, thus ensuring the quality and clinical accuracy of palliative care services rendered at household level. The expansion of the program into 3 additional sites in Mpumalanga will require the recruitment of 2 professional nurses and 1 social worker as shared program resources.

Nutritional assessments and counseling support is key to the day-to-day management of HIV-infected children and Re-Action! will recruit a dietician as a shared program resource across all program areas, with specific focus on the identification of pediatrics with nutritional deficiencies. OWs in the community will work in close collaboration with the clinical staff and will follow-up on an individual level.

The activities have been modified in the following ways:

- The ongoing and expanded training and mentoring of OWs to ensure the incorporation of pediatric care, support and treatment skills in day-to-day counseling at a household level.
- Enhancing the OW project through the identification and partnering of service providers already working in the communities providing pediatric and child support community-based services such as home-based care, adherence counseling, referral for counseling and testing, support groups for care givers, nutrition counseling, and tracking and tracing of defaulters to enhance overall treatment services.

Expected Results: Re-Action through its activities expects that 120 children with HIV/AIDS at a grassroots level will be identified earlier and therefore access care and treatment regarding HIV/AIDS and TB.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4749.09	Mechanism: N/A
Prime Partner: Ingwavuma Orphan Care	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 23520.09	Planned Funds: \$51,167
Activity System ID: 23520	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-Expanding the availability of pediatric services in the target area and increase human resources devoted to pediatric HIV care and treatment.

SUMMARY:

Ingwavuma Orphan Care (IOC) activities are carried out to improve the current pediatric home-based care project through training of lay caregivers and to provide medical support in the way training nurses and provision of medical supplies. An in-patient unit with 10 residential beds and day care facilities will be established.

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 four 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. The doctor oversees the dispensary. 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 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. 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 pediatric palliative care. 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 in children and methods of encouraging clients to start and continue taking ARVs or TB medication properly.

ACTIVITY 3: Renovation of training center and expanded office facility

The purpose of this activity is to renovate buildings at a new center which will allow the integration of all the activities of Ingwavuma Orphan Care at the geographical center of the area in which it works. Current offices were built to accommodate 7 staff while by 2009 there will be around 50. 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.

Much of this year will be devoted to development of an in-patient and day care pediatric unit. The capital

Activity Narrative: costs are being paid for by other funders. The pediatric section will have 10 beds. Children with all palliative care needs will be assisted but it is expected that the majority will have AIDS and/or TB. This is the only such unit in KwaZulu-Natal. The District DOH is fully in support of this project and has promised to send a representative to the strategic planning meeting with an aim to contribute to resource mobilization. The building will be completed and equipped. This is a continuation of the capital project which is due to start in 2008. Policies and procedures will be developed in accordance with South African government policies, and staff will be recruited and trained in pediatric palliative care, childhood development, infection control, bereavement support and other relevant topics. The unit will accept referrals from Department of Health institutions and also from the community palliative care program. The unit will be used to provide palliative care to terminally ill children and their families. It may provide end of life care and also respite care to the families. ART will be provided by the DOH.

ACTIVITY 4: Support Groups

Support groups will be continued to provide the basic care package. Support groups are aimed at children and their caregivers. Groups meet once a month. Groups are led by a support group facilitator, 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. A curriculum has been developed which assists the children to understand HIV and to accept their status. Children are provided with health care and nutritional support as well as psychological support at the groups. The nutritional status of the children is monitored and the children are provided with nutritional and micro nutrient supplements if required. The children attending will be screened every six months for TB and referred for further investigation if needed to the government hospital.

In the above activities, People Living with HIV/AIDS (PLHIV) will receive at least one clinical and one other category of palliative care service. Palliative care to family members will be provided in at least two of the five categories of palliative care services.

The support groups teach the caregivers and the children about ARVs and give them adherence support through constantly reminding them to take their pills, peer support and monitoring whether the children are attending the clinic regularly. The children are screened for TB and caregivers are taught about the symptoms of TB in children. Those who are taking treatment are monitored to ensure that they adhere to treatment until it is completed. The in patient unit will provide palliative care for children who are reaching the end of their life and cannot be cared for adequately at home due to social, financial or medical reasons. The unit will provide good quality care with adequate symptom relief as well as spiritual, social and psychological support.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$27,671

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$993

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 478.09	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: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 23518.09	Planned Funds: \$392,488
Activity System ID: 23518	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-The establishment of the Pediatric Palliative Care Training and Resource Center in collaboration with all project partners and the Department of Pediatrics of the University of the Free State.

SUMMARY:

The Hospice Palliative Care Association of South Africa (HPCA), founded in 1988, currently has 70 member hospices throughout South Africa (SA), each member being an independent 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 will be 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 St Nicholas Bana Pele Children's Network (SNBPCN) project, in partnership with St Nicholas Children's Hospice in Bloemfontein, a sub-partner, will improve the quality of life of OVC by providing quality Pediatric Palliative Care in the Motheo and Xhariep Districts of the Free State, and increase identification of HIV-infected children and improve access to antiretroviral therapy for them. Pediatric Care is provided to HIV-infected children and those exposed to malnutrition, low birth weight, HIV-related disabilities, and infectious diarrhea. These children are admitted to the in-patient units. Many children move between the Pediatric and OVC programs as their condition changes.

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. PEPFAR funding has allowed the training of 329 trainees in Pediatric Palliative Care from October 2007 to July 2008. These trainees include Doctors, Social Workers, Trainers, Professional Nurses, Enrolled Nurses, Home-based Caregivers and Managers. The major focus of PEPFAR funding in FY 2009 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: St. Nicholas Bana Pele Children's Network (SNBPCN) project

In FY 2009 HPCA will be managing the SNBPCN grant with advice and support from AED. HPCA will provide mentorship to St Nicholas to build capacity within that hospice. Capacity Building for the SNBPCN project will also include the appointment of new staff in the Free State to coordinate the project. Capacity building in the communities will take place to identify and care for HIV-infected children through education and training from the hospice 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 SNBPCN project, will be used to improve the quality of life of OVC who require Pediatric Palliative Care in the Motheo and Xhariep Districts of the Free State, increase identification of HIV-infected 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 palliative care patients will receive direct support and family members will receive psychosocial, emotional and spiritual care into the bereavement period.

Training for the SNBPCN 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 Centre, 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. Monitoring and Evaluation expertise will be provided for Pediatric Palliative Care by HPCA.

ACTIVITY 2: Capacity Building

HPCA will provide capacity building expertise to the member hospices which provide Pediatric Palliative Care. The HPCA curricula for Pediatric Palliative Care has been reviewed and updated. This specialized training will be provided by the 10 HPCA Centers of Palliative Learning (CPLs) and HPCA Regional Education Forums.

ACTIVITY 3: Pediatric Palliative Care Services

The pediatric care services will be provided as follows: identification of OVC infected by HIV, 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

Activity Narrative: 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 member hospices will provide the following Pediatric 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 administration costs of these human resources. Focus will be on the girl-child and the role of the female caregiver, 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 infected by HIV. 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 SNBPCN project will promote Pediatric 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: 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.

With the increased funding to HPCA for pediatric palliative care for children, forty (40) sites will be identified for support and development of pediatric care programs. These sites will be in all 9 provinces and will be spread among urban and rural sites. Preference will be given to areas where there are no children's palliative care programs with the long-term aim to have a children's palliative care program in all health districts and sub-districts in South Africa.

A Pediatric Palliative Care Officer will be employed to support hospices in the development of their programs and collaborate on the development of materials and a training curriculum.

The St Nicholas Bana Pele Children's Network will be established in the Motheo and Xhariep Districts of the Free State with a strong referral system between programs caring for children for effective supervision and follow-up of all HIV-infected and affected children, working together with the Departments of Social Development and Health, as well as Faith-based and community-based organizations, in the province. Eight community centers with early childhood development services, and services for the children and families, will be developed.

Two grandmother support groups will be established and developed.

Through these activities, HPCA supports the vision outlined in USG's South African Five Year Strategy to expand access to quality pediatric palliative care services thereby contributing to the 2-10-7 goal of providing care to 10 million people affected by HIV.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$100,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 226.09

Prime Partner: Foundation for Professional Development

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 23058.09

Activity System ID: 23058

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: Pediatric Care and Support

Program Budget Code: 10

Planned Funds: \$94,178

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:
-Expansion of pediatric HIV care and support services;
-Promotion of family-centered services;
-Addressing the palliative care needs of pediatric PLHIV;
-Linking pediatric TB screening and treatment services; and
-Expansion of the ART clinical quality assurance system.

SUMMARY:

Funding will be used to support the expansion of pediatric HIV care and support services and to strengthen pediatric HCD within all the provinces where FPD works.

BACKGROUND:

This is a continuation and expansion of work started in the previous COPs. Activities in support of pediatric HIV care and support focus on: strengthening and integrating public and civil society service delivery models for People Living with HIV/AIDS (PLHIV); collaborating with SAG to build sustainable human and institutional capacity to support integrated pediatric HIV care and support services; promoting age-appropriate and family-centered services through the integration of infant, child, adolescent and parental wellness programs; supporting surveillance activities monitoring continuity of care and integration with PMTCT, ANC and MCH programs; and expanding FPD's pediatric specialist mentoring and referral support to strengthen doctor and nurse capacity to provide quality pediatric HIV care and support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Increase pediatric enrollment in HIV care

Activities to increase pediatric enrollment in HIV care aim to establish strong linkages between HIV-related care sites and community-based CBOs, FBOs and NGOs with a focus on HIV-exposed and HIV-infected children and caregivers; FPD will work with community-based partners to support community awareness and mobilization campaigns in support of pediatric HIV care and treatment; the model has proven to be extremely cost-effective as it leverages substantial philanthropic and volunteer resources.

ACTIVITY 2: Pediatric HIV care and support program

Key components of the pediatric HIV care and support program area include age-appropriate: integrated preventive services, psychological care, spiritual care, social care, as well as quality HIV clinical care. All FPD-supported pediatric HIV-related care sites provide a basic package of care including clinical care services (clinical monitoring and staging, CD4 counts, Viral Load assessments, co-trimoxazole prophylactic treatment, vitamins A and zinc supplementation, etc).

ACTIVITY 3: Promotion of family-centered services

New activities during the COP will target the promotion of family-centered services. Activities include: piloting booking systems that allow families to gain access to services on the same day at the same time as a family unit; encouraging CT services for all family members; strengthening integration of services between different service partners within a site; and expanding the linkages between FPD and PMTCT partners, such as Mothers to Mothers and Elizabeth Glaser, in order to ensure the seamless referral from PMTCT programs to pediatric HIV care programs. FPD has a relationship with Mothers to Mothers and South to South - South Africa. Mother to Mothers supports PMTCT programs in FPD-partnered SAG facilities in North West Province; South to South provides technical assistance to FPD-partnered SAG facilities for PMTCT and clinical pediatric HIV care where FPD and SAG have identified a need for additional assistance.

ACTIVITY 4: Addressing palliative care needs of pediatric People Living with HIV/AIDS (PLHIV)

FPD will also focus on addressing the palliative care needs of pediatric PLHIV. FPD aims to link a dedicated hospice to each treatment site and to establish a system whereby FPD-employed clinical staff does ward rounds in order to ensure a continuum of care between treatment sites and hospices for all pediatric HIV patients.

The electronic medical record (EMR) that is utilized by FPD-partnered ART clinics will be expanded to encompass general pediatric HIV care and wellness activities and be available at all ART sites and be piloted at two pediatric HIV-palliative care sites which provide basic package of care components (e.g. psychological care, spiritual care and social care). The EMR was developed at the direct request of the Tshwane District of Health in order to strengthen and harmonize facility-based monitoring systems while ensuring that data quality and data use are integral components of the process. Key activities for the EMR include strengthening the integration of various HIV service points (CT, TB, HIV-palliative care, ART) and optimizing inter-connectivity with existing SA DOH systems (District Health Information Systems; National Health Laboratory Systems). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentorship to build sustainable, local monitoring and evaluation (M&E) and Health Management Information System (HMIS) systems.

The electronic medical record (EMR) is supported on an integrated virtual private network (VPN) which allows for the electronic transfer and/or access of data between different HIV service points. This inter-connectivity holds great potential in terms of monitoring service integration and continuity of care within a district. In the EMR, the electronic HIV and AIDS data will be held in a physically and technically secure environment with minimum data repositories and limited individual access. Data access will be determined

Activity Narrative: by designated user roles and rights. The existing defaulter tracer module will support active tracing of missed appointments, mitigate loss to HIV care and work in support of appropriate and early ART initiation of HIV-infected and HIV-exposed children. Additional steps to ensure retention include ensuring the establishment of PLHIV-led support groups that will support pediatric patients and care-givers on issues such as disclosure, nutrition, alcohol, safe sex and family planning, status acceptance, treatment literacy and adherence counseling.

ACTIVITY 5: Link to pediatric TB screening and treatment services

Due to the high prevalence of Tuberculosis and infectious diseases in the community the following activities will be supported in collaboration with DOH facilities: (1) routine TB screening and active case finding in all pediatric HIV care settings; (2) implementation of the isoniazid (INH) prophylaxis program for HIV-exposed and HIV-infected children; and (3) active monitoring of immunization status and ensuring that all children's vaccination is up-to-date. There are a number of challenges associated with the management of TB-HIV collaboration; FPD will focus on training and mentoring to improve the management of these systems, including: the supply chain for INH prophylaxis, as well as data management for SAG TB registers.

ACTIVITY 6: Expansion of the ART clinical quality assurance system

The ART clinical quality assurance system that has been developed through collaboration between FPD and JHPIEGO will be expanded to all facilities offering pediatric HIV care and support. This system uses a standards-based measurement and rating (SBMR) approach with an aim to identify and respond to challenges to improve quality of pediatric HIV care. SBMR activities will be implemented by facility staff on a routine basis and by external auditors periodically.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$97,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2790.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 22700.09

Planned Funds: \$261,361

Activity System ID: 22700

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Ensure the provision of a basic care package to HIV-exposed children;
- Identify all HIV-exposed children of adults in HIV care and support; and
- Strengthen health systems serving patients in HIV care and support.

SUMMARY:

Activities under the Pediatric Care and Support program activity support the provision of comprehensive antiretroviral treatment (ART) program carried out by Catholic Relief Services (CRS) in 24 field sites in seven provinces in South Africa. The area of emphasis is the improvement of care and support to HIV-exposed children in the program, ensuring their wellness. The field sites target those in need of these services, who live in the catchment area of the site, and who cannot access the services in the public sector. The major emphasis area is to provide linkages with other sectors and initiatives and ensuring that children receive the much-needed care in line with national guidelines. These will include; early diagnosis, cotrimoxazole prophylaxis, antiretroviral treatment and Integrated Management of Childhood Illnesses (IMCI) related services. All HIV-exposed children in HIV care and support should be provided with related services for wellness, opportunistic infection (OI) and TB treatment and prevention and nutritional supplementation. Minor emphasis areas are household member involvement, nutritional counseling, community mobilization/participation, development of networks/linkages/referral systems, and human resources. The main target populations are HIV-exposed children and their families as well as caregivers.

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. Since FY 2005 South Africa COP funding was received to supplement central funding, with continued funding applied for under FY 2009. 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).

Currently, about eight percent of individuals in Care and Support are children. Many of the rural areas AIDSRelief serves are resource poor and care and services are scarce due to the remote and rural nature of these locations. AIDSRelief is trying to address this by identifying HIV exposed children while providing home-based care, as well as putting increased focus on family-centered VCT. In addition, AIDSRelief will involve all cadres of healthcare workers at selected sites to identify pregnant women and HIV-exposed children's needs. Where the AIDSRelief sites cannot provide the services a functional referral system will be put into place.

ACTIVITIES AND EXPECTED RESULTS:

AIDSRelief sites will focus on identifying HIV exposed children in the communities they serve. Early identification, screening and referral will be emphasized. Every community health care worker will identify vulnerable children in the household they visit. Children will be identified and registered. Parents will be counseled and motivated to have children tested. PCR testing will be offered from 6 weeks of the infant's life for the first year. Thereafter rapid testing will be used.

ACTIVITY 1:

The basic care package to HIV-exposed children includes the following activities:

- Ensure children are fully immunized and refer to primary health care (PHC) where needed;
- Early HIV diagnosis (using serum PCR);
- Cotrimoxazole provision to all HIV exposed children from six weeks until they are confirmed HIV-negative;
- Nutritional support to all children born to HIV-infected parents;
- TB screening for all children;
- TB treatment where necessary,
- IPT if active TB has been excluded (where possible);
- Ensure/refer all children in need of birth registration;
- Assist families with social service applications (child grants etc.) where possible; and
- Integrated Management of Childhood Illnesses (IMCI) and Vitamin A supplementation.

ACTIVITY 2:

Identify all HIV-exposed children of adults in HIV care and support:

- Continue to provide early identification and treatment/referral for opportunistic infections (OIs);
- Continue to provide community support (psychosocial and spiritual);
- Renewed emphasis on family-centered approach through; grouping family visits together; encouraging partner and HIV-exposed children to join women in care and support activities; and encouraging interactive family sessions.

ACTIVITY 3:

Strengthen health systems serving patients in HIV care and support:

- Strengthen linkages, coordination and referrals to OVC programs, immunization and well-baby clinics; primary health care (PHC) facilities, TB clinics, STI clinics, local health and social services; and
- Provide training and technical assistance to staff in the health system.

ACTIVITY 4:

Cotrimoxazole and TB prophylaxis will be provided in line with South African government (SAG) policies.

Activity Narrative: The "Road to Health" card will be used to document interventions according to SAG guidelines. The National Strategic Plan (NSP) target is to provide an appropriate package of treatment, care and support services to 80% of people living with HIV and their families by 2011 in order to reduce morbidity and mortality as well as other impacts of HIV and AIDS. In order to meet this target the AIDSRelief sites will pay attention to the following key issues: Focusing on specific issues and groups: prevention of mother-to-child transmission, care of children and HIV-infected pregnant women, and wellness management of people before they become eligible for ART.

ACTIVITY 5:

The program focus on family centered care and will involve parents and caregivers by involving partners (through increased partner testing, male support, prevention and interventions in regards to gender-based violence), including support groups for HIV-infected pregnant women and mothers. Other activities, where applicable, will include programs targeting partners of pregnant women and providing information to men on PMTCT, counseling and testing (CT), prevention and other health issues and encouraging couples counseling and testing in an attempt to increase men's involvement in HIV and AIDS treatment and care programs and to reduce stigma and violence against women. The approaches will include couple counseling and testing at CT and PMTCT sites with the view of promoting testing of men as well as building their support for their female partners, where possible. Efforts will be made to include health worker trainings to recognize signs of gender-based violence, to provide appropriate counseling and referral services to social, legal, and community-based support groups, as well as training and employment of women as health care providers to increase the confidentiality and comfort of women and girls seeking treatment for HIV.

Given that AIDSRelief sites operate in rural and remote areas, where technical capacity and infrastructure is lacking, heavy emphasis is put on provision of laboratory services through a quality service provider. To overcome this challenge, Johannesburg-based Toga Laboratories, another PEPFAR-funded partner, has been selected as the laboratory service provider for laboratory tests to be conducted under the program. The company has been established by Prof. Des Martin and Dr. John Sims, long-time South African virology experts. Toga Laboratories has an on-going quality assurance (QA) program to monitor and evaluate, objectively and systematically, the reliability of the laboratory data. There is an in-house laboratory quality unit which coordinates external quality assurance. For every test performed in the laboratory, there is a quality control plan stated in standard operating procedures (SOP). Internal quality controls (IQC) are performed daily on all instruments as well as for manual tests and recorded. External quality assessments include the UK National External Quality Assessment Scheme (UKNEQAS) as well as National Health Laboratory Services (NHLS) assessment programs, among others.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$660,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$115,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$175,000

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4094.09

Mechanism: N/A

Prime Partner: Research Triangle Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 23860.09

Planned Funds: \$526,454

Activity System ID: 23860

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-Piloting improved models of care at selected Thuthuzela Care Centers (TCCs) to inform SOCA's national "blueprint" for TCC care services and future Women's Justice and Empowerment Initiative (WJEL) program implementation.

SUMMARY:

USAID, through RTI, will provide support to strengthen the HIV-related clinical, psychological and social care services for the TCCs for child rape victims in all provinces.

BACKGROUND:

This is the third year of support to the TCCs. Thuthuzela means "to comfort" in isiXhosa; TCCs are multi-disciplinary centers that provide comprehensive care for rape survivors with an emphasis on women and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

RTI will help the Sexual Offences and Community Affairs (SOCA) Unit of the National Prosecuting Authority (NPA) to establish 8 new TCCs in FY 2009, 8 in 2010 and 7 in 2011, for a total of 23 TCCs, and fund three core staff in each TCC. The program focuses on refurbishment of TCCs in order to meet health and TCC blueprint standards. RTI understands that the funds cannot be used for new construction without special waivers.

ACTIVITY 2:

RTI will orient and train TCC staff, doctors and forensic nurses; provide both core multi-disciplinary training and on-site training; and support all TCC staff by conducting training focusing on: delivery of post-exposure prophylaxis (PEP), HIV counseling and testing (CT), protocols for care and treatment of victims and follow-on psycho-social counseling for TB, PEP, ARV and secondary prevention adherence.

ACTIVITY 3:

Through the grants component, RTI will support referral systems for treatment and care and follow-on psycho-social counseling for children who tested positive by providing assistance to non-governmental organizations (NGOs) and working closely with them.

ACTIVITY 4:

With additional funding from the PEPFAR Special Initiative on Sexual Gender-based Violence, RTI will pilot improved models of care at selected TCCs to inform SOCA's national "blueprint" for TCC care services and future WJEL program implementation. RTI will also develop pilot models based on existing best practices in rape care currently offered through the SAG's Department of Health and NGO-supported services.

ACTIVITY 5:

RTI will strengthen health care services at TCCs, with special attention to improving PEP adherence and health care follow-up and referrals and explore strategies for explicitly raising community awareness of TCC services and for strengthening TCC linkages with community networks to help facilitate child victims' access to services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1066.09

Prime Partner: Wits Health Consortium,
Perinatal HIV Research Unit

Funding Source: GHCS (State)

Budget Code: PDCS

Activity ID: 23694.09

Activity System ID: 23694

Mechanism: PHRU

USG Agency: U.S. Agency for International
Development

Program Area: Care: Pediatric Care and
Support

Program Budget Code: 10

Planned Funds: \$873,814

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Establish and staff a Perinatal HIV Research Unit (PHRU) adolescent clinic; and
- Scale up treatment for HIV-infected and HIV-exposed children.

SUMMARY:

The PHRU will use PEPFAR funds to continue to provide quality holistic care for HIV-infected and HIV-exposed children (0 - 14 years) comprising elements in the preventive care package, medical care and psychosocial support categories in Gauteng, rural Limpopo, rural Mpumalanga and Western Cape provinces. Children are identified through the prevention of mother to child transmission (PMTCT) and counseling and testing (CT) programs. Early infant diagnosis at 4-6 weeks. Children are monitored, prepared and referred for antiretroviral (ARV) treatment. Linkages to CT, the PMTCT and referral to ARV services will be strengthened. A family-centered approach targets HIV-infected adults, children and infants.

BACKGROUND:

Since 2002, PHRU has established and supported palliative care programs in Gauteng, rural Limpopo and Mpumalanga, and the Western Cape provinces for children identified as HIV-infected through PMTCT and CT (also funded by PEPFAR). Very young infants are referred to specialized services care. Primary health care nurses are the main providers of care under physician supervision. The Department of Health (DOH) 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 family centered 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 ARV treatment 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 ARV treatment. Care includes: screening for active TB, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for opportunistic infections (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, ARV treatment, opportunistic infections, TB, prevention, disclosure, prevention, nutrition, stigma, positive living and adherence. At the end June 2008, with PEPFAR funding PHRU supports 4696 children (0-14) out of a total of 27238 people in care, 17.8%. This exceeds the target set by PEPFAR and the National Strategic Plan (NSP).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: PHRU clinic Soweto, Gauteng

The Pediatric Wellness Program has been supported by funding through PEPFAR since 2002. Currently 1062 children (0-14) are enrolled in the program. Since 2004, a focus has been to identify children requiring care, ARV treatment and psychosocial support through linkages to PMTCT and infant testing at 4-6 weeks using PCR (as per SAG guidelines). Children receive care, growth monitoring and routine immunizations. Support programs assist caregivers and children, in particular around issues of bereavement, disclosure, dealing with stigma and discrimination, positive living and life skills.

ACTIVITY 2: Adolescents

This activity is cross-cutting since the primary focus is on prevention of adolescents getting infected with HIV in the first place (see CT program area) but inevitably some adolescents will be identified as HIV-infected through CT activities, and these adolescents will be referred to appropriate care and treatment programs. Depending on the age of the adolescent, and the major activity at the site they are included under Pediatric or Adult care, treatment and support.

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. PHRU has established a specialized adolescent clinic PHRU to address these needs with PEPFAR funding by offering comprehensive counseling and care services that are youth-friendly, confidential and empowering to clients so that they are able to make informed and responsible healthcare choices, including being empowered to abstain and delay sexual debut. Through CT, education and counseling, PHRU increases awareness of HIV. The clinic in Soweto is based close to places to where adolescents congregate. Pregnancy in adolescents is a concern and the program will ensure that these young mothers receive a continuum of care during and after their pregnancy. Services 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 Narrative: ACTIVITY 3: Support government facilities, Gauteng, Rural Mpumalanga/Limpopo, Western Cape.

In partnership with provincial Departments of Health the PHRU supports government facilities to scale up treatment for HIV-infected and HIV-exposed children. The special needs of children are taken into account and the package described above is implemented either by the PHRU or their sub-partners in the various sites that PHRU supports.

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, mentoring and support to staff in these facilities is a focus area.

In all of the above activities, people living with HIV (PLHIV) will receive at least one clinical and one other category of palliative care service. Palliative care to family members of PLHIV or orphans and vulnerable children (OVC) will be provided in at least two of the five categories of palliative care services.

PHRU has run three very successful Priorities in AIDS Care and Treatment (PACT) conferences which are targeted to public sector health care workers (doctors, nurses and pharmacists) and program and facility managers. These conferences have different themes and are very practical in nature. They have been well received by participants who find that they are able to take away useful information and knowledge to improve the quality of care and treatment access at their facilities. Through these conferences PHRU been able to disseminate it's research findings and HIV-prevention, care and treatment experiences and has invited other PEPFAR partners to share their experiences, knowledge and best practices. Over 800 people have attended these conferences.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1201.09	Mechanism: HCI
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10

Activity ID: 23894.09

Planned Funds: \$174,763

Activity System ID: 23894

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Establishing Quality Improvement Teams at the District / Facility Level; and
- Recruitment of medical staff tasked with the provision of clinic services.
- Expansion of support services to include counseling on remaining HIV negative, Prevention with Positives (PwP), HIV wellness programs;
- Development of accredited HIV and AIDS and home-based care training materials; and
- Development, revision and implementation of the National HIV and AIDS guidelines.

SUMMARY:

While HCI will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these activities in the manner described below.

BACKGROUND:

HCI will continue to build of activities described in FY 2008. The expansion of activities seek to build on program strengths in HCD and clinical and support services.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1: Establish Quality Improvement Teams at the District / Facility Level

By improving and institutionalizing the formation of Quality Improvement teams at a facility and district level, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, which is specific to each area / district/ province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites / districts.

ACTIVITY 2: Human Capacity Development

As HCI is already in the process of recruiting and placing medical staff in health facilities, these medical staff will be tasked with provision of clinical services to HIV-infected clients on a day-to-day basis and provision of training and mentoring for health facility staff regarding HIV and AIDS care, with specific reference to ART treatment, care and support services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to DOH clinic staff (doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality HIV and AIDS services to all HIV-infected clients enrolled on the program / eligible for ART treatment and care. HCI staff and DOH staff meet regularly to ensure that any additional knowledge regarding newer ART medication / treatment options and research findings are readily shared.

ACTIVITY 3: Strengthening supervision systems

HCI has been extensively involved in revision of the Clinic Supervision Manual for health care facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of HIV and AIDS services and follow-up services.

ACTIVITY 4: Care support groups

HCI has been involved in providing assistance to implement, run and facilitate community and facility-based care support groups at all HCI-supported health care sites in the five provinces. In FY 2009, it is envisioned that this support will be expanded to include counseling on remaining HIV negative, Prevention with Positives (PwP), HIV wellness programs, care for the caregivers' activities and community outreach programs / projects.

ACTIVITY 5: Training

In FY 2009, HCI staff will work to develop accredited HIV and AIDS and home-based care training materials, including a comprehensive package of manuals, posters, flip charts and job aids. The development of these materials will include modules on basic HIV, staging of HIV disease, care of HIV-infected individuals, eligibility for ART, initiation of ART in both adult and pediatric patients, disclosure, adherence issues, poly-pharmacy (addressing concomitant administration of medication), living positively with HIV and TB/HIV co-infection.

In addition, HCI will revise existing QA training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health care staff, including informal staff such as community workers, lay counselors and home-based carers. This is particularly important at PHC facilities where HIV-infected clients interact with a wide range of formal and informal health staff.

ACTIVITY 6: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between PMTCT, CT, FP, STI, TB and ART treatment sites. By working with health facility staff at different levels of care, HCI staff will advocate for the development of integrated referral and follow-up networks. All staff at these sites will be responsible for referring HIV-infected clients for onward care, treatment and support, while staff at ART sites is responsible for care, treatment, support and follow-up of these patients. It is

Activity Narrative: essential to ensure that all patients receive optimal care and remain within the health care system, ensuring compliance / adherence with treatment and an improved quality of life.

ACTIVITY 7: Policy

URC/QAP will actively participate in the development, revision and implementation of the National HIV and AIDS guidelines, Continuum of Care for HIV-infected people and HIV and AIDS, monitoring and evaluation framework policy in collaboration with the national and provincial DOH staff, to ensure long term sustainability of this program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5191.09

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: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 23611.09

Planned Funds: \$112,139

Activity System ID: 23611

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

- Evaluating and referring children coming for regular immunizations and offering counseling and testing;
- Tracked infants from the time of discharge to ensure that they are tested at 6 weeks of age;
- Training of healthcare workers at frontline sites and working closely with them around case-finding to ensure sustainability;
- Expansion of monitoring and evaluation tools to monitor clinical outcomes
- Conducting workshops to equip counselors in working with children and passing their skills onto other practitioners
- Increasing participation of adolescents in clinic activities.

SUMMARY:

The success of pediatric ARV treatment scale-up depends on a comprehensive approach. In particular, Reproductive Health and HIV Research Unit (RHRU) and its sub-partner Enhancing Children's HIV Outcomes (ECHO). (RHRU-ECHO) continues to strive to strengthen referrals and linkages from other programs such as PMTCT and primary health care programs like TB, Maternal, Child and Women's Health (MCWH), Integrated Management of Childhood Illness (IMCI), and Expanded Program on Immunization (EPI) in an effort to ensure that more children are identified for care. This program will maintain focus on improving these linkages through direct support, and intensive training of doctors, nurses, and other health care professionals. In recognition of the fact that pediatric ART cannot be provided in isolation of caregivers, our program aims to provide a family-centered approach to care.

RHRU and its sub-partner ECHO will continue to provide care and support to 3 provinces which include Gauteng (11 sites), KwaZulu-Natal (10 sites), Limpopo (9 sites) and the North West province (4 sites). The program activities described in detail below will also be implemented across site networks which include referral sites and other surrounding clinics.

BACKGROUND:

Activities described in this section will be undertaken by RHRU and its partner ECHO. 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. 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), a district-wide program (Durban), and a more discrete site-based provincial program (North-West Province) focusing on providing support to complete up and down treatment referral networks. ECHO is attached to the University of the Witwatersrand in Johannesburg and has worked as a sub-partner to the RHRU since FY 2005. RHRU and ECHO have provided direct antiretroviral treatment for thousands of children, strengthening and improve state health systems. RHRU and ECHO provide technical support to (and are involved in policy development and advocacy for) pediatric care with the National and Provincial Departments of Health (DoH), with strong representation on the South African National AIDS Council (SANAC). The organizations have expanded their program to include Prevention of Mother to Child Transmission (PMTCT), pediatric HIV treatment, emphasis on psychosocial and nutritional support and training and have been an integral part of the program since inception and the joint program now operates from Gauteng with teams in the more rural North-West.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Case-finding

RHRU-ECHO, across all sites, will continue supporting this program by interacting with all the pediatric entry points at hospitals and clinics. These include among others; the pediatric wards, out-patient departments, EPI and IMCI clinics, nutrition departments and maternity wards. At each of these points, RHRU-ECHO will be ensuring that active counseling and testing of caregivers of exposed children and infants takes place. At pediatric and general out-patient departments, RHRU-ECHO staff will work with DoH staff in order to increase awareness around typical signs and symptoms of HIV in children presenting there. In pediatric inpatient wards, RHRU-ECHO will be involved with regular ward rounds where testing and counseling of children will take place. There will also be regular updated training of ward staff around identification of children.

At EPI clinics, RHRU-ECHO will be involved in evaluating children coming for regular immunizations and offering counseling and testing which will include HIV exposed babies, symptomatic babies and also those children born to parents with possible HIV infection. HIV counseling and testing will also be provided within IMCI clinics, and access to cotrimoxazole prophylaxis for HIV-exposed babies evaluated.

RHRU-ECHO will also support the PMTCT programs at these sites to ensure that all HIV exposed infants receive appointments and are actively traced to confirm their HIV status by 6 weeks of age through polymerase chain reaction (PCR) testing, according to the national PMTCT guidelines.

All infants who test positive will be referred to, and actively followed to ensure that they attend ARV sites. At each of these points, baseline information will be collected using a standardized tool which is already being piloted at some sites in Gauteng.

The activities at these points will include giving routine HIV-related health talks to patients attending the clinics, counseling caregivers and performing HIV testing (DNA PCR, rapid or ELISA) with appropriate access to cotrimoxazole and access to ART where indicated for HIV exposed and/or sick infants and for older children. Caregivers will also be offered testing if their HIV status is unknown. If HIV-infected, they will

Activity Narrative: have CD4 testing and referral for treatment if necessary; they too will be actively traced into care.

RHRU-ECHO will be involved with training of healthcare workers at frontline sites and working closely with them around case-finding to ensure sustainability. This will take the form of mentorship as well as regular CMEs (Continuing Medical Education).

In the Johannesburg Inner city and in KZN, RHRU and ECHO will be participating in testing campaigns. These will take place on an ongoing basis, where infants and children and their families will be tested and referred into care if HIV-infected. The above will also apply to Limpopo where the RHRU team will support the clinics surrounding Mankweng hospital. In the North-West, the RHRU-ECHO team will be going out to selected clinics in Mafikeng, Ratlou and Disobotla where they will be working closely with the PMTCT team in ensuring testing and counseling of HIV exposed infants and children. The team will be conducting continuing medical education (CME) around identification of children who need to be tested and on referrals to the ARV site for those who are eligible.

ACTIVITY 2: Links to other programs

RHRU-ECHO will utilize referral forms which are currently being piloted at some sites and which will be used to track patients from the time they are tested to when they receive their results, to the point where they arrive at the ARV site if eligible. Data is being entered, manipulated, and fed back to nurses at the sites, and is used for program monitoring and evaluation purposes.

In terms of linking of referrals from PMTCT, mothers and babies will be tracked from the time of discharge to ensure that they are tested at 6 weeks of age or re-tested after cessation of breastfeeding to the point where they are referred to an ART site if necessary. This will be monitored on a weekly basis by the RHRU-ECHO staff visiting the various service points.

ACTIVITY 3: Clinical monitoring and management of Opportunistic Infections (OIs) and other co-morbidities

RHRU-ECHO medical staff receives ongoing medical education and are able to monitor clinical events in children with HIV, including opportunistic infections, immune reconstitution inflammatory syndrome and treatment side effects. Clinicians at all sites will continue to have regular case meetings to discuss management of complicated cases. There is an active continuing medical education program for internal clinical staff which also forms part of training curriculum for clinicians working at the sites where RHRU offers support, and for other partners. RHRU actively trains primary health care nurses who not only are able to diagnose, stage, initiate and maintain ART in children, but are also equipped to identify and appropriately refer complicated cases. There is an active academic program and clinicians are encouraged to report on interesting cases or events occurring within clinic populations in scientific journals.

ACTIVITY 4: Quality Control

As part of quality control, RHRU-ECHO, across all its sites, will continue to conduct file audits at least bi-annually. These will be conducted using randomized sampling. Currently large program audits are conducted at the larger sites, and data on outcomes of children on ART is available at these facilities.

ACTIVITY 5: Family support

It is not possible to provide pediatric care and support in isolation of caregivers. RHRU-ECHO aims to provide comprehensive family support at all sites. At secondary and primary care levels, pediatric clinics are integrated with adult clinics and parents can receive care for their own illnesses simultaneously. This is often done in partnership with RHRU clinicians. At tertiary sites pediatric and adult clinics still run separately. However, the imminent creation of a family HIV and TB unit at Chris Hani Baragwanath Hospital will ensure a more comprehensive approach to family care. This will occur in a facility which will be designed to maximize infection control. This flagship program may be replicated in other facilities where RHRU works through collaborations with other partner organizations.

Of fundamental importance is the provision of psychological and social care in order to enable families to provide the necessary support for HIV-infected children. This clinic-based program aims to support caregivers in addressing important aspects of treatment such as disclosure of a child's HIV status and adherence to treatment.

The program is based on the development of support groups which will cover relevant topics. Group work is a necessity due to space and time constraints for individual counseling sessions. A "tool box" of approaches for use in support group work will be provided for which indicators have been developed for purposes of monitoring and evaluation.

ACTIVITY 6: Improve Service Quality

In an epidemic where so many children and adults are infected, focusing on increasing numbers in care without assuring quality is a challenge to all healthcare providers. Through active tracing and monitoring, RHRU is able, at their larger sites, to assess the quality of care in terms of numbers retained in the program, viral load suppression rates, clinical and immunological responses as well as mortality rates. Through expansion of these tools, RHRU will continue to monitor these outcomes, thereby informing the quality of programs at all sites where RHRU operates.

The quality of psychosocial program and training activities will continue to be evaluated.

ACTIVITY 7: Support groups

Group Support of Children

Activity Narrative: In addition to psychological support provided through individual counseling and play therapy, children benefit from participation in programs that encourage emotional literacy and the expression of feelings. This is encouraged through group work at facility level where there are opportunities for play, dance and art. This program includes workshops to equip counselors in working with children and passing their skills onto other practitioners. It is proposed that a series of workshops structured to provide a safe holding environment provide healthcare workers with the opportunity to explore the tools and application of art therapy specific to working with South African children infected and affected by HIV and AIDS. These will be designed to assist participants with the application and integration of arts-based interventions on a broader scale.

Group Support for Adolescents

The availability of antiretroviral treatment has meant that increasing numbers of perinatally infected children are surviving into adolescence and beyond. This population has specific needs and challenges that are related to this stage of development. The adolescent program aims to introduce "stand alone" youth friendly services in clinics where numbers justify the introduction of such services. Activities include peer counselor training, peer education programs, school holiday programs, community-based peer support groups and caregiver-adolescent workshops aimed at building communication between adolescents and their caregivers.

We aim to increase the meaningful participation of this population in clinic activities and more broadly to encourage initiatives such as community-based peer support groups that foster community mobilization through the development of networks. In achieving an aim is to partner with OVC organizations. In addition adolescents are assisting in coping with everyday challenges through programs that focus on themes such as gender and sexuality.

The above program was piloted during 2007-2008. This will be rolled out to three additional sites during the FY 2008-2009, increasing to all sites in 2009-10. The implementation of this orientation will require the training of multi-disciplinary teams to provide youth friendly services that include reproductive health. Monitoring and evaluation is according to indicators set out in existing models for the development of gold standard youth friendly services (YFS).

Caregiver support groups

Support groups for parents are ongoing at tertiary centers. Activities include an early developmental stimulation program for caregivers of young children in collaboration with speech therapists and physiotherapists working at the tertiary sites. Caregiver support will be expanded and rolled out at other sites.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 4625.09	Mechanism: N/A
Prime Partner: McCord Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 23584.09	Planned Funds: \$123,305
Activity System ID: 23584	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-Strengthening of pediatric care and support services in the following areas: 1) training; 2) health systems strengthening; 3) increased case findings; 4) technical support; 5) improved adolescent care; 6) improved pediatric referral systems; and 7) improved monitoring and evaluation of pediatric services.

SUMMARY:

McCord/Zoe-Life (MZL) will build capacity in two municipal clinics and two NGOs in the eThekweni District to provide a comprehensive primary health care/ support package for children with HIV. This will include clinical and psychosocial support in line with integrated management of childhood illness (IMCI) and community IMCI (CIMCI) goals and will ensure a family centered integrated model of care, both in primary health care settings as well as with strong community linkages

BACKGROUND:

The South African Department of Health Antenatal HIV Seroprevalence Survey, 2007 estimated the prevalence rate in KZN adults at 37.4%. Most recent estimates from the Actuarial Society of South Africa (ASSA) model suggest that the overall prevalence of 1.2% in 2000 has almost doubled to 2.1% in 2006 for children under the age of 18 years. The prevalence rates differ across age groups and it is clear that younger children in the 0–5 year age group are most at risk of infection. The rate in the 0–5 year olds is 1.8 times more (almost double) than the overall rate for all children (0 - 17 years). The HIV prevalence rate in the 0–5 year age group increased from 2.2% in 2000 to 3.6% in 2006. For children in the 6-12 year age group, the prevalence increased from 0.1% to 1.0% during the same time period. The prevalence rate for the 13-17 year age group stayed almost the same for this period - 1.0% in 2000 and 1.1% in 2006. Based on the demographic statistics of 2005, approximately 215,000 children under the age of five years and close to 55,000 children between the ages of six and 12 years are currently living with HIV infection. In total the model estimates that approximately 360,000 children are living with HIV infection. According to UNAIDS, there were around 280,000 children aged below 15 living with HIV in South Africa in 2007. Most of these are undiagnosed. According to UNICEF, 260 children are born infected with HIV every day in South Africa. Most die before their second birthday. The AIDS Law Project, based in Johannesburg, estimated that 50,000 children in South Africa were in need of antiretroviral drugs at the beginning of 2006, but that only around 10,000 were receiving them. UNAIDS estimates that at the end of 2005, children accounted for 8% of those receiving antiretroviral drugs in South Africa. If the numbers of children requiring ARV therapy is so high, then it follows that the numbers requiring care and support would be even higher. Challenges for pediatric care at a primary health level include lack of sufficiently trained health care personnel and inadequate facilities, the vertical nature of typical ART clinics, which make it difficult for children to be identified and referred into appropriate care services. Challenges relating to services being offered to different family members at different sites, poor linkages promoting the appropriate referral of children to HIV care and treatment, lack of clarity regarding guardianship and authority over children accessing care and treatment, slow movement of expanding care and treatment from tertiary level to secondary and primary health care facilities (i.e. down-referrals), lack of confidence and hands on experience at primary care level, and lack of onsite mentorship to build capacity in staff to move from a pediatrician led to nurse-driven model of care and treatment to children are some of the challenges facing South African services. The need for a more integrated family care -orientated intervention at primary level as well as more efficient community-based interventions is key in order to identify children and incorporate them into primary health level care without compromising their quality of care or need for specialized care and support.

The McCord/Zoe-Life team (MZL) will implement this new program area. McCord (MH) will provide technical support. Zoe-Life (ZL) will be the implementing partner. Other partners will include; iThemba Lethu (iTl) a local NGO providing prevention skills at 4 nearby local schools as well as running 2 transition homes for children abandoned or orphaned as a result of HIV (Orphans and vulnerable children-OVC); BigShoes (BS), a Johannesburg-based organization which has started work in Durban and has a vision to improve the medical care of orphaned and vulnerable children affected by HIV and AIDS both within the community of a children's home and the wider community. BS provides both pediatric palliative care and specialist medical pediatric services for orphaned and vulnerable children (OVC) including HIV testing, age assessments, medical reports for adoption and anti-retroviral treatment. MZL will partner with BS to increase linkages with OVC and to augment services provided by BS to ensure a comprehensive service. ZL will assist with psychosocial support services for these children. ZL will partner with iTl to support case finding within the schools, to offer testing, and to provide support to the Youth workers to provide psychosocial support to infected and affected children. In the eTM clinics and NGOs, the aims of the program will be to identify HIV exposed children as early as possible, to integrate them into a supported IMCI-based care program, and to offer a comprehensive range of services which will ensure quality of life, optimal health and development, and psychosocial support for themselves as well as their family members or care givers. Each NGO should identify at least one school or avenue through which children can be identified and supported both clinically and psychosocially, including strengthening referral systems, CIMCI capacity and implementing psychosocial outcomes-based support groups.

ACTIVITIES AND EXPECTED RESULTS:

A technical support team focused on pediatric care will provide support for the following activities:

ACTIVITY 1: TRAINING

Counselors, nurses and community workers at supported sites will be trained in the following areas: a. Case finding - early diagnosis of children and infants, optimizing entry points for case finding (immunization, IMCI, PMTCT, TB clinic, community IMCI) use of dry blood spot (DBS) PCR tests, counseling children and their caregivers with regard to testing b. Clinical care of the HIV-infected child (IMCI-based) c. Psychosocial care of the HIV-infected child and their family (disclosure and stigma, dealing with chronic illness, trauma

Activity Narrative: counseling, using play and art as a counseling technique, developmental screening and referral, accessing social assistance, care of the caregiver, incorporating healthy living into the family, bereavement and grief counseling) ZL will explore the use of blended training to limit the amount of time HCW need to be absent from the clinics. Training will be both off site and onsite and will be accompanied by ongoing technical support.

ACTIVITY 2: IMPLEMENTATION SUPPORT-MENTORSHIP AND PRECEPTORSHIP

This is a key element to ensure sustained capacity onsite and to build HCW confidence. After being trained, counselors, nurses and community workers at supported sites will engage in a mentorship program, where they will be mentored closely in acquiring tangible technical skills and confidence to adequately prepare them to provide pediatric HIV care. This will be achieved this by partnering with institutions such as University of KwaZulu-Natal (UKZN) and MH. It may also include offering rotations for final year medical students or Pediatrics registrars as part of a community level rotation.

ACTIVITY 3: HEALTH SYSTEMS STRENGTHENING

MZL will aim to address the regulatory environment to ensure that the statutes and regulations with regard to pharmacy and nursing acts support a nurse driven model of care.

ACTIVITY 4: INCREASE CASE FINDING

The technical team, comprising a Pediatric Nurse, counselor and a part-time IMCI trained Pediatrician, will provide onsite support to clinics and NGOs to set up sustainable systems within each site to identify HIV exposed children at different entry points, including children of women in PMTCT programs, infants and children being immunized, children with TB and symptomatic children identified through IMCI and community IMCI. Linkages with OVC will be made where infected or vulnerable children from the OVC community will be tested and linked with care and support offered at clinics and NGOs. This will take place through the two partnering organizations, BS and iLT, as well as the NGOs and their linkages with local schools, day care centers or other organizations that are identified in the communities.

ACTIVITY 5: TECHNICAL SUPPORT

Support will be given to nurses to take bloods from children and to use DBS-PCRs to test infants. Resources and tools will be developed or sourced to assist health care workers (HCWs) to remember diagnostic algorithms for children and infants.

ACTIVITY 6: ADOLESCENT CARE

Special attention will be given to identifying adolescents at risk, and to increase case finding in this population. Outreaches to schools may be undertaken as a means to identify school going children at risk. Partnerships with organizations already working with adolescents will be strengthened (such as iTL) NGOs and clinics will be assisted to develop adolescent friendly services. Linkages with schools will be focused on encouraging healthy sexual choices, addressing sexual coercion in young women and increasing access to services for HIV-infected school-going children

ACTIVITY 7: REFERRALS

The technical team will strengthen referrals, both within facilities (TB, PMTCT, CARE, IMCI) and between facilities (Primary care to ARV clinics/Pediatric facilities/ Specialist clinics) to ensure retention to care as well as quality and completeness of care. Children found to be HIV-infected will be referred for psychosocial support, and will be actively referred to a case manager within each clinic or NGO. Multidisciplinary team meetings focusing on pediatric HIV will be initiated to ensure ownership of cases to reduce loss to follow up and increase HCW accountability for tracking and care. Where possible, multiple referrals will be minimized and as many services as possible offered at one site. A family centered model will be adopted so that parents or siblings can also be cared for by the same HCW on the same day, to reduce costs and to minimize loss to follow-up.

ACTIVITY 8. CLINICAL CARE

The Pediatric team will strengthen site capacity to provide a basic clinical care package for children, which would include provision of cotrimoxazole for all HIV exposed children and infants, CD4% at time of diagnosis and routinely thereafter, nutritional assessments and support, development assessments, immunizations and early detection and treatment of OIs including TB. These activities would be achieved within the broader goals of strengthening IMCI implementation and use at all sites. Systems will be strengthened to support the regular procurement of multi-micronutrient supplementation

ACTIVITY 9: PSYCHOSOCIAL AND SPIRITUAL CARE

The MZL team will set up a child friendly area, either at the clinics, or at a community site nearby. Psychosocial support will be offered to children and caregivers and will take the form of an outcomes-based support group with a curriculum covering aspects of child development, disclosure, nutritional assessment and support, adherence to care, healthy homes, clean water and accessing social services. The groups will use play and art as a medium for the children. This will have an additional benefit in terms of cognitive and motor development, and will assist with developmental screening. Sessions will also incorporate clinical screening including TB screening, weighing and symptom screening and if needed ongoing CD4% bloods. Psychological, emotional or developmental issues that cannot be addressed within the groups will be referred appropriately. It is hoped that this safe forum will encourage children and caregivers to engage with services and include their partners and other children. Caregiver support will also be provided. It is also the aim that these groups can be moved into the community once children are well and stable, and therefore do

Activity Narrative: not need to come to the clinics regularly. This will ease the burden on the health system whilst keeping children in care, and will also address infection control. Community IMCI programs (CHCWs or HBCs) can also refer children to these groups. Linkages will be made with community-based organizations or churches to participate in facilitating the groups, so that sustainability can start to be addressed, and community-based continuity can be facilitated through these organizations providing home visit support. ZL will also explore funding from the corporate sector through their corporate social investment funds to provide ongoing resources for consumables (art, paper, play-dough) and possibly food. This again addresses sustainability.

ACTIVITY 10: MONITORING AND TRACKING

ZL/MH would like to explore monitoring and evaluation systems for children at primary health level. The current patient records for endorsed by the Department of Health were designed for use primarily for adult HIV patient management. Children at eTM and most primary health facilities do not have a clinic held record, and their progress is predominantly held on a road to health chart. The recommended IMCI forms are not available at eTM sites or NGOs. A single user friendly yet accurate and reliable system needs to be developed based on IMCI guidelines yet incorporating HIV care and tracking components for a primary health setting. ZL/MH will engage with KZN-based pediatricians, the MCH team at the Provincial Health Department and other organizations working on this issue to collaborate and develop tools, forms and a system that will service the pediatric population. In addition to a paper-based system, ZL will engage with other partners to look at electronic tools to assist with tracking and M E such as hand held devices and GPS systems.

MZL will focus on the following activities which support gender: 1) encouraging fathers of children enrolled in care and support to play an active role in both child rearing and the health of their children; 2) creating a safe environment in which women and children can disclose their status to partners, and in which they are able to disclose and deal with sexual coercion and sexual abuse; and 3) women caregivers of children in the program will be assisted with family planning choices.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$13,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2801.09

Mechanism: N/A

Prime Partner: HIVCARE

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 23122.09

Planned Funds: \$56,507

Activity System ID: 23122

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2008 COP activities will be expanded to include:

-A focus on differentiating and strengthening the qualitative and quantitative aspects of pediatric care and support services, as well as reporting of results and findings.

SUMMARY:

HIVCare will use FY 2009 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 health care 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 sites by word of mouth. The emphasis areas for this program will be human capacity development and local organization capacity building. The target population includes the infants and children of men and women (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.

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 primary health centers throughout the Free State province for treatment. The FSDOH is a collaborating partner in this public-private partnership.

In Sub Saharan Africa, AIDS has become one of the leading causes of death among children under 5 years. A recent Actuarial Society of South Africa (ASSA) study revealed an incidence of HIV among children at birth of 4.1%. Patients that are enrolled will proportionately increase the percentage of pediatric patients on the program. As a population group, this sector remains underserved.

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 HIVCare centers based on the following criteria: (1) Clinical (CD4 <200 cells/mm³ or WHO stage III or IV, [South African National Guidelines]); (2) Inability to pay (lack of private insurance or state coverage); and (3) Capacity constraints at referring clinic. Patients are referred in general by adult treatment centers.

During the course of the treatment of adults, HIVCare was, of necessity, required to treat and manage the children of existing patients. This was later formalized and the children of patients are now routinely tested and included in the treatment program. At that time treatment for HIV and related conditions at the time was not readily available to young children within local structures and only one specialized pediatric clinic existed. In late 2007 HIVCare launched a dedicated site for Voluntary Counseling & Testing (VCT) and treatment of adolescents (12-18 years).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

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 and including early PCR testing for babies), 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 body mass index (BMI) and general condition. The patients meeting the pediatric clinical criteria are enrolled onto the program. Patients presenting directly at the HIVCare treatment center and are found to be in need of TB treatment or treatment of an opportunistic infection are addressed unless hospitalization is required. Similarly radiography and pathology for investigative procedures are available.

ACTIVITY 2:

Due to the high (up to 19%) prevalence of HIV among teenagers in the Free State province, HIVCare introduced a large VCT program targeted at this population group. The Youth Clinic provides on site ancillary services, such as psychologists and social workers. In addition the clinic promotes abstinence, being faithful, responsible condom use and informs on family planning. Young women are referred to State family planning sites for contraception where needed.

Data is shared with the FSDOH 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 FSDOH, giving the data of all those on the program. Additionally, a representative of HIVCare attends the monthly provincial HIV task team meetings.

Activity Narrative: ACTIVITY 3:

By providing comprehensive ARV services to patients and promoting ARV services for a large population of underserved people living with HIV (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. The HIVCare program was initiated as a Public Private Partnership between the Department of Health in the Free State, PEPFAR and Netcare Pty Ltd. In terms of this partnership, some of the patient burden of State amenities would be alleviated through the use of private sector primary health facilities throughout the province. In summary, the PPP places the following obligations on the three parties. Netcare's HIVCare program provides all medical services related to the delivery of HIV care and treatment through its primary health sites in the province, funding for the treatment of patients is provided by PEPFAR and the Free State Department of Health provides technical support, hospitalizations and specialist treatment where required. The activity has been modified since inception in two key focus areas:

1-The qualitative aspects of patient care. i.e.:

- a) Ameliorate TB education, screening and follow-up.
- b) Bringing the whole family into care: A family centered approach is followed with patients encouraged to bring their partners and children in and to have them tested for HIV. Days are organized for the testing of patient's children (children represent actually 5% of the patients in the adult clinic and at the doctors network.
- c) Referrals are mainly from State primary health centers with children often in a poor physical condition upon presenting at the clinic.
- d) Primary caregivers are biological mothers, grandmothers or aunts. Attention is to be given to contacting these caregivers through day care, PMTCT clinics and church groupings.
- e) Efforts around the family are mainly centered on the Youth Clinic established by HIVCare with FY 2007 funding, where access to social workers is made possible as needed.
- f) The family needs of the Youth Clinic differs from that of the ART sites in that parental consent issues predominate at the Youth Clinic while at the ART sites, partner participation and testing are key concerns

2-The quantitative aspects of patient care. i.e.:

- a) The program currently supports ART at 15 primary health clinics, a Youth Clinic as well as two dedicated ART clinics.
- b) A special children's register is to be maintained at the ART sites and Youth Clinic.

Two specific challenges that are being addressed in the current period are firstly to monitor adherence effectively particularly where the mother, as caregiver, is also ill and secondly the early identification of HIV positive children. These are being addressed through visits to churches, local nursery schools and churches in the townships and strong linkages with other facilities.

The sustainability of the Youth Clinic is provided for in the current inclusive Memorandum of Understanding that is pending with the FSDOH.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$23,585

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 10470.09	Mechanism: NPI
Prime Partner: Sophumelela	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 24736.09	Planned Funds: \$0
Activity System ID: 24736	

Activity Narrative: SUMMARY:

The Sophumelela Clinic Incorporated (SCI) has just received funds under the New Partnership Initiative. Funds were received and activities only commenced in September 2008. SCI has been a sub-partner under the Catholic Relief Services (CRS) Track 1 award for the past four years. Additional funds are being used to support pediatric care activities not covered under the current award with CRS. Through this program SCI will increase the quality of life for the terminal patients and their families and as SCI assists with the care for the dying and helping families through the bereavement process.

BACKGROUND:

SCI is a non-profit faith based organization that was formed by the First City Baptist Church, Buffalo City, Eastern Cape, South Africa in 2005. SCI exists to provide comprehensive clinical, social and spiritual care to HIV impacted people and their families in a faith environment within the greater Buffalo City Metropolis. SCI began as, and is currently, an ARV roll out Sub-Contractor under the AIDS Relief PEPFAR Track 1 Treatment and Care grant to Catholic Relief services. Soon after opening the ARV clinic the decision was made to form an NGO. This was done because of the recognition that the simple provision of ARVs to patients attending our existing clinic did not address their many individual needs and social problems. From its inception the vision of SCI was to provide comprehensive and holistic care services to people infected and affected by HIV/AIDS.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Hospice Care

With FY 2008 funds, a hospice care facility will be developed with the aim that patients will die with dignity rather than the unfathomable situations they are finding themselves in at present, as is so often the case, in a cold shack with no ablution facilities or personal care. This facility would create beds for public hospital patients to die with dignity as terminal patients are discharged from hospital as only emergencies are admitted currently because of the medical overload caused by the HIV pandemic. This facility will be available for both adults and children.

ACTIVITY 2: Home-based Care

SCI will continue to use the same models that have been successful in its current ARV program. Home-based care workers have approximately 30 patients and their families to visit each month. Their main objective is to monitor adherence and provide social support. Patients include those enrolled in SCI's ARV clinic, partner NGOs and public health facilities. These patients include both adults and children. In addition, children of adult patients will be targeted for HIV-related care and will be referred for other services offered through the SCI OVC program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 9633.09 **Mechanism:** N/A
Prime Partner: Institute for Youth Development **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support
Budget Code: PDCS **Program Budget Code:** 10
Activity ID: 29701.09 **Planned Funds:** \$152,402
Activity System ID: 29701
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 4105.09 **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:** Care: Pediatric Care and Support
Budget Code: PDCS **Program Budget Code:** 10
Activity ID: 29708.09 **Planned Funds:** \$566,496
Activity System ID: 29708
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$23,312,165

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4105.09 **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:** Treatment: Pediatric Treatment
Budget Code: PDTX **Program Budget Code:** 11
Activity ID: 29711.09 **Planned Funds:** \$1,049,509
Activity System ID: 29711
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9633.09	Mechanism: N/A
Prime Partner: Institute for Youth Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 29705.09	Planned Funds: \$341,249
Activity System ID: 29705	
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 4625.09	Mechanism: N/A
Prime Partner: McCord Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 23585.09	Planned Funds: \$40,778
Activity System ID: 23585	

Activity Narrative: SUMMARY:

McCord/Zoe-Life (MH/ZL) will build capacity in two eThekweni Municipality (eTM) clinics and two non-governmental organizations (NGOs) in the eThekweni District to provide a comprehensive primary health care and support package for children with HIV, including care of children on ART. This will include clinical and psychosocial support in line with Integrated Management of Childhood Illness (IMCI) and Community (CIMCI) goals and will ensure a family-centered integrated model of care, both in primary health care settings as well as with strong community linkages.

BACKGROUND:

The South African Department of Health Study 2007 estimated the prevalence rate in KwaZulu-Natal (KZN) adults at 37.4%. Most recent estimates from the Actuarial Society of South Africa (ASSA) model suggest that the overall prevalence of 1.2% in 2000 has almost doubled to 2.1% in 2006 for children under the age of 18 years. The prevalence rates differ across age groups and it is clear that younger children in the 0 - 5-year age group are most at risk of infection. The rate in the 0 - 5-year olds is 1.8 times more (almost double) than the overall rate for all children (0 - 17 years). Based on the demographic statistics of 2005, approximately 215,000 children under the age of five years and close to 55,000 children between the ages of six and 12 years are currently living with HIV infection. In total the model estimates that approximately 360,000 children are living with HIV infection. According to UNAIDS, there were around 280,000 children aged below 15 living with HIV in South Africa in 2007. Most of these are undiagnosed. According to UNICEF, 260 children are born HIV-infected every day in South Africa. Most die before their second birthday. The AIDS Law Project, based in Johannesburg, estimated that 50,000 children in South Africa were in need of antiretroviral drugs at the beginning of 2006, but that only around 10,000 were receiving them. UNAIDS estimates that at the end of 2005, children accounted for 8% of those receiving antiretroviral drugs in South Africa.

Challenges for pediatric care at a primary health level include lack of sufficiently trained health care personnel and facilities that are not child friendly. Health care workers (HCWs) at primary health care level are not encouraged by pediatricians to care for children on antiretroviral therapy (ART) at these facilities - this is reflected in the slow movement of expanding care and treatment from tertiary level to secondary and primary health care facilities. Tertiary and secondary facilities do not provide support or mentorship to increase confidence and hands-on experience at primary care level so that services can move from a pediatrician led to nurse-driven model of care and treatment to children. The need for a more integrated family care-orientated intervention at primary level as well as more efficient community-based interventions is key in order to identify children and incorporate them into primary health level care without compromising their quality of care or need for specialized care and support.

This new program area will be implemented by the McCord/Zoe-Life team. ZL will identify two interested clinics and two NGOs that are interested in and suitable to care for children on ART. McCord Hospital (MH) will provide technical support to care for the children and mentor staff. Zoe-Life will be the implementing partner. Other partners may include CHIVA, a UK-based organization providing technical support in KZN, iThemba Lethu (iTL) a local NGO providing prevention skills at four nearby local schools as well as running two transition homes for children abandoned or orphaned as a result of HIV (OVC); and BigShoes (BS), a Johannesburg-based organization which has started work in Durban and has a vision to improve the medical care of orphaned and vulnerable children affected by HIV and AIDS both within the community of a children's home and the wider community. Bigshoes (BS) provides both pediatric palliative care and specialist medical pediatric services for orphaned and vulnerable children including HIV testing, age assessments, medical reports for adoption and antiretroviral treatment. (OVC). ZL will promote the implementation of a family-centered treatment model and the initiation of children on ART at the sites. Initially, children will be seen by a visiting clinician who would work closely with an IMCI-trained nurse on-site who would eventually be able to initiate children under supportive supervision of the clinician. ZL will train counselors and community health workers (CHWs) to assist with psychosocial support services for these children and their caregivers, which would include treatment literacy and adherence support. Children would be recruited into the treatment program via a range of entry points. The first would be to target children of women attending prevention of mother-to-child (PMTCT) services. Infants attending well baby follow-up programs and immunization visits will be targeted for testing and integration into care. Children identified through IMCI services will be offered testing and CD4%. Children on ART at MH who are able to be decentralized will also be included in the ART program. Lastly, children of adults in care and treatment will be found through active case finding. The aims of the program will be to identify HIV-exposed children as early as possible, to integrate them into a supported IMCI-based care program, and to offer a comprehensive range of services including ART to those who qualify which will ensure quality of life, optimal health and development, and psychosocial support for themselves as well as their family members or caregivers.

ACTIVITIES AND EXPECTED RESULTS:

A technical support team focused on pediatric care will provide support for the following activities:

Activity 1: TRAINING

Counselors, nurses and community workers at supported sites will be trained in the following areas: (a) Case finding - early diagnosis of children and infants, optimizing entry points for case finding (immunization, IMCI, PMTCT, TB clinic, community IMCI) use of dried blood spot (DBS) and polymerase chain reaction (PCR) tests, counseling children and their caregivers with regard to testing (b) Clinical care of the HIV-infected child on ART (c) Psychosocial care of the HIV-infected child on ART and their family (disclosure and stigma, dealing with chronic illness, adherence counseling, using play and art as a counseling technique). ZL will explore the use of blended training to limit the amount of time health-care workers (HCWs) need to be absent from the clinics. Training will be both off-site and on-site and will be accompanied by ongoing technical support

Activity Narrative: Activity 2: INCREASE CASE FINDING

The technical team, comprising a pediatric nurse, counselor and a part-time IMCI-trained pediatrician, will provide on-site support to clinics and NGOs to set up sustainable systems within each site to identify HIV-exposed children at different entry points, including children of women in PMTCT programs, infants and children being immunized, children with TB and symptomatic children identified through IMCI and community IMCI. Linkages with orphans and vulnerable children (OVC) will be made where children from the OVC community will be tested and linked with care and support offered at clinics and NGOs. This will take place through the two partnering organizations, BS and iTL, as well as the non-governmental organizations (NGOs) and their linkages with local schools, day care centers or other organizations that are identified in the communities.

Activity 3: MENTORSHIP AND PRECEPTORSHIP

This is a key element to how ZL builds capacity within a site. After being trained, counselors, nurses and community workers at supported sites will engage in a mentorship program with the ZL technical team, where they will be mentored closely in acquiring tangible technical skills and confidence on site as to adequately prepare them in providing pediatric HIV care.

Activity 4: TECHNICAL SUPPORT

Support will be given to nurses to take blood from children and to use DBS-PCRs to test infants. Laboratory capacity will be strengthened through ensuring that HCWs are trained in specimen-taking, transport and delivery of results. Resources and tools will be developed or sourced to assist HCWs to remember diagnostic and treatment algorithms for children and infants.

Activity 5: ADOLESCENT CARE

Special attention will be given to identifying adolescents requiring ART, and to increase case finding in this population. Outreaches to schools may be undertaken as a means to identify school going children at risk. Partnerships with organizations already working with adolescents will be strengthened (such as iTL) NGOs and clinics will be assisted to develop adolescent friendly services.

Activity 6: REFERRALS

The technical team will strengthen referrals, both within facilities (TB, PMTCT, Care, IMCI) and between facilities, (Primary care to ARV clinics/Pediatric facilities/ Specialist clinics) to ensure retention of care as well as quality and completeness of care. Children requiring ART will be referred appropriately depending on severity of illness, either to a tertiary center or the site ART service. Children on ART on site will be referred for psychosocial support, and will be actively referred to a case manager within each clinic or NGO. Multidisciplinary team meetings focusing on Pediatric HIV will be initiated to ensure ownership of cases to reduce loss to follow up and increase HCW accountability for tracking and care. Where possible, multiple referrals will be minimized and as many services as possible offered at one site. A family-centered model will be adopted so that parents or siblings can also be cared for by the same HCW on the same day wherever possible, to reduce costs and to minimize loss to follow-up.

Activity 7: CLINICAL CARE

The Pediatric team will strengthen site capacity to provide a ART clinical care, which would include provision of cotrimoxazole, regular CD4% and viral load nutritional assessments and support, and routine and ongoing TB screening. These activities would be achieved within the broader goals of strengthening IMCI implementation and use at all sites. Systems will be strengthened to support the regular procurement of multi-micronutrient supplementation

Activity 8: PSYCHOSOCIAL AND SPIRITUAL CARE

The ZL team will set up a child friendly area, either at the clinics, or at a community site nearby. Psychosocial support will be offered to children and caregivers and will take the form of an outcomes based support group for children on ART and their caregivers. The curriculum will cover essential aspects of child development, disclosure, nutritional assessment and support, adherence to care and treatment, management of side effects, healthy homes, clean water and accessing social services. The groups will use play and art as a medium for the children. This will have an additional benefit in terms of cognitive and motor development, and will assist with developmental screening. Sessions will also incorporate clinical screening including TB screening, weighing and symptom screening and if needed ongoing CD4% bloods and adherence monitoring. Psychological, emotional or developmental issues that cannot be addressed within the groups will be referred appropriately. It is hoped that this safe forum will encourage children and caregivers to engage with services and include their partners and other children. Caregiver support will also be provided. It is also the aim that these groups can be moved into the community once children are well and stable, and therefore do not need to come to the clinics regularly. This will ease the burden on the health system whilst keeping children in care, and will also address infection control. Community IMCI programs, CHWs or home-based carers (HBCs) can also refer children on ART to these groups. Linkages will be made with community-based organizations or churches to participate in facilitating the groups, so that sustainability can start to be addressed, and community-based continuity can be facilitated through these organizations providing home visit adherence support. ZL will also explore funding from corporates through their corporate social investment funds to provide ongoing resources for consumables (art, paper, play dough) and possibly food. This again addresses sustainability.

Activity 9: MONITORING AND TRACKING

ZL/MH would like to explore monitoring and evaluation systems for children at primary health level. Current patient records for HIV management endorsed by the Department of Health were designed for are used primarily by adults. Children at eTM and most primary health facilities do not have a clinic held record, and their progress is predominantly held on a road to health chart. IMCI forms which are recommended are not available at eTM sites or NGOs. A single user-friendly yet accurate and reliable system needs to be developed for both children in care and children on treatment, based on IMCI guidelines yet incorporating HIV care, treatment and tracking components for a primary health setting. ZL/MH will engage with KZN based pediatricians, the MCH team at the provincial Health Department and other organizations working on this issue to collaborate and develop tools, forms and a system that will comprehensively service the

Activity Narrative: pediatric population. In addition to a paper based system, ZL will engage with other partners to look at electronic tools to assist with tracking and M E such as hand held devices and GPS systems.

Activity 10: NUTRITIONAL SUPPORT

ZL will develop and implement a nutrition screening tool for clinical use within pediatric treatment services, at pediatric psychosocial and education sessions and support groups to ensure anthropometric assessment and appropriate interventions. ZL will provide technical support to access micronutrient supplementation for nutritionally compromised HIV-infected children enrolled in the programs C.ZL will develop guidelines for primary level and community-based HCWs as well as training courses and resources for HCWs to provide integrated nutritional assessments and counseling for children on treatment.

Activity 11: GENDER

Gender related activities will include providing a safe environment for children especially adolescents to discuss sexual aspirations with appropriate counsel. Fathers of children on ART will be actively encouraged to participate in the health decision making processes of their children.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$4,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$1,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5191.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 23613.09

Planned Funds: \$2,524,352

Activity System ID: 23613

Activity Narrative: SUMMARY:

RHRU and its sub-partner, Enhancing Children's HIV Outcomes (ECHO), will continue to provide care and support to 4 provinces which include Gauteng (11 sites), KwaZulu-Natal (10 sites), Limpopo (9 sites) and the North West (4 sites). The program activities described in detail below will also be implemented across site networks which include the referral sites and other surrounding clinics. Services target people living with HIV (PLHIV) and their families, including children, pregnant women, caregivers, doctors, nurses, traditional healers, and other healthcare workers.

BACKGROUND:

Activities described in this section will be undertaken by RHRU and its partner, ECHO. 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. 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), a district-wide program (Durban), and a more discrete site-based provincial program (North West province) focusing on providing support to complete up and down treatment referral networks. ECHO is attached to the University of the Witwatersrand in Johannesburg and has worked as a sub-partner to the Reproductive Health and HIV Research Unit (RHRU) since FY 2005. RHRU and ECHO have provided direct antiretroviral treatment for thousands of children, strengthening and improve state health systems. RHRU and ECHO provide technical support to, and are involved in policy development and advocacy for pediatric care with the National and provincial Departments of Health (DOH), with strong representation on SANAC. The organizations have expanded their programs to include Prevention of Mother-to-Child Transmission (PMTCT), pediatric HIV treatment, emphasis on psychosocial and nutritional support and training and have been an integral part of the program since inception and the joint program now operates from Gauteng with teams in a the more rural North West. The success of pediatric ARV treatment scale-up depends on a comprehensive approach. In particular, RHRU and its sub-partner ECHO (RHRU-ECHO) continues to strive to strengthen referrals and linkages from other programs such as PMTCT and primary health care programs like TB, MCH, IMCI, EPI in an effort to ensure that more children are identified for care. This program will maintain focus on improving these linkages through direct support, and intensive training of doctors, nurses, and other health care professionals. In recognition of the fact that pediatric ART cannot be provided in isolation of caregivers, our program aims to provide a family-centered approach to care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Increase access to treatment

There are currently almost 9,000 children who have been started on ARV treatment through support from ECHO and RHRU. The SA DOH goal is to increase the proportion of children on ART to 15% of all people on ART. This has already been exceeded in some areas where ECHO and RHRU are involved and as partners continue to strive towards, and advocate for ensuring all children who are in need receive ART. Despite improvements in the PMTCT program, which will likely reduce the numbers of HIV-infected infants, it is believed that through active case management there will still be increasing numbers of HIV-infected children being referred for ART. RHRU and ECHO teams consisting of doctors, nurse clinicians, counselors will continue to support urban and rural sites in KZN, Gauteng, Limpopo and North West province, in alignment where possible, with sites where RHRU provides adult services. RHRU and ECHO will also continue to provide technical assistance and service provision at tertiary facilities. This work takes place within DOH facilities and RHRU and ECHO staff work closely with the DOH staff at all the sites. In KZN and Gauteng, sites will continue to be supported by pediatric nurses, pediatricians, psychologist, social workers and dieticians in addition to generalist doctors and nurses. Data capturers will provide data support and management services under the monitoring and Evaluation section. The utilization of Mobile Clinical Support Teams (MCST) will continue throughout outreach sites, and as ART accredited sites demonstrate capacity to provide treatment and care for children without the support of the ECHO and RHRU teams, additional sites will be identified and the MCST will assist with mentoring staff at accredited sites to manage HIV-infected children.

ACTIVITY 2: Loss-to-follow-up

Defaulter tracers will be based at all pediatric ART facilities to track all defaulters. Ongoing networking and collaboration with other NGOs to assist with tracing of defaulters will occur. Also of concern are children who are booked at sites but never show at the clinics. There is a high mortality in these children and renewed efforts will be made to ensure that children who are booked for appointments are seen at the treatment site, and urgently traced if they miss the appointment.

ACTIVITY 3. Quality assurance

The whole care pathway will be emphasized at all service points, which will include prevention, counseling and testing, diagnosis and management of opportunistic infections including TB.

In terms of quality improvement, sites will conduct regular multidisciplinary activities which will look at improving quality of care provided. Systems are being rolled out to ensure that outcomes of children of treatment at all ART sites are being monitored.

ACTIVITY 4: Nutrition support

Nutritional support will continue to take the form of nutritional assessment and counseling of 'at risk infants and children' as well as the provision of therapeutic or supplementary feeding support for clinically malnourished patients in Durban and at Harriet Shezi Clinic in Gauteng. ECHO and RHRU dieticians will

Activity Narrative: continue to mentor DOH dieticians at outreach sites to ensure that malnourished children receive appropriate interventions.

ACTIVITY 5: Tuberculosis (TB)

TB screening and diagnosis will continue to take place in accordance with the National TB Program guidelines with the provision of INH preventive therapy to HIV-infected children exposed to sputum smear-positive TB wherever necessary. In hospital settings, RHRU and ECHO will continue to work closely with the pediatrics departments in the wards to monitor children in the wards already on ART and those needing ART. If necessary, children will be started on ART whilst still in the wards. All children that have been identified as being HIV-infected will continue to be referred immediately to the ARV site for further management. This will include sick children identified through Integrated Management of Childhood Illness (IMCI) programs as well as those presenting at EPI clinics.

ACTIVITY 6: Quality of care

As part of quality control, RHRU and ECHO will continue to conduct file audits at least bi-annually. These will be conducted using randomized sampling. Currently large program audits are occurring at the bigger sites and data on outcomes of children on ART is available at these facilities. In terms of quality monitoring, viral load suppression rates will be looked at, as well as overall clinical outcomes a mortality rates.

ACTIVITY 7: Monitoring and Evaluation

RHRU and ECHO aims to strengthen monitoring activities as current services are often fragmented and make monitoring and evaluation a challenge. With the implementation of case management and tracking, RHRU and ECHO will assist sites in piloting and implementing data collection tools designed by DOH. The aim is to strengthen the existing mechanisms within the DOH services for monitoring and evaluation. This will most likely better inform treatment and support programs. RHRU and ECHO will thereby support South Africa's Five-Year Strategy by expanding access to HIV services, improving pediatric care service delivery, and increasing the number of children accessing care and treatment.

ACTIVITY 8: Human Capacity Development

RHRU staff will continue to train clinicians (doctors and primary health care nurses) providing antiretroviral therapy on pediatric specific treatment issues through didactic courses and through on-site mentorship. RHRU staff, because of their direct involvement and leadership in guidelines development (both for South Africa and technical advice to WHO), are well placed to continue to train ARV clinicians as the guidelines change and are updated. ECHO staff will continue to provide the pediatric component of the RHRU two-week training course that runs quarterly. ECHO staff through the Mobile Clinical Support Teams will continue to provide on-site mentorship at outreach ART sites. Clinicians working with other partners and the pediatrics department will also rotate through tertiary ART sites and will continue to be mentored in this way. Weekly continuing medical education programs aimed at increasing clinical capacity of nurses and doctors will continue to be held; as will weekly case discussions where complicated cases are addressed in a multidisciplinary forum. RHRU staff also will continue to lead development of the University of the Witwatersrand Faculty of Health Sciences first year medical student curriculum which exposes students to an understanding of antiretroviral therapy, among other topics. In KwaZulu-Natal, RHRU staff provides direct on-site training and mentoring to Department of Health (DOH) staff in pediatric HIV treatment and care at RHRU-supported health facilities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Safe Motherhood

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,450

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$5,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1201.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 23895.09

Activity System ID: 23895

Mechanism: HCI

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$405,275

Activity Narrative: SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will work with 65 South African Department of Health (DOH) antiretroviral therapy (ART) sites in five 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 HCI 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:

HCI 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. HCI has developed a number of QA tools for healthcare facilities offering ART services. HCI 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, HCI 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, HCI 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. HCI will assist healthcare facilities to develop operational strategies to improve the care, treatment and follow-up of children and adolescents on ART. HCI 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 care management and follow-up of ART patients.

ACTIVITIES AND EXPECTED RESULTS:

While HCI will continue to focus on four key activities described before, the emphasis during FY 2009 will be on expanding these and other activities, in the following ways:

ACTIVITY 1: Establish Quality Improvement Teams at District / Facility Level

By improving and institutionalizing the formation of quality improvement (QI) teams at a facility and district level, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, which is specific to each area, district, or province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites / districts.

ACTIVITY 2: Training

With FY 2009 funds, HCI staff will work to develop Continued Professional Development (CPD) -accredited ART training materials, including a comprehensive package of manuals, posters, flip charts and job aids. The development of these materials will include modules on eligibility for ART, initiation of ART in both adult and pediatric patients, disclosure, ART adherence issues, poly-pharmacy (addressing concomitant administration of medication) and specific ART challenges.

In addition, HCI will revise existing QA training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health care staff, including informal staff such as community workers, lay counselors and home-based carers. This is particularly important at PHC facilities where HIV-infected clients interact with a wide range of formal and informal health staff.

The measurement of quality is also highlighted with emphasis placed on the indicators used to monitor clinical performance, such as interruption rates for HIV-infected clients on ART and the proportion of HIV-infected clients on ART who are linked to treatment supporters, which impacts directly on the continuum of care and the quality of care provided to clients. Improvement and institutionalization of quality within the context of ART services is also an important issue.

Participants are given skills for applying these principles in the work setting by focused training on monitoring quality of service provision and measurement, data analysis and interpretation, reporting / feedback, and improvement techniques. These are learnt practically through the use of role plays and specific case studies. Participants work in groups to identify quality gaps within the case studies and make recommendations for quality improvement strategies in the ART service based on these.

In addition, participants, either individually or as a group, are provided with raw data and are required to analyze / interpret the data from the data sheets, graphically illustrate their analysis and make quality improvement plans based on them.

ACTIVITY 3: Human Capacity Development

HCI staff specifically undertakes human capacity development activities for health facility staff within HCI-supported districts. These activities include formal training workshops, regular fortnightly support visits, identification of knowledge and skills gaps and on-site mentoring and coaching activities by HCI staff. Training, as defined by HCI, includes two days of formal training sessions, for which registers are maintained by HCI Coordinators. HCI training involves specific quality assurance methods and quality improvement techniques.

As HCI is already in the process of recruiting and placing medical staff in health facilities, these medical

Activity Narrative: staff will be tasked with provision of clinical services to HIV-infected pediatric clients on a day-to-day basis and provision of training and mentoring for health facility staff regarding HIV and AIDS care, with specific reference to ART treatment and care services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to DOH clinic staff (doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality ART services to all ART clients enrolled on the program / eligible for ART treatment and care. HCI staff and DOH staff meet regularly to ensure that any additional knowledge regarding newer ART medication/treatment options, specific pediatric interventions and research findings are readily shared.

ACTIVITY 4: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and ARV treatment sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at PMTCT and CT sites will be responsible for referring HIV-infected mothers and their newborns for onward care, treatment and support, while staff at ARV sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health care system, ensuring compliance / adherence with treatment and an improved quality of life.

HCI staff will also ensure that health care workers are capacitated to ensure appropriate 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 PMTCT, TB or ART defaulters, including HIV-exposed babies who have been 'lost to follow-up'.

HCI plans to strengthen linkages between Orphans and Vulnerable Children (OVC) programs, routine maternal and child health services and ART services. It is envisaged that 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.

HCI will work with DOH staff to strengthen facility-community linkages with the objective of addressing issues of psychosocial support, stigma reduction and prevention of domestic violence for HIV-infected pregnant women. This will involve working with community-based workers/tracers to improve the visibility of PMTCT and CT activities, increasing routine offers of voluntary counseling and testing (VCT) in communities through education (in facilities and door-to-door/household visits), and hosting opportunities for clinic staff and community members to showcase improvement activities and encourage support for improvement initiatives.

ACTIVITY 5: Strengthening supervision systems:

HCI has been extensively involved in revision of the Clinic Supervision Manual for health care facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of ART and follow-up services. This is particularly important in the context of pediatric ART, as there has been minimal supervision of these programs in the past.

ACTIVITY 5: Policy:

HCI will actively participate in the development, revision and implementation of the National ART guidelines, ART monitoring and evaluation framework, ART adherence tool and ART-accreditation policy in collaboration with the national and provincial DOH staff to ensure long term sustainability of this program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$37,104

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7861.09

Prime Partner: South Africa National Defense Force, Military Health Service

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 23922.09

Activity System ID: 23922

Mechanism: NIAD/NIH Post Phidisa

USG Agency: HHS/National Institutes of Health

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$22,331

Activity Narrative: SUMMARY:

This activity will continue antiretroviral therapy (ART) and HIV clinical management for approximately 1,500 South African National Defense Force (SANDF) personnel and family member dependents, including children, that were previously receiving ART via the Phidisa II clinical trial. The Phidisa II clinical trial, initiated in 2004, compared four combination ART arms and was terminated in December 2007. 1,400 patients have been transferred, beginning in April 2008, to an observational cohort study entitled Phidisa IA, with continued research collection. The Phidisa Project established the infrastructure, staffing, and procedures for ART and HIV clinical management capability at all three of the South African Military Health Service (SAMHS) hospitals, and in three rural sickbays. With the national roll-out, the strategy of the SAMHS Masibambisane Program has been to extend the geographical coverage of ART primarily to rural sites other than the Phidisa clinic and to have a well defined presence in the three SAMHS hospitals. In these hospitals, the Phidisa Project is managing the majority of HIV-infected SANDF personnel and dependent family members; however, a transition has begun to ultimately transfer routine HIV management and care of these patients to the SAMHS. This has been slowed primarily due to lack of uniformed human services to staff these clinics. The SAMHS has been challenged in filling these much needed posts for doctors, nurses, and pharmacists - despite active recruitment. The Charisma Phidisa staff continues to be one source of recruitment, although the numbers have been small. A more feasible strategy for sustainability will be the addition of SANDF resources to support the key Charisma personnel necessary. To this end, co-location and integration of the Phidisa clinic and the SAMHS ARV roll-out clinic is in process. In two of the three hospital sites, where the SAMHS roll-out is also available, patients newly initiated on ART are offered a choice of participating in the Phidisa observational cohort or being followed by the SAMHS roll-out. In those rural sick bays that are Phidisa Project only, patients who choose not to be enrolled in Phidisa 1a are managed by the Phidisa clinic staff, without research collection. HIV management will continue to be comprehensive, with opportunistic infection (OI) prophylaxis and treatment given according to the South African national guidelines. There will continue to be a translation and communication of the Project Phidisa research findings to the SAMHS and to the greater South African and PEPFAR professional community.

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 Department of Defense (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 1,800 SANDF personnel and their family members have been randomized to one of four ART regimens over the past five 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 support a percentage of the cost (ranging from 10% to 50%) of 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, it directly addresses building indigenous SAMHS HIV treatment and care capacity. PEPFAR funds will support periodic training of staff in clinical management and quality assurance.

SAMHS Masibambisane ARV roll-out capacity, which has begun at the three SAMHS hospital sites, will be increased with FY 2009 funding. All three hospitals will have co-located clinics with an ultimate goal of sufficient SAMHS human resource capability (uniformed and civilian) to adequately manage routine HIV ART care and management for active duty members and their families.

Activity 2: Patient Care

Pediatric 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

Activity Narrative: 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 jirovecii* pneumonia can be discontinued.

Lancet also has carried out all laboratory data reporting, arranged courier service for all clinical samples from all six SAMHS sites, maintains samples, and keeps a historical database of all results.

At the military hospitals where there are pediatric clinics, HIV-infected children will be referred to those clinics for treatment and care. For sites where there are no pediatric clinics, children under 14 years of age will receive antiretroviral treatment via the PHIDISA clinic.

These activities will contribute to the number of persons receiving treatment and care in the military, and support the PEPFAR 2-7-10 goals.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1066.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 23695.09

Planned Funds: \$4,320,526

Activity System ID: 23695

Activity Narrative: SUMMARY:

The Perinatal HIV Research Unit (PHRU) has been involved in Pediatric Care since 1996. The PHRU provides comprehensive care and support for children (0-14) living with HIV. 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, infrastructure, training and ARV drugs for these services. Clients are provided with TB screening, ARV treatment, pre-treatment literacy, adherence counseling and access to adherence support groups. Immunization, growth monitoring, nutrition and assessments for other illnesses form part of the package. Linkages from counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), and palliative care services will be strengthened. Linkages to child and maternal health, immunization and TB services are supported to ensure holistic care and sustainability. A family-centered approach targets HIV-infected adults and children. Men are actively encouraged to take part in their children's well-being and treatment.

BACKGROUND:

Since 1998 PHRU has provided comprehensive treatment, care and support to people living with HIV (PLHIV). Since 2004, PEPFAR funding has supported ARV treatment and South African Government (SAG) ARV treatment sites in Gauteng, rural Limpopo and Mpumalanga, and Western Cape provinces. PHRU purchases ARV drugs and provides treatment for adults and children infected with HIV. 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 ARV treatment sites and to investigate down referral systems. With PEPFAR funds, PHRU will work with provincial health departments to ensure safe transfer of participants to ongoing care within the SAG roll-out program. PHRU will support, train and mentor health-care workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national guidelines for ARV treatment. PHRU provides regular training on HIV-treatment issues such as adherence, medical treatment, and appropriate regimens. A non-governmental organization (NGO) partner, HIVSA, provides all sites in Soweto and Mpumalanga 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, 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 are on-going and will be expanded with FY 2009 funds.

ACTIVITY 1: Children, PHRU Clinic and Soweto

The PHRU identifies HIV-infected children who need treatment through PMTCT, CT, Pediatric Care and Support services and children of adults who are already on treatment. PHRU has been actively involved in expanding testing of infants using PCR at 4-6 weeks (see Pediatric Care and Support) and rapidly putting young infants onto treatment. As part of a comprehensive family-entered approach, these children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU according to United States Government (USG) and SAG guidelines. Men are actively encouraged to take part in their children's well-being and treatment. PHRU and Department of Health (DOH) staff are trained on an ongoing basis in pediatric ARV treatment. PHRU was instrumental in changing pediatric treatment policy through the NIH-funded Comprehensive International Program of Research on AIDS (CIPRA) Children with HIV Early Antiretroviral Therapy (CHER) study which showed that HIV-infected infants under one year should be started on treatment as soon as they are identified as being HIV-infected. Refurbishing and renovation may be required as the program expands.

ACTIVITY 2: Adolescents

This activity is cross-cutting since the primary focus is on prevention of adolescents getting infected with HIV in the first place (see CT program area) but inevitably adolescents will test HIV-positive through CT activities, and these adolescents will be referred to appropriate care and treatment programs. Depending on the age of the adolescent, and the major activity at the site, they are included under Pediatric or Adult care, treatment and support.

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 contracting HIV and other STIs. Through a specialized adolescent clinic PHRU will continue to address these needs with 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 on-going counseling, PHRU increases adolescent's awareness of HIV. The clinic called Kganya Motsha (Shine Young One) in Soweto is based close to places to where adolescents congregate. Services comprise CT and confidential and free care; HIV care, support and treatment; TB screening and referral for TB treatment; 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. In addition, the clinic staff go to schools and NGOs in the area providing CT, education and training for adolescent HIV-prevention and care. PEPFAR funds will be used to continue with this work.

ACTIVITY 3: Support government facilities in Gauteng, Rural Mpumalanga and Limpopo and Western

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Activity Narrative: Cape.

In partnership with provincial Departments of Health the PHRU supports government facilities to scale up treatment for HIV-infected and HIV-exposed children. The special needs of children are taken into account and the package described above is implemented either by the PHRU or their sub-partners in the various sites that we are supporting. Refurbishing and renovation may be required as the program expands.

Supporting sites in less well resourced and rural areas forms part of PHRU's pediatric strategy.

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. Children are identified in the National Strategic Plan to be targeted for treatment. Training, mentoring and support to staff in these facilities are focus areas.

ACTIVITY 4: Human Capacity Development for Task Shifting

The PHRU activities supports human capacity development (HCD). Most of the activities focus on building the public health service to increase access and to improve HIV services in partnership with the relevant DOH, and is integral in the planning of workshops, in-service training and mentoring, task shifting strategies, retention and performance assessment.

South Africa has a deficit of skilled health and managerial personnel. This has necessarily meant that lower level staff takes on tasks that were originally done by higher level staff. An example is that many lay counselors now are expected to take clients vitals, and take care of all their counseling needs. Task-shifting is therefore an essential component to scaling up HIV-services. The PHRU assists in the training and mentoring of this process. PHRU has trained pharmacy assistants to dispense ARV drugs under the supervision of a pharmacist which has increased the capacity of clinic pharmacies to provide treatment services in the primary care clinics.

Lay counselors form the backbone of HIV services in South Africa. These counselors generally have a high school certificate and have undergone a lay counseling course. As the need for HIV services increases so does the reliance on these health care workers. Increasingly they are expected to take on more responsibilities in the clinics. Many of these counselors work on a voluntary basis receiving only a stipend. Until now there has been no career path for these counselors, with the result that many leave the profession once they find a higher paying job. PHRU together with its sub-partner HIVSA has developed a training course such that these counselors can now become accredited at different levels. This is a big step forward as HIV-services become increasingly dependent on this level of staff.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 268.09

Prime Partner: Population Council SA

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 23769.09

Activity System ID: 23769

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$315,544

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 three 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:

Access to HIV and AIDS treatment for children (0-14 years) is lagging far behind that of adults in South Africa. An estimated 240,000 children suffer from HIV and AIDS and only 8% receive ART treatment. Reasons for this lack of access include: 1) Limited programs aimed at improving access to pediatric HIV services, including HIV voluntary counseling and testing (VCT) for children; 2) Caregivers who are not aware of pediatric HIV and AIDS services; 3) HIV-infected children receiving services after becoming symptomatic of HIV infection; and 4) Limited and underutilized PMTCT/Plus programs that only provide services for infant HIV infection. The Population Council will address both the quality of service delivery and client utilization issues that limit access to pediatric HIV services for children aged 0-14 years. PC will focus on evaluating and scaling-up interventions aimed at strengthening referral systems to HIV services for infants, children, and OVC in a variety of service delivery settings. In addition, we will build human capacity to improve the integration of pediatric HIV services into existing HIV services. Further, we will address challenges faced by caregivers in accessing HIV care for children and OVC.

ACTIVITIES AND EXPECTED RESULTS:

Due to Population Council Strategic Planning and PEPFAR SA technical considerations, activities and budget for activity 1 and 2 have been moved from Adult Treatment to Pediatric Treatment. PC will modify, and consolidate two existing pilot projects, the Family Centered Approach (FCA) and the Caregiver project, to improve access to pediatric counseling and testing and ultimately link children found to be positive to HIV care and treatment services. Through these projects, we will address three key areas with an emphasis on: strengthening and building referral networks; human capacity development (intervention at health facilities); local organization capacity building; and wraparounds (health).

The FCA project aims to actively involve HIV-infected adults in the referral of family members, spouses, and children to VCT and other HIV services. This approach addresses the family's critical role in the early identification and continued treatment of HIV-infected children. The FCA intervention will be conducted at several clinical service delivery points, focusing on HIV-infected caregivers who are new or currently enrolled in ART programs. Providers trained in this approach will encourage HIV-infected caregivers to seek counseling and testing services for their spouses and children of unknown status. Through training service providers, this project will also build capacity and structure within selected clinics for improved linkages to pediatric HIV services.

The Caregiver project will maximize the use of existing FCA and linked clinic infrastructure to increase HIV testing of high-risk children age 0-14 by referring their caregivers from South African Social Security Agency (SASSA) pay points. Currently the Caregiver project uses SASSA grant pay points to explore the feasibility of caregiver referrals to linked FCA pediatric HIV services. The Caregiver project aims to build these types of referral networks for caregivers in a variety of non-clinical and community-based service delivery settings including additional SASSA sites, improving access to linked pediatric HIV services, particularly for OVC and children who are more likely to be HIV-infected.

Currently both pilot projects are underway in the North West and the Eastern Cape provinces. The FCA project is implemented in 5 sites: Cecilia Makiwane Hospital, Potsdam Clinic, Nu1 and Nu12 clinics and Tapologo clinics. The Caregiver project is being implemented at the SASSA grant pay points in Native units 1, 10, 12, 15, Potsdam, Tsitsing, Mogajana and Boitekong paypoints.

With FY 2009 funding, the proposed projects will be expanded to new regions of the Eastern Cape. In these regions, PC will focus on three major municipalities: Ndlambe, Makana & Nelson Mandela. This will be done in collaboration with the Department of Health and the SASSA.

Overall, these projects will contribute to increasing the number of children, including OVC, who receive VCT and HIV care and treatment. In addition, they will strengthen the family and caregiver role in seeking and utilizing pediatric HIV services. In FY 2009, PC will provide FCA training to service providers in pediatric settings in selected health facilities that are providing ART services. This training will improve linkages to pediatric services and aid in the integration of family services within a clinical setting. Additionally, through the linked Caregiver activities, we will build and strengthen referral systems at government agencies and other community-based organizations to increase HIV counseling and testing for infants, OVC, and children of unknown HIV status in non-clinical settings.

ACTIVITY 1:

The Caregiver/FCA project will improve access to pediatric counseling, testing, and treatment through a Family Centered Approach and referral of caregivers from SASSA sites.

In COP FY 2009, PC will focus on refining the FCA intervention, improving linkages to pediatric HIV services from various clinical service delivery points, strengthening pediatric tools and services offered to maximize access, and modifying provider trainings to better address the necessity of testing immediate family members, such as spouses and children of unknown HIV status. The linked Caregiver Project will focus on strengthening referral systems from SASSA sites to linked FCA clinics, incorporating SASSA employee training to streamline referrals, exploring new non-clinical venues appropriate for pediatric HIV service referral, and modifying referral card systems used to monitor the success of the intervention, to maximize HIV service access for infants, OVC, and children through engaging their caregivers.

Activity Narrative: ACTIVITY 2:

In order to ensure that quality pediatric services are available at selected FCA clinics, PC will ensure protocols are followed, and use existing pediatric site assessment tools, standard operating procedures, forms, and referral tools to determine the quality of services and capacity of the facility for delivering pediatric HIV services. PC will also modify the provider FCA training manual based on findings from COP FY 2008 activities. This revised manual will act as a resource for all providers and will be provided to sites beyond the sites of introduction, incorporating issues related to stigma and status disclosure, pediatric ART literacy, care, pediatric nutrition, and psychosocial support.

ACTIVITY 3:

The FCA will build human capacity by conducting trainings with providers. These curricula will include trainings on how to enable their patients to understand the necessity of bringing other family members in for VCT and/or treatment and care. The FCA program will additionally improve referral linkages for children age 0-14 at key clinical based entry points including PMTCT, ART, and VCT (post-test counseling) through increasing the number of staff trained in the FCA approach. The program will also strengthen the capacity of families to care for infants, children, and OVC by prolonging the lives of parents and caregivers and by providing economic, psychosocial, and other risk reduction support to OVC and their families and caregivers.

ACTIVITY 4:

Providers will continue to strengthen and implement the patient referral card system for encouraging family members and spouses of unknown HIV status to access linked VCT services. While this activity previously increased the number of new patients seen at FCA clinics by 10%, PC will further modify recruitment tools (i.e., referral cards) and provider training based on COP FY 2008 pilot findings to maximize utilization.

ACTIVITY 5:

4) The Caregiver project will continue to build, strengthen, and modify the referral card system at SASSA sites, encouraging caregivers to access linked HIV counseling and testing services. With a continued presence at SASSA sites, it is expected that caregivers will be more likely to access these services and refers other caregivers. In addition, the caregiver project will explore other community-based venues or government agencies where access to caregivers caring for children at higher risk for HIV might be found.

ACTIVITY 6:

The PC Caregiver staff will continue to encourage and advise caregivers of children aged 0-14 at SASSA pay points, and other government and community organizations, to access HIV testing services for children aged 0-14 of unknown status in their care. In addition, PC will conduct referral trainings with SASSA employees. SASSA employees will be trained to refer appropriate caregiver grant recipients to pediatric HIV services. This will increase the capacity of SASSA employees to integrate caregiver referrals into their routine distribution of grants and decrease the necessity of hiring additional staff to perform these functions at SASSA sites.

ACTIVITY 7:

With FY 2009 funding, PC will continue to collect demographic information and describe characteristics of caregivers of children and OVC accessing SASSA services and other government or community-based organizations. PC will use this information to continually improve our ability to predict the likely users of the referral card system and to improve the approach.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$37,700

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 6183.09

Prime Partner: Tuberculosis Care Association

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 24474.09

Activity System ID: 24474

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$97,090

Activity Narrative: SUMMARY:

This is a new activity in FY 2009. Activities are planned and implemented in partnership with Department of Health coordinators for HIV and AIDS, STIs and TB (HAST) at all levels of government. TB Care Association (TBCA) will be supporting 11 ART sites in two provinces (Western Cape and KwaZulu-Natal) through clinical care support and/or community-based adherence support: two in West Coast District; five in Cape Town Metro District; one TB Hospital in Cape Town, and three in Sisonke District, KwaZulu-Natal (KZN). In FY 2009/10, TBCA will provide support to an additional three sites in Enhlanzeni district, Mpumalanga. Training and mentoring on topics to ensure provision of quality care will be provided: clinical care, social support, monitoring and evaluation (M&E), and health system support. Referral systems, including community adherence support and coordination of services between hospital and primary health care (PHC), will be strengthened through human resources, capacity development and programmatic support. Children infected and affected by HIV will be the beneficiaries of this PEPFAR-supported program.

BACKGROUND:

TBCA has been providing community-based counseling, support, and TB treatment support in the Western Cape since 1992. Support for HIV care and treatment services in KwaZulu-Natal and Mpumalanga is a new initiative. Training and mentoring activities will be done in collaboration with the National Department of Health (NDOH). Support has been requested by the provincial Departments of Health and all program activities will occur within public health facilities. Essential drugs and ARVs will be procured through NDOH, and the National Health Laboratory Service (NHLS), through the NDOH, will provide laboratory services.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Integration of Services and Quality Assurance

The first activity is human capacity development, focusing on integration of the pediatric HIV program into primary healthcare services. Under the guidance of the clinical coordinator, six TBCA-employed nurse mentors with extensive experience in HIV care and treatment will work closely with the NDOH to identify training/mentoring needs. NDOH clinicians will be trained through didactic and mentoring sessions, on topics including identification and counseling of victims of abuse, early infant diagnosis, provision of cotrimoxazole prophylaxis for HIV-exposed and infected infants, TB screening and assessment in children, reducing stigma, and integration of services. 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 children. A quality assurance program will be implemented through support of the NDOH 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.

ACTIVITY 2: Community-based Adherence Support

This activity will strengthen community involvement in HIV care and treatment services through outreach services provided by community health workers (CHWs). In consultation with the DOH, TBCA has either directly employed or will employ one community team leader (CTL) per facility supported and supports CHWs in each catchment area. Community-based adherence support is provided through sub-contracts with home-based care organizations operable in the community, or directly by TBCA. TBCA trains the CHWs on priority health issues so that they are multi-skilled to provide integrated community care. The role of the CHWs is to promote information, education, communication (IEC) in the communities they serve. IEC activities aim to increase awareness of the availability of comprehensive HIV services; to 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. The team leaders and TBCA-employed nurse mentors 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

TBCA assists with monitoring and evaluation activities of the national comprehensive HIV care and treatment program at supported sites. The above mentioned facility-based CTL assists with TB/HIV reporting. Coordination of M&E with clinical services will ensure prompt follow-up of children enrolled in care and treatment and who do not return to clinic. Data collection is 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 males and females receiving prevention, care and treatment services. The CTLs have direct communication with CHWs to ensure follow-up of children referred for services.

ACTIVITY 4: Provision of South African Qualifications Authority (SAQA) accredited training

In FY 2007/08, TBCA began the process of seeking formal accreditation as a training provider with the Health and Welfare Sector Education and Training Authority (HWSETA). It is anticipated that in FY 2008/09, approval will be granted and provision of accredited trainings at National Qualifications Framework (NQF) level four and five will be offered to community health workers, non-governmental organizations, and provincial governments as needs are identified. The goal of training will be to improve pediatric TB and HIV case finding and adherence.

ACTIVITY 5: Support to Brooklyn Chest Hospital for Management of Multi-Drug Resistant (MDR)/Extensive

Activity Narrative: Drug Resistant (XDR) TB and HIV

Clinical and psychosocial support will be provided to Brooklyn Chest TB Hospital in the form of two social auxiliary workers who will counsel MDR/XDR TB patients and run group sessions in the hospital wards. We will employ two lay counselors who will counsel MDRTB patients attending the outpatients department. These staff will be report to hospital management and be fully integrated into a multidisciplinary team. Training and mentorship will be provided for clinicians to improve HIV care and treatment for co-infected hospitalized children. TB Care employs three edu-care teachers to provide early childhood development and stimulation to hospitalized pediatric TB and TB/HIV patients. There are currently 48 children hospitalized, 70% of whom are between three months and five years old. Many have TB and meningitis with mental disabilities due to late presentation and diagnosis. Funds will be used to improve the physical environment of the hospital to be more pleasant for patients who are hospitalized for long periods of time. Referral systems will be put in place to ensure that discharged pediatric patients complete their treatment, attend follow up visits and receive community-based adherence support.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7301.09	Mechanism: UGM
Prime Partner: Right To Care, South Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 22943.09	Planned Funds: \$97,090
Activity System ID: 22943	

Activity Narrative: SUMMARY:

Right to Care (RTC)'s Umbrella Grants Management (UGM) project will support several sub-partner organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, treatment expertise, and strategic planning in providing Pediatric HIV Care and Support (PCS) services. With the variety of program activities that RTC currently implements or oversees, they have developed a wide base of skills and capacity to manage a range of organization activities, including organizations that provide prevention, training, HIV treatment care and support, pediatric care and treatment, cervical cancer screening, care for orphans and vulnerable children (OVC), home-based care and TB care and treatment.

BACKGROUND:

The following proposed activities are designed to support sub-partner initiatives to implement the goals of PEPFAR and the South African government's (SAG) Comprehensive Plan. Over the last two years, RTC has developed a UGM capacity while developing specific skill sets, competencies and capacity to support many PEPFAR sub-grantee organizations. RTC has developed in-house capacity in financial management, pre-award assessments, training functions in financial management and USAID regulatory compliance. In addition, the technical expertise in medical aspects will be supported by internal RTC capacity and through the Clinical HIV Research Unit, an extension of the ongoing activities of the current RTC grant.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: UGM Technical Assistance and Quality Assurance

Needs assessment and program planning will be done on a regular basis with sub-partners. Site visits will be conducted alongside sub-partner staff to systematically evaluate needs of capacity, human resources, facility planning, approaches to programmatic areas such as treatment and care, in order to effectively reach determined targets and quality of care. The needs assessments will use the experience of RTC clinicians and program staff to develop proper planning and forecasting to facilitate patient growth. Programmatic technical assistance will be provided on an ongoing basis, with clinical mentors responding to requests and providing treatment updates, ongoing training, updated guidelines, and case-specific support.

ACTIVITY 2: UGM Financial Management

The finance department at RTC has developed systems to support sub-partners that enable compliance and capacity to manage PEPFAR funds effectively. Support includes a complete range of necessary financial management. RTC will meet with sub-partners annually to align financial and programmatic planning.

Regular oversight and support will be given with monthly financial reports required for all sub-partners. Periodic internal audits will also be conducted at the sites of all sub-partners to establish the quality of financial management and human resources (HR) management, review of asset control and alignment with USAID financial management policies.

The finance department at RTC has developed a state-of-the-art financial software tool, which uses Business Intelligent Tools, to monitor and track all sub-partner transactions against budget projections for modeling and cash flow. This integrated program will allow proper management of budget at all sites. Combined with the monthly financial reports, RTC will be able to use this system to produce up-to-date fund accountability statements and fund balances for its sub-partners.

ACTIVITY 3: UGM Monitoring and Evaluation

RTC's monitoring, evaluation and reporting (MER) system (standards, systems, procedures and tools) is established, documented and continuously improved, based on best practices and quality criteria, in the programmatic areas of Adult Treatment, Adult Care and Support, Pediatric Treatment, Pediatric Care and Support, TB/HIV, Voluntary Counseling and Testing (VCT), Outreach and Training.

All implementation sub-grantees/programs will be provided with support, training and technical assistance to necessary for sub-partners to effectively meet USAID reporting requirements. In addition, RTC programmatic experts will monitor the reports for quality assurance.

ACTIVITY 4: UGM NGO Management and Sustainability

RTC supports NGOs with established policy guidance and procedures that meet the requirements of both the South African labor law as well as the USAID regulations. All sub-partners will have access to the RTC human resources capacity.

Support of infrastructure will be given through expertise within RTC for advice and consultation. Through various infrastructure projects, RTC has developed expertise in proper clinic flow, effective interior space design in both CCMT sites as well as TB clinics. Other sub-partners facing infrastructure challenges will be able to make best use of limited resources which are necessary in increasing clinic capacity. Sustainability of sub-grantees will be supported through RTC's continued relationship with the Department of Health to ensure that continued HIV and AIDS response is in line with the strategic plan for South Africa, ensuring that once the PEPFAR program is complete, that the activities of the NGO can be taken over by the South African government.

Where systems are identified to be inadequate, RTC aims to capacitate NGO organizations to manage their programs independent of RTC. Within the implementation plan and budget, RTC has planned to provide financial reporting systems, management SOPs, human resources policies and procedures, clinical

Activity Narrative: guidelines, and monitoring evaluation systems that will ensure sustainability beyond RTC support.

ACTIVITY 5: Technical Assistance (TA) for Pediatric Antiretroviral Therapy (PART):

RTC will help sub-partners to accelerate the implementation of PART at NGO treatment sites in districts where government provision has not yet been rolled out.

RTC, with its extensive treatment expertise, will give TA to sub-partners to ensure that each pediatric ART patient at sub-partner-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. At many RTC supported NGO sites, support groups are helping families to deal with the issue of disclosure to older children. Emphasis will be placed on an integrated, family approach, increasing the number of HIV-infected children and pregnant women on ARVs, couple counseling, prevention and disclosure, linkages and referrals to care for STIs, family planning, and TB, and enrollment and retention in care.

Sub-partner pediatric treatment funds will be used for: (1) human capacity development and salaries -- NGO and FBO clinics receive sub-awards for doctors, nurses, pharmacists and counselors (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 sites; (4) procurement of health commodities; (5) procurement of laboratory services for pathology monitoring; and (6) provision of ARVs and related medications (i.e. cotrimoxazole prophylaxis).

RTC will support its PART providers by disseminating policies and guidelines and sharing best practices. Ongoing quality assurance, clinical mentorship, and supportive supervision will be undertaken by centralized treatment experts. Doctors and nurses at sub-partner organizations' sites can spend time working at Themba Lethu clinic or other RTC-supported government sites, call hotline numbers for urgent assistance, receive case-specific advice on patient management, and request mentors to see difficult cases alongside as part of the learning process.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 22825.09

Activity System ID: 22825

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$1,688,083

Activity Narrative: SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will use FY 2009 PEPFAR funds to support its existing care and treatment partners namely, National Department of Health (NDOH) and provincial DOH Kwazulu-Natal (KZN), Free State, North West and Gauteng, as well as McCord Hospital and AIDS Healthcare Foundation (AHF) in KZN. EGPAF plans to scale up pediatric treatment services and ensure access to those who need it. The emphasis areas for this activity are human capacity development and strategic information. EGPAF will provide training on early infant diagnosis, pediatric HIV clinical staging, diagnosis and ART in children as well as provide additional staff where required. Primary populations include infants, young children, and adolescents. The geographic focus is on KwaZulu-Natal, Free State, Gauteng and North West.

BACKGROUND:

EGPAF pediatric treatment services will be closely linked to PMTCT, pediatric care and support, integrated management of childhood illnesses (IMCI), well baby clinics, TB, adolescent services and other outpatient services to optimize early identification of infants and children. EGPAF aims to have all eligible HIV-infected children initiated on HAART in a timely manner, and improve their life expectancy and quality of life. EGPAF recognizes the gap in the provision of pediatric treatment services and will support the DOH in ensuring that pediatric care and treatment is prioritized. As part of the global EGPAF initiative, EGPAF is developing a country-specific pediatric framework that articulates the major issues in scaling up pediatric treatment within a family-centered approach as well as mobilizes resources to complement those provided by the DOH. EGPAF will provide technical assistance and other resources to ensure the provision of comprehensive and quality treatment services for all HIV-infected children.

ACTIVITIES AND EXPECTED RESULTS,

In general, pediatric treatment is still a hospital-based service. The skills limitations and lack of confidence amongst health care professionals has resulted in the pediatric HIV and AIDS management being perceived as difficult. Human capacity development activities will mainly focus on skills development or transfer, in an effort to build confidence amongst health care professionals. Practical clinical skills, i.e. examination of infants and children, clinical staging, and venesection, need to be strengthened. Didactic training, bedside clinical training, preceptorship, on-site coaching, mentoring and supportive supervision will be provided. An integrated training approach will be applied and thus the trainings will include adherence counseling, TB/HIV and early infant diagnosis to ensure comprehensive and quality care.

Gender is a critical issue in treatment, care and support, with implications for the quality and effectiveness of the care provided and, the disproportionate burden on women and girls to provide care. EGPAF will work with relevant government departments and community-based organizations (CBOs) to identify child-headed households, implement targeted programs to meet needs including programs which keep girls in school, help them manage households, address stigma and compensate for lost family income; programs that target men and boys and encourage their participation and responsibility in care-giving and household functions, as well as programs that work to reduce gender violence and promote human rights. Specific needs of children will be addressed. The Project HEART South Africa male-to-female ratio of children on treatment is 1:1.

ACTIVITY 1: Advocacy:

Media campaigns carried out by other organizations, including the DOH, have little or no pediatric focus, hence suboptimal pediatric awareness. Globally, EGPAF advocates for pediatric treatment and engages in technical policy activities at all levels of service delivery. Information on early identification, referral and treatment of HIV-infected infants and children, treatment literacy and adherence support will be communicated. The importance of cotrimoxazole prophylaxis in preventing opportunistic infections (OIs) will be highlighted.

ACTIVITY 2: Set up Mobile Clinical Support Units (MCSUs):

In order to improve the pediatric treatment coverage, EGPAF will promote the establishment of MCSUs at all EGPAF-supported antiretroviral (ART) initiation sites to ensure access and availability of pediatric treatment services in rural and farming communities. The MCSU will be managed and coordinated within the DOH treatment program.

ACTIVITY 3: Facility-based quality improvement (QI):

Multi-disciplinary teams that include clinical and non-clinical health care workers will be established at all ART initiation sites to scale up and improve the quality of pediatric treatment services. Monthly QI meetings that focus on improving the quality of pediatric treatment services will be conducted.

ACTIVITY 4: Down Referral Process and Accreditation.

EGPAF will assist DOH to down refer stable pediatric patients and their families to local primary health care clinics.

ACTIVITY 5: Community linkages and referrals.

As part of the chronic care model, EGPAF will endeavor to strengthen community-based treatment support services and ensure effective referrals between health establishments and community-based services.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

Activity Narrative: EGPAF overall support is in line with National DOH pediatric treatment policies and guidelines, The National Strategic Plan (NSP) 2007-2011 Priority Area 2, Treatment, Care and Support, goals 6 and 7 are taken into consideration

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4760.09

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22813.09

Planned Funds: \$284,514

Activity System ID: 22813

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 2009 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.

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 and their children.

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. Just over 300 pediatric patients are currently in HIV care and treatment.

ACTIVITIES AND EXPECTED RESULTS:

Activity 1: Human Resource Capacity Training.

As an accredited South African Government (SAG) antiretroviral (ARV) roll-out 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 roll-out 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 to facilitate this process.

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 ART training modules. 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. As an accredited ARV roll-out 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

As stated previously, St. Mary's is a DOH-accredited ARV roll-out site and the partnership will be enhanced and expanded through the additional PEPFAR funding.

Early infant diagnosis of HIV will occur at inpatient and outpatient settings within the hospital. The areas addressed are; children's ward pediatric outpatients, the primary health care facility (PHC) and the prevention of mother-to-child (PMTCT) program. Sick children admitted to hospital will initially be 'flagged' at pediatric outpatients and counseling and testing (CT) services will be offered to mother and child in this department. If the child is admitted to children's ward and if no CT services were offered through the pediatric outpatients department then CT services will be offered in children's ward. All other children admitted to children's ward who were not admitted first through pediatric outpatients will be offered CT services at ward level. The PHC facility and PMTCT will offer CT services and thereby identify children that require care, support and possible ARV treatment. Polymerase chain reaction (PCR) testing with dried blood spots will be offered for children age 6 weeks - 6 months; at 9 - 12 months and antibody test will be offered and at 15 - 18 months and older routine antibody testing. These tests will be sent to the National Health Laboratory Services (NHLS), and will be offered at all levels of service as discussed above. As with the criteria for CT, routine pediatric testing will be implemented at all hospital service settings.

The hospital is accredited as a baby-friendly hospital so repeat testing will be the norm for those children who test HIV-negative but have ongoing exposure through breastfeeding. 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. A full-time dietician is on site to assess HIV-infected pediatric patients requiring nutritional supplements as well as to advise the mother and extended family on the nutritional needs of the child upon discharge.

There may be possible shortages of cotrimoxazole; however, pediatric HIV-exposed infants will be

Activity Narrative: prioritized as patients receiving the treatment as of 6 weeks of age. Should this national shortage persist, children will still be prioritized. HIV-infected patients will be identified and referred at the various service settings within the hospital to the ARV pediatric treatment clinic within St. Mary's Hospital. If the patient is admitted at ward level, the treatment will commence at ward level. Referral to the ARV treatment clinic will occur once the child is discharged from the hospital in-patient facility. TC home-based care and support will ensure address adherence to the drugs, the need to manage any side effects to drugs as well as general support in the home setting.

As discussed in the TB activity plan, HIV and TB are fully integrated services within the hospital. Diagnosis and treatment of children will occur at all settings where pediatric care is offered. Screening for TB and HIV will be routine within the hospital, as well as in the community through the TCs that are visiting the homes of referred patients from the hospital. There will be a focus on the provisions of Isoniazid (INH) preventive therapy to all HIV-infected children exposed to sputum smear positive TB.

During FY 2007/2008, the hospital had secured the services of a volunteer pediatrician from Harvard Medical School twice a week. The pediatrician treated HIV-infected children in-hospital and managed children as outpatients from the PHC facility. The pediatrician also mentored clinical staff in the facility, which has allowed clinical staff to be more focused on pediatric care and treatment.

TCs dedicated to pediatric care; and health care workers in the community clinics that provide home-based care support will be trained in Integrated Management of Childhood Illnesses (IMCI) strategies. It is envisioned that this training will equip the TCs and home-based care workers with sufficient information to provide adequate support and basic care to pediatric patients in the community. This training will also be transferred to the community at large when home visits occur. If there is a need, the referral of the patient to a more appropriate facility will be advised.

The activities will also address health promotion in the schools which is part of the Ethekwini District Health Plan. Schools will be visited by the school nurse and therapeutic counselors who will address counseling and testing as well the need for referral to clinics and the hospital in the case of the possible need for treatment.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 226.09	Mechanism: N/A
Prime Partner: Foundation for Professional Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 23059.09	Planned Funds: \$1,723,660
Activity System ID: 23059	

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:

FPD is implementing a comprehensive care and CT model that works to increase early infant diagnosis and to increase the proportion of children on ART to 15%. This is a continuation of work started in previous COPs. The current pediatric target will remain at 10%.

ACTIVITY 2:

Key pediatric care and treatment activities entail: providing adequate and appropriate human resources to provide pediatric HIV care and treatment; improving early infant diagnosis of HIV and follow-up within all appropriate settings; strengthening linkages with prevention of mother-to-child transmission (PMTCT), antenatal care (ANC), maternal and child health (MCH), well-baby clinics, and pediatric wards; supporting surveillance activities, monitoring continuity of care and integration with PMTCT and ANC programs; identifying (through pediatric HIV testing services) and initiating HIV-infected children under two years of age on ART; implementing routine TB screening and treatment for TB in HIV-infected children and families; providing INH prevention therapy to HIV-infected children exposed to sputum smear-positive TB; ensuring that all pediatric patients receive cotrimoxazole prophylaxis; providing nutrition support including multi-micronutrient supplements and supplementary feeding, if indicated; promoting age-appropriate and family-centered services through the integration of infant, child, adolescent and parental ART programs; piloting booking systems to allow a family group to gain access to all service on the same day; supporting FPD pediatric specialist mentoring and referral support to strengthen general practitioner and nurse capacity to provide quality pediatric HIV care and support; supporting pediatric program monitoring by age groups (0-2, 2-4, 5-15 years of age).

ACTIVITY 3:

Another key activity area focuses on expanding the linkages between FPD and PMTCT partners such as Mothers to Mothers and Elizabeth Glaser Pediatric AIDS Foundation in order to ensure the seamless referral from PMTCT programs to pediatric HIV care and treatment programs. FPD has a relationship with Mothers to Mothers and South to South - South Africa. Mother to Mothers supports PMTCT programs in FPD-partnered SAG facilities in North West province; South to South provides technical assistance to FPD-partnered South African Government (SAG) facilities for PMTCT and clinical pediatric treatment where FPD and SAG have identified a need for additional assistance.

ACTIVITY 4:

The electronic medical record (EMR) that is utilized by FPD-partnered ART clinics will be expanded to encompass specialized pediatric treatment activities and be available at all ART sites. The EMR was developed at the direct request of the Tshwane District of Health in order to strengthen and harmonize facility-based monitoring systems while ensuring that data quality and data use are integral components of the process. Key activities for the EMR include strengthening the integration of various HIV service points (CT, TB, HIV-palliative care, ART) and optimize inter-connectivity with existing South African Department of Health (DOH) systems (District Health Information Systems; National Health Laboratory Systems). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentorship to build sustainable, local monitoring and evaluation and HMIS systems.

The electronic medical record (EMR) is supported on an integrated virtual private network (VPN) which allows for the electronic transfer and/or access of data between different HIV service points. This inter-connectivity holds great potential in terms of monitoring service integration and continuity of care within a district. In the EMR, the electronic HIV and AIDS data will be held in a physically and technically secure environment with minimum data repositories and limited individual access. Data access will be determined by designated user roles and rights. The existing defaulter tracer module will support active tracing of

Activity Narrative: pediatric patients who missed appointments and mitigate loss to follow-up. Additional steps to ensure retention include ensuring the establishment of PLHIV-led support groups that will support pediatric patients and care-givers on issues such as disclosure, nutrition, alcohol, safe sex and family planning, status acceptance, treatment literacy and adherence.

ACTIVITY 5:

The ART clinical quality assurance system that has been developed through collaboration between FPD and JHPIEGO will be expanded to all facilities offering pediatric treatment services. This system uses a standards based measurement and rating (SBMR) approach with an aim to identify and respond to challenges to improve quality of pediatric treatment. SBMR activities will be implemented by facility staff on a routine basis and by external auditors periodically.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,775,313

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 588.09

Mechanism: Strengthening Pharmaceutical Systems

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 23195.09

Planned Funds: \$1,121,395

Activity System ID: 23195

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; 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, orphans and vulnerable children (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. With FY 2009 funding, 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: Standard Treatment Guidelines and Rational Drug Use

SPS will assist the NDOH in reviewing pediatric STGs and the primary health care Essential Drugs List (EDL) on an ongoing basis as well as assist the provinces in promoting these STGs. SPS will also conduct provincial workshops on rational drug use; strengthen provincial, district and institutional pharmaceutical and therapeutic committees (PTCs); assist with the 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.

ACTIVITY 2: Adherence

The need to ensure optimum treatment outcomes and prevent resistance to ARVs is an important goal of pediatric HIV management which relies strongly on the availability of adequate systems to monitor adherence to treatment regimens. Identifying the complex issues around treatment adherence is important for children, caregivers and providers. SPS has developed significant experience in this area following the successful development and implementation of an adherence assessment tool for adults and will continue working with key provincial and national counterparts and partners to develop optimum adherence monitoring tools and identify interventions to support treatment adherence. These efforts will also contribute to the overall strengthening of the health system as pediatric medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic pediatric diseases.

ACTIVITY 3: Pediatric Pharmacovigilance.

Strengthening pharmacovigilance measures to ensure the safe and effective use of ARVs and other medicines used in pediatric patients with HIV and AIDS is an important goal of the National HIV/AIDS program. The training of health-care workers in the identification, diagnosis, management, prevention and reporting of HIV medication-related adverse effects in pediatric patients is critical to improving healthcare outcomes in this vulnerable population. SPS has developed training materials to meet this need and will conduct training programs to build capacity by providing skills and knowledge to HIV and AIDS program managers on the safe use of antiretroviral agents and related medicines in pediatric patients. In addition, SPS will provide technical assistance to facility-based HIV and AIDS programs on the planning and implementation of surveillance activities in this area of pharmacovigilance, with subsequent follow-up at the provincial and national levels. SPS will support focused surveillance activities and operational research relating to key pediatric drug safety issues through collaboration with university academic and research departments and other key stakeholders and partners.

ACTIVITY 4: Training of Pharmacy and Nursing Personnel from ART and PMTCT sites

There is an urgent need to strengthen capacity among pharmacy and nursing personnel to manage pediatric patients on ARVs. The SPS HIV/AIDS Pharmaceutical Management and PMTCT training courses, intended for pharmacy and nursing personnel, address this need. Course materials focus on, amongst others, prevention of mother-to-child transmission (PMTCT), follow-up care and testing of exposed infants, management of TB/HIV, and food and nutrition guidance.

ACTIVITY 5: Monitoring of Pediatric ARVs and TB Drugs and Patient Management

SPS will implement systems (manual and computerized) to monitor the use of pediatric ARVs and related medicines, management of patients as well as provide training to provincial pharmacy and nursing personnel in quantifying requirements for pediatric ARVs and related medicines.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$346,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2801.09

Prime Partner: HIVCARE

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 23123.09

Activity System ID: 23123

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$186,472

Activity Narrative: SUMMARY:

HIVCare will use FY 2009 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 antiretroviral therapy (ART) to patients who are either referred from public sector facilities or who access the sites by word of mouth. The emphasis areas for this program will be human capacity development and local organization capacity building. The target population includes the infants and children of men and women (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.

BACKGROUND:

PEPFAR funding for the HIVCare project commenced in June 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) 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 primary health centers throughout the Free State province for treatment. The FSDOH is a collaborating partner in this public-private partnership. In terms of this partnership, some of the patient burden of State amenities would be alleviated through the use of private sector primary health facilities throughout the province. In summary, the PPP places the following obligations on the three parties. Netcare's HIVCare program provides all medical services related to the delivery of HIV care and treatment through its primary health sites in the province, funding for the treatment of patients is provided by PEPFAR and the Free State Department of Health provides technical support, hospitalizations and specialist treatment where required.

In Sub-Saharan Africa, AIDS has become one of the leading causes of death among children under five years old. A recent Actuarial Society of South Africa (ASSA) study revealed an incidence of HIV among children at birth of 4.1%. Patients that are enrolled will proportionately increase the percentage of pediatric patients on the program. As a population group, this sector remains underserved.

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 HIVCare centers based on the following criteria: (1) Clinical (CD4 <200 cells/mm³ or WHO stage III or IV, (South African National Guidelines)); (2) Inability to pay (lack of private insurance or state coverage) and (3) Capacity constraints at referring clinic. Patients are referred in general by adult treatment centers.

During the course of the treatment of adults, HIVCare was, by necessity, required to treat and manage the children of existing patients. This was later formalized and the children of patients are now routinely tested and included in the treatment program. At that time treatment for HIV and related conditions at the time was not readily available to young children within local structures and only one specialized pediatric clinic existed. In late 2007 HIVCare launched a dedicated Youth Clinic for Voluntary Counseling and Testing (VCT) and treatment of adolescents (12-18 years).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Pediatric Treatment

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 and including early Polymerase Chain Reaction (PCR) testing for babies), 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 body mass index (BMI) and general condition. The patients meeting the pediatric 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, this is addressed unless hospitalization is required. Similarly radiography and pathology for investigative procedures is available.

ACTIVITY 2: Youth Clinic

Due to the high (up to 19%) prevalence of HIV amongst teenagers in the Free State province, HIVCare introduced a large VCT program targeted at this population group. The Youth Clinic provides on-site ancillary services such as psychologists and social workers. In addition, the clinic promotes abstinence, being faithful, responsible condom use and informs on family planning. Young women are referred to public sector family planning sites for contraception where needed.

ACTIVITY 3: Data Sharing

Data is shared with the FSDOH 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 FSDOH, giving the data of all those on the program. In addition to this, a representative of HIVCare attends the monthly provincial HIV task team meetings. The sustainability of the Youth Clinic is provided for in the current inclusive Memorandum of Understanding that is pending with the FSDOH.

Activity Narrative: ACTIVITY 4: Patient Care

The activity has been modified since inception in two key focus areas – the qualitative aspects of patient care, and the quantitative aspects of patient care.

In terms of the qualitative aspects of patient care, activities are focused on:

- a) TB education, screening and follow-up.
- b) Bringing the whole family into care: A family-centered approach is followed with patients encouraged to bring their partners and children in and to have them tested for HIV. Days are organized for the testing of patient's children (children represent actually 5% of the patients in the adult clinic and at the doctors network.
- c) Referrals mainly from primary health centers.
- d) Contacting primary caregivers (e.g. biological mothers, grandmothers or aunts) through day care, PMTCT clinics and church groupings to bring children for health screening.

The program currently supports ART at 15 primary health clinics, a Youth Clinic as well as two dedicated ART clinics. A special children's register is to be maintained at the ART sites and the Youth Clinic.

Two specific challenges that are being addressed in the current period are firstly to monitor adherence effectively particularly where the mother, as caregiver, is also ill and secondly the early identification of HIV-infected children. These are being addressed through visits to churches, local nursery schools and churches in the townships and strong linkages with other facilities.

By providing comprehensive ARV services to patients and promoting ARV services for a large population of underserved people living with HIV (who do not have private insurance) and school-age children, HIVCare is contributing to the PEPFAR goals of placing two million people on ARV treatment and providing care for ten 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.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 4763.09	Mechanism: N/A
Prime Partner: Xstrata Coal SA & Re-Action!	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 22740.09	Planned Funds: \$97,090
Activity System ID: 22740	

Activity Narrative: SUMMARY:

Xstrata is a new PEPFAR partner which has received funding since 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 Mpumalanga. 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. In FY 2009 expansion into other provinces is planned.

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 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 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. 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, with an increased focus in FY 2009 on children. 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:

There are currently very few children initiated on treatment in Mpumalanga, and this is thus an important area of focus in FY 2009. Re-Action! Consulting (RAC) will work in partnership with the District Management Teams (DMTs) in the provinces of Mpumalanga, Limpopo, North West and Northern Cape to develop and establish a task mix for pediatric treatment service delivery.

ACTIVITY 1: Human Capacity Development

In partnership with the DMTs, RAC will support the Department of Health (DOH) with the sourcing, recruitment, training and supervision of critical health care professionals. RAC will also focus on the re-training of existing personnel, not only in pediatric HIV care and treatment, but also on-the-job training such as the collection of treatment data and reporting, advanced counseling and program management skills.

ACTIVITY 2: Site Assessments

At a strategic level the RAC program team will undertake a joint assessment for each service provider site/group of competencies development needs (behavioral, skills, systems). RAC will establish these partnerships with the aim of strengthening existing pediatric HIV treatment programs in the specific provinces, training of and providing supportive supervision to health care professionals, and facilitating behavior change interventions focused on individual households and OVC households in the community.

ACTIVITY 3: Community Identification

Based on the district based health service/ response improvements plans and RAC's experience in five existing sites, the model of door-to-door voluntary counseling and testing, OVC and pediatric identification and referral will be rolled out into three additional sites. This community-based approach focuses on the family and the early identification of and enrollment of children into treatment programs. RAC aims to increase the number of children identified and enrolled on treatment. At all of the eight clinics, emphasis will be placed on the integration of TB/HIV services and RAC will ensure that all services are implemented as per the relevant guidelines.

ACTIVITY 4: Accreditation

In partnership with the provincial health departments, the RAC program team will identify and engage available service sites and providers (public sector and non-government, including private general practitioners (GPs), community-based organizations (CBOs), and traditional healers). RAC facilitated the accreditation of the Bernice Samuel Hospital as a antiretroviral therapy (ART) initiation site and another three sites have been established as down referral sites from the Witbank Hospital Wellness Clinic. As part of health systems strengthening activities relating to treatment, RAC will facilitate the accreditation of the existing down referral sites to initiation sites for HIV treatment, as well as facilitate the process of three new

Activity Narrative: sites being developed as either down referral or initiation sites for HIV treatment, as per the national accreditation guidelines and the National Strategic Plan (NSP).

ACTIVITY 5: Outreach Workers

The OW project is a direct entry point for HIV-infected children to access home-based care, referral, treatment and support groups. This is initiated by the "I know! the way to live" campaign whereby individuals have the opportunity to test for HIV at home. In addition, the OWs conduct follow-up visits identifying potential health risks in the households, as well as the tracking and tracing of defaulters. The quality and clinical management of HIV-infected children underscores the RAC program and the outreach workers (OWs) are supervised by a professional nurse, thus ensuring the quality and clinical accuracy of palliative care services rendered at household level. The expansion of the program into three additional sites in Mpumalanga will require the recruitment of two professional nurses and one social worker as shared program resources.

ACTIVITY 5: Nutrition

Nutritional assessments are key to the clinical management of HIV-infected adults and children and RAC will recruit a dietician as a shared program resource across all program areas. The activities have been modified in the following ways: the ongoing and expanded training and mentoring of OWs to ensure the incorporation of pediatric care, support and treatment skills in day-to-day counseling at a household level. RAC will enhance the OW project through the identification and partnering of service providers already working in the communities, providing pediatric and child support community-based services such as home-based care, adherence counseling, referral for counseling and testing, support groups for caregivers, nutrition counseling, and tracking and tracing of defaulters to enhance overall treatment services.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Water

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 9626.09

Mechanism: N/A

Prime Partner: Walter Sisulu University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22720.09

Planned Funds: \$194,181

Activity System ID: 22720

Activity Narrative: SUMMARY AND BACKGROUND:

The Eastern Cape Regional Training Center (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.

ACTIVITY 1: Training

Pediatric treatment has been issue in the Eastern Cape Province since the launch of the National Strategic Plan in 2003. Clinicians are hesitant in initiating pediatrics on to ART. ECRTC will train clinicians at district level (doctors and nurses) on pediatric ART with the aim to improve access at district level to pediatric ART. ECRTC will develop and package a module on pediatric diagnosis, initiation and monitoring of ARV treatment, to form part of certificate courses offered by Walter Sisulu University. Sections relevant to nutrition, integrated management of childhood illnesses, laboratory services, counseling and testing, drug stock management, etc. will be covered in the curriculum.

Other PEPFAR-funded partners including I-TECH will be requested to provide technical support. The training package will include mentorship and support from the Nelson Mandela Hospital Infectious Disease unit.

ACTIVITY 2: Ongoing Support

ECRTC will establish ongoing support for clinical teams at district level to improve quality of and confidence of clinicians in providing pediatric ART. This support will be in the form of monthly case presentations and discussions and online (telephonic support) to clinicians in rural areas. ECRTC will also facilitate regular mentoring visits by pediatricians experienced in pediatric ART from the Nelson Mandela Hospital and the ECRTC mentoring staff to district hospitals and community health centers to strengthen their capacity and improve quality of pediatric ART in these areas.

ECRTC will employ a dedicated doctor and pharmacist to provide training development coordination, clinical consultations, training and advice on HIV and AIDS, with particular emphasis on pediatric ARV treatment.

ACTIVITY 3: ART Monitoring

ECRTC will interface the currently developed electronic medical record with the IDART pharmacy dispensing software from Cell Life. The combined software will be deployed in 6 current facilities, including putting equipment in facilities/ sites supported by a dedicated data capturer. This will enable great improvements in the current record system with information that will highlight the trends in pediatric care.

ACTIVITY 4: Performance Improvement

The ECRTC will provide support to improve skills and quality of care through Plan-Do-See-Act (PDSA) cycles and monthly improvement meetings incorporating two sub-districts. Focus will include increasing PMTCT uptake, quality of counseling, maintaining accurate records, ensuring follow-up of newborn infants, infant feeding, performance of PCR and referral to ARV treatment and social support. The training and mentoring will be targeted at care teams including managers, doctors, nurses and community health workers and will consider and review relevant system issues. Demonstration models are set up develop practical knowledge of care programs. Lessons learned from such a model will inform the current changes in the development of a pediatric care and treatment training model and also provide hands-on practical experience in training health workers.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$200,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 397.09	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: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 22592.09	Planned Funds: \$292,728
Activity System ID: 22592	

Activity Narrative: SUMMARY:

The Africa Centre Hlabisa antiretroviral treatment (ACHART) program aims to deliver safe, efficient, equitable and sustainable pediatric antiretroviral therapy (ART) to all children who need it in the Hlabisa district through the district health department of rural KwaZulu-Natal. The target population for the pediatric treatment program is all infants and children born to HIV positive women and children living with HIV (PLHIV). The emphasis area of this program is human capacity development, renovation of clinics, 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 16 fixed peripheral clinics. The ACHART Program is embedded in the DOH ART roll-out 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 2009 funds, the Africa Centre will continue to support the provision of ART including provision to children and expand its support for the KZNDOH. Increased attention will be given to improving the proportion of children on treatment.

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 South African Government (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 infants and children 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 and TB samples from the peripheral clinics to the central laboratories.

In addition to this, Africa Centre also supports the monitoring and evaluation (M&E) of the ART program and the development of management and treatment algorithms. Monitoring, evaluation and reporting of the program will be done using both PEPFAR and the SAG (DOH) indicators. Reports on progress will be submitted to both PEPFAR and the SAG.

With FY 2009 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: Pediatric ARV Treatment

The Africa Centre will continue to support the expansion of the pediatric ART program at Hlabisa hospital and the 16 KZNDOH clinics. The pediatric ARV treatment is following the DOH pediatric guidelines including screening for TB.

Through counseling and testing (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 will conduct polymerase chain reaction (PCR) testing on all HIV exposed babies at six weeks after delivery and provide them with cotrimoxazole. 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 pediatric ART in the mobile clinics, which are serving the population. The mobile ART team will twin with the DOH mobile clinic team, and visit the service points together.

In FY 2009, 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 exposed children and children who are not on treatment. Data from these activities will be monitored to ensure that clients receive comprehensive services and that all eligible children 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.

Africa Centre plans to increase pediatric ART uptake from the current 10% coverage to 15%. Nurses and counselors who will provide ART services in the mobile clinics and a tracking nurse will be appointed.

Activity Narrative: The pediatric and family clinic that is only done in two of the sixteen clinics will be expanded to two other clinics, and the dietician will also see some of the children referred by the pediatrician. Two of the AC physicians (one is a Wellcome Trust-funded pediatrician) will continue to support the DOH by visiting the pediatric ward at Hlabisa hospital daily. These children are discharged from the hospital and followed up by Africa Centre physicians at the pediatric/family clinics.

Pediatric anthropometric tools, including Mid-Upper Arm Circumference (MUAC) tapes to conduct effective nutritional assessment, will be procured with PEPFAR funding, and this will assist in improving the proportion of children provided with food support.

Africa Centre will also work with the Mothers to Mothers Program that is in three of the 16 clinics to ensure that mothers of exposed children are monitored and followed up.

With the integration of the Africa Centre tracking team and the DOH TB tracking team and greater involvement of PLHIV (support groups), tracking of children lost-to-follow-up for PCR testing will be improved.

ACTIVITY 3: Nutrition support

Africa Centre will develop food and nutrition policies and guidelines adapted from the SAG nutrition policies which are adapted to the local, rural community with a special target on children. The Africa Centre will make formula available to mothers who are unable to breastfeed their babies.

The dietician in the program will train nurses, counselors and Home Based Caregivers and support group members in nutritional assessment and counseling and tools like the nutrition risk score will be used to identify children's risk of malnutrition and for proper referral for food security support.

Anthropometric tools required (pediatric scales and stadiometers) to conduct effective nutritional assessment will be procured with PEPFAR funding. Children will be weighed and screened at all visits.

For long term food security, support groups will receive guidance on how to establish community gardens. Micronutrient supplementation will be made available following DOH and WHO guidelines. The supplements will have both meal and multivitamin supplements.

Food parcels and vitamin and mineral enriched porridge, which will provide between 60 - 80% of the recommended daily amount of food according to the SAG guidelines, will be made available for severely malnourished infants and nutritional status will be assessed using the nutrition risk score. Africa Centre will provide food parcels and meal supplements in emergency situations or instances where the SAG cannot provide for this. This is part of strategies to mitigate the impact of poverty.

ACTIVITY 4: 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.

Both Africa Centre and DOH nurses will be trained in integrated management of childhood illness (IMCI) (an effective strategy for identifying children exposed to HIV and TB), provider-initiated testing and counseling (PITC) for children, which will increase the proportion of HIV-infected children on treatment and those receiving cotrimoxazole, safe infant and young child feeding practices to prevent mixed feeding and reduce the under-five Infant Mortality Rate, and the WHO Ten Steps to manage Malnutrition over and above the pediatric ART training.

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 hospital will be provided.

ACTIVITY 5: 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 2009, Africa Centre staff in the ART program will be increased including nurses, HIV trainers, HIV counselors, doctors, social workers, one pharmacist, one dietician, M&E officers and data capturers. All staff are mentored and supervised by Africa Centre staff.

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. With FY 2009 funding, 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 Narrative: 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 do not 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$10,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 416.09

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22632.09

Planned Funds: \$1,390,918

Activity System ID: 22632

Activity Narrative: SUMMARY:

BroadReach Healthcare's (BRHC) pediatric antiretroviral (ARV) services activities include training and salary support for health professionals, management support, quality assurance, operations support, strategic communications, and community outreach to increase the number of children on antiretroviral therapy (ART) on BRHC-supported ARV programs. The activities described in this program area are linked closely with activities described under adult treatment, pediatric and adult care and support, TB/HIV, prevention of mother-to-child transmission (PMTCT), ARV drugs, and counseling and testing (CT). BRHC has been a recipient of PEPFAR funds to provide ARV services in South Africa since 2005.

BACKGROUND:

As of June 2008, the BRHC program operates in five provinces and has almost 20,000 people currently receiving treatment services. Of this total, 7.8% are pediatric patients (excludes Edendale Hospital where peds are reported by EGPAF). Under PEPFAR funding BRHC has two treatment programs designed to support expanded treatment capacity for the South African government (SAG). The first program began in May 2005 and consists of three different models providing treatment to eligible patients through networks of private general practitioners (GPs). Two of the models represent partnerships between the public sector and private GPs. This program was designed to ease the burden on the public sector to provide treatment services by strategically leveraging capacity in the private sector in underserved areas. The second program, which began in November 2006, is a program of technical assistance to South African Government (SAG) hospitals to assist with expansion and scale-up of the availability of treatment services in the public sector. The funds requested in FY 2009 are primarily for activities under the second program working with public sector sites. All proposed activities will be aligned with the National Strategic Plan, national ARV guidelines and other national guidelines governing the care and treatment of HIV-infected and affected people. BRHC's overall goal under this program area is to promote creative, sustainable and comprehensive pediatric treatment programs that improve the quality of life of people living with HIV (PLHIV) and increase resilience in the public health care system in South Africa.

In late 2006, BRHC began capacity building work with SAG sites and was initially assigned to four hospital systems KwaZulu-Natal (KZN). As of June 2008, BRHC was reporting data from a total of 110 sites, including 11 hospitals, 62 private GP practices and 37 SAG clinics across districts in Eastern Cape province, KZN, Mpumalanga province, Gauteng province, and North West province. At the request of District Departments of Health, BRHC has committed to continued expansion and plans to be supporting 19 complete hospital systems by September 2009. With FY 2009 funds, BRHC expects to be active at 180 treatment sites, including 25 SAG hospital systems.

BRHC approaches all of its work with the concept of developing scalable solutions which can help to bolster SAG's HIV and AIDS efforts across the country. To do this, BRHC breaks down the problem into demand-side and supply-side. Demand-side addresses the patients and communities to ensure that solutions are in place to mobilize, generate demand for testing, provide education including treatment literacy, provide ongoing adherence and psychosocial support to PLHIV and the affected/unaffected community members. BRHC generally does this by training and capacitating community organizations such as PLHIV support groups, faith-based organizations, non-governmental organizations (NGOs), and SAG facilities to carry out these activities. The supply-side addresses the provider of services such as hospitals, clinics, health-care workers, labs, pharmacies, etc. and focuses on solutions such as training, service delivery integration and re-engineering, operations improvement, equipment and infrastructure upgrade, etc.

ACTIVITIES AND EXPECTED RESULTS:

Note: Pediatric patients will benefit from all of the activities described in program area 'Adult Treatment.' In the pediatric treatment program area BRHC is highlighting activities which are specifically targeted to pediatric patients:

ACTIVITY 1: Target infants and children by strengthening linkages with existing services

BRHC will employ both facility- and community-level approaches to improving the integration of services and referral systems within facilities, and between facilities and communities. The goal is to ensure that at whatever point a pediatric patient accesses the health care system (out-patient departments (OPDs), in-patient wards, mobile CT, antenatal care (ANC), TB clinics, community health worker, home-based care, well-child care) that a comprehensive package of prevention, care and treatment services are made available to that child and his/her family and household members. These services will include cotrimoxazole prophylaxis from age 6 weeks for HIV-exposed infants, targeted prevention messages, nutritional counseling, micronutrient supplementation, and routine offer and provider-initiated CT. The goal is to furthermore ensure coordination and referral mechanisms are in place such that pediatric patients and their caregivers are able to navigate the health and social welfare systems successfully, and that facilities are able to track and locate patients at any time throughout this process. Linkages with family planning, maternal and child health (MCH), gender-based violence, directly-observed treatment, short-course (DOTS) and nutrition programs will be strengthened.

BRHC takes a family-centered approach to providing comprehensive care and treatment services and will intensify efforts in this area to build HIV and AIDS-competent communities. During FY 2009, BRHC will expand partnerships with NGOs and community-based organizations in the catchment areas of BRHC sites to ensure uninterrupted service delivery and community-level support for pediatric patients and their families. Training, institutional strengthening, monitoring and evaluation (M&E) and other technical assistance and human resource support will be provided to NGOs/community-based organizations (CBOs) to enable them to meet the demand for community-based services for CT, prevention, home-based care, access to social grants and support for OVC. BRHC will play a critical role in providing coordination between SAG facilities and communities, creating sustainable coordination mechanisms and mutually beneficial partnerships. Most importantly, pediatric patients and their families will benefit from programs that aim to provide longer, healthier lives.

Activity Narrative: ACTIVITY 2: Increase routine offer and provider-initiated testing to identify HIV-infected children

BRHC will support SAG sites to target infants and children for HIV testing at all service entry points, especially ANC, maternity and in-patient pediatric wards. Protocols for the follow up of HIV-exposed infants will adhere to national guidelines. BRHC support to facilities will focus heavily on integration of TB and HIV services, where routine offer of CT of HIV patients for TB, and of TB patients for HIV is provided in accordance with national guidelines. Using family-centered approaches to comprehensive care and treatment services, BRHC will ensure the screening and treatment of children of people who test positive for HIV or TB. BRHC will build on existing DOTS infrastructure and community health workers to identify children for HIV testing as part of routine interactions with the households of TB patients.

ACTIVITY 3: Clinical services and operations

BRHC will build laboratory capacity for early infant diagnosis by providing technical assistance and human resources to improve quality assurance and testing turn around times. As enrollment of pediatric patients scales up, BRHC will work with SAG sites to project ARV and commodities requirements to ensure an uninterrupted supply of pediatric formulations. All ARVs and medical commodities used at BRHC-supported SAG facilities are procured through SAG.

ACTIVITY 4: Human capacity development

With FY 2009 funding, BRHC will employ a pediatric AIDS care and treatment specialist who will ensure integration of pediatric initiatives across all BRHC PEPFAR-funded activities. The specialist will take the lead in supporting sites to pilot innovative approaches to increasing testing of children, improve quality of care for children, and will ensure consistent application of family-centered approaches to the care and treatment of children. BRHC will engage additional qualified clinical mentors and preceptors to ensure supportive supervision within the work setting at BRHC-supported health facilities.

BRHC will enhance training content on care and treatment of children in existing BRHC training offerings. BRHC provides a combination of in-house and outsourced training courses aimed at ensuring quality delivery of treatment services in the SAG facilities it supports. All BRHC implemented or sponsored training courses use nationally certified or DOH-approved curricula. Most courses are modular and cover a range of relevant topics including CT, TB, ARV therapy, and management of opportunistic infections. Additionally, BRHC will partner with programs such as the South-2-South Partnership for Pediatric HIV Care and Treatment to leverage existing training courses and expertise. If requested by SAG and Regional Training Centers, BRHC will assist to create new courses specifically for the care and treatment of pediatric patients. Pediatric course content, either through existing modular or newly developed training courses, will be provided to all professional and lay staff who have routine contact with children, regardless of ward or department. Training will emphasize the importance of testing and early infant diagnosis for children entering the health system through any service point - in-patient wards, OPD, ANC, MCH services, TB clinic, and community-based services.

BRHC will continue to provide salary support to SAG for clinical and lay staff on a temporary basis to fill critical vacancies. This support will be coupled with budgeting and planning technical assistance to assist SAG sites to take over full support of these staff in future budget cycles thereby ensuring program sustainability and continued growth. Through this mechanism BRHC will ensure adequate human resources are available for the care and treatment of pediatric patients at BRHC-supported SAG sites.

ACTIVITY 5: Outreach to Children in Khayelitsha

BRHC has been asked by the Western Cape Department of Social Development to assist with strengthening of care and treatment programs for children and their families in Khayelitsha, the largest township in Cape Town. This activity involves strengthening the existing Sizis'ukhanyo (NGO) resource center to serve as a coordination and referral hub for children requiring a range of health, social and educational services. BRHC will train resource center staff to provide community education programs on HIV and AIDS, monitor referrals, and provide training to community members and parents/caregivers. Technical assistance from BRHC will be used to expand and solidify linkages between the departments of health, education and social development in the community, ensuring that children and their families can access the comprehensive HIV and support services that they need. Referrals and linkages with other NGOs and CBOs providing services for children in Khayelitsha will also be strengthened. The activity may also include providing health and wellness services for HIV-infected and affected children in the resource centre itself. Details of this activity are still under development.

ACTIVITY 6: Information systems/M&E/Quality Improvement and Quality Assurance

BRHC will continue to support the use of interim software solutions for management of patient data at BRHC-supported SAG sites with the goal of empowering site level staff to use routinely collected statistics for planning and decision making. In anticipation of national, provincial or district-level decisions mandating software for electronic patient record systems, BRHC aims to provide temporary solutions that improve the ability of sites to meet SAG reporting requirements. Information systems build on existing paper-based and register systems, providing added value by improving data quality and information use. Special attention will be paid to the challenges posed by monitoring and tracking of pediatric patients, from identification of HIV-exposed babies before birth, to polymerase chain reaction (PCR) testing, to the commencement of pediatric treatment if necessary. Information systems will be designed to closely track mother-infant pairs as they move through the health system from pregnancy to well-child care, ensuring timely and comprehensive prevention, care and treatment services are provided to both and loss to initiation is minimal.

With FY 2009 funding, BRHC will expand systematic quality assurance and quality improvement (QA/QI) approaches across all public sector sites. The purpose of this activity is to promote consistent quality of care for all HIV-infected and affected pediatric patients who seek services in the public sector, and to provide

Activity Narrative: ongoing monitoring and support of training that has been provided. BRHC will focus on the use of patient treatment outcomes - especially viral load suppression, patient retention, and patient adherence- to monitor the progress and quality of programs. Pediatric patients will be monitored according to the following age bands: 0-2, 2-4 and 5-15 years of age.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$82,864

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2797.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22792.09

Planned Funds: \$1,116,540

Activity System ID: 22792

Activity Narrative: SUMMARY

The high burden of pediatric Human Immunodeficiency Virus (HIV) infection in sub-Saharan Africa has stimulated a re-alignment of HIV programs, and increased the focus on entry points into, and integration with, pediatric care and treatment have increased in importance. The scope of such programs extends from strengthened Prevention of Mother-to-Child Transmission of HIV (PMTCT) delivery, through early infant diagnosis and follow-up, to robust, adolescent-friendly care. Initiation of Antiretroviral Therapy (ART) in HIV-infected children under the age of 12 months will be encouraged. ICAP has been working with pediatricians in the Eastern Cape to down-refer children stabilized on ART from tertiary facilities to Primary Health Care and Community Health Centers.

BACKGROUND

Without treatment, 50% of HIV-infected children are dead by the age of two years, and mortality reaches 75% by five years due to inter-current infections such as TB, diarrheal illnesses, malaria and malnutrition. In addition, HIV infection adversely affects a child's growth and neurological development. The Columbia University International Center for AIDS Care and Treatment Programs (ICAP), with PEPFAR funding, has been supporting comprehensive HIV care and treatment activities since 2004. The cooperative arrangement was initially limited to the Eastern Cape, but has subsequently spread to facilities in KwaZulu-Natal and will be expanding into Free State and Northern Cape in the later half of FY 2008 COP implementation. During FY 2009 COP implementation, ICAP will further expand site support activities into the Northern Cape, and reinforce pediatric HIV care and treatment programs at the current facilities by increasing early infant diagnosis and raising the proportion of children on ART to 15% of all people on ART in South Africa.

ACTIVITIES AND EXPECTED RESULTS

The following four program activities will be implemented with FY 2009 funding to support a safe, evidence-based, sustainable, comprehensive ART service for children:

ACTIVITY 1: Strengthen case identification and patient management, including linkages between health services and referral mechanisms.

Public healthcare facilities offer a broad range of services, all of which are accessed by HIV-infected adults, such as ANC, maternal and obstetric units (MOU), TB, sexually transmitted infections (STIs) and Family Planning Clinics. In FY 2010, ICAP will support the heightening of awareness of HIV exposure and encourage routine counseling and testing and appropriate referrals, so that HIV-exposed infants can be identified.

ICAP staff will train and refresh all providers in Pediatric HIV Care and Treatment, and will monitor progress of providers in appropriately starting ART in eligible children. (Additional training details are in Activity 3 below). Emphasis will be on ascertaining ART eligibility on clinical grounds, in addition to relying on laboratory data. Initiation of eligible children onto ART will be carefully monitored by Nurse Mentors and Clinical Advisors, and remedial action will be taken when gaps are identified. In addition, ICAP will regularly review and develop Pediatric Standards of Care tools to prioritize initiation of children on ART.

ICAP staff will similarly monitor treatment failure in children taking ART. The indications that an ART regimen is failing can be divided into clinical, immunological and virological categories. ICAP will assist in the training of healthcare providers to recognize treatment failure, by regular mentoring and in-service trainings. It is incumbent for service providers to understand that poor adherence is the commonest reason for failure, and adherence strengthening should be explored initially. ICAP will develop and adapt referral and supervisory systems to manage and monitor patients on ART, and support data recording and reporting systems.

ICAP will train all facility staff in Provider-Initiated Counseling and Testing (PICT), and support the procurement of rapid test kits. Facilities will be systematically surveyed in each region by ICAP site support staff to dynamically determine gaps in PICT training and test kit availability.

In conjunction with PICT training, regular in-service training sessions arranged by ICAP Nurse Mentors will provide opportunities for clinicians from different service areas in the facility to develop more formal referral mechanisms. Emphasis will be placed on cross referral between TB and HIV services, and between immunization/well baby clinics and ART clinics.

Efforts will be made to include PICT providers and representatives of referral endpoints in multidisciplinary teams at sites. These efforts will be coordinated by the Nurse Mentors.

Although ICAP will continue to support the implementation of facility paper-based ART registers to capture ART indicators, the expansion of the Health Information System Program (HISP) ART software will be encouraged for the capturing and collating of HIV program data. These data will facilitate patient management in areas of identifying gaps in services, tracing and tracking, and targeting intervention efforts for special groups of children.

ICAP will continue to collaborate with the Eastern Cape Department of Health (ECDOH) and other partners in the Eastern Cape on the implementation of standard pediatric patient records that include comprehensive HIV care and treatment, routine health maintenance, and TB screening.

ICAP multidisciplinary regional teams will provide systematic on-site mentorship to clinicians, pharmacists, and data captureurs. These mentorship efforts will focus on competency of on-site staff. Each site will have a systematic plan for addressing gaps under the coordination of the Nurse Mentors.

ICAP Clinical Teams will be available by telephone and in person to assist in the management of

Activity Narrative: complicated cases.

ACTIVITY 2: Improve Follow-up of HIV-exposed Infants and Enhance Early Infant Diagnosis (EID).

ICAP has been strengthening EID by training PMTCT nurses in polymerase chain reaction (PCR) testing through the use of dried blood spots (DBS), appropriate referral of patients into care, and provision of cotrimoxazole.

With FY 2009 funding, ICAP will encourage early infant diagnosis by close tracking of HIV-exposed infants identified from PMTCT programs at follow-up in all appropriate settings, such as immunization or well-baby clinics and pediatric wards. In addition, ICAP will develop appropriate monitoring mechanisms to ensure that follow-up appointments are kept. (Please refer to Activity 4 in the Pediatric Care and Support Section, and Activity 3 in the Prevention Section).

All HIV-exposed infants will be commenced on cotrimoxazole at 6 weeks of age, will be closely followed up, receive routine growth monitoring, counseling and support on infant feeding. (Please refer to Activities 2 and 3 in the Pediatric Care and Support Section.)

In addition, ICAP will promote routine testing of sick children, either within Integrated Management of Childhood Illness (IMCI) settings, or hospitalized children with histories compatible with HIV or an opportunistic infection (OI). HIV testing will be provided through polymerase chain reaction (PCR) testing with dried blood spots (DBS) or plasma in infants younger than six months, and antibody testing in older infants and children. A definitive diagnosis will be made in all HIV-exposed infants by 18 months as HIV-infected children should be commenced on ART before the age of two years. Testing algorithms will include recommendations for repeat testing of children who test HIV-negative but have ongoing HIV exposure through breastfeeding, and children who test HIV-positive on antibody tests performed before 18 months of age. (Please refer to Activities 1 and 4 in the Pediatric Care and Support Section.) ICAP will assist in the development of formal linkages between general pediatric OPD clinics, pediatric in-patient wards and the ART clinic. These linkages will be regularly monitored and their efficacy evaluated by ICAP Clinical Advisors.

In terms of TB/HIV co-infection, ICAP will contribute to the coordination between TB and HIV programs at public health facilities to ensure a continuum of care for co-infected individuals. ICAP will assist in decreasing of the burden of TB in people living with HIV (PLHIV) by ensuring routine screening for TB disease, fast-tracking diagnosis and treatment of active TB disease, and preventing the development of drug resistance. (Please refer to Activity 3 in the Pediatric Care and Support Section for more details.) ICAP will support training of health care providers in identification of drug interactions, toxicities and adherence difficulties of increased pill burdens. Through regular in-service training and clinical mentoring, clinicians should follow country guidelines for ART drugs, but avoid altering recommended TB regimens.

Nutritional support of HIV-exposed and infected-children should expand on the training, counseling and choices made by mothers post-delivery. Mothers who have opted for exclusive breast-feeding and rapid weaning at six months will receive ongoing counseling at every clinic visit, and be assisted in achieving the rapid weaning. Mothers who opt for formula feeding will require additional feeding options from four to six months. ICAP will provide adherence and feeding counseling from mentor mothers. Care providers will be trained to recognize growth failure early by proper completion of growth charts. (Please refer to Activity 3 in the Pediatric Care and Support Section.)

In collaboration with other partners such as the Departments of Education and Social Welfare, community-based organizations (CBOs) and faith-based organizations (FBOs), ICAP will provide outreach services through OVC programs to HIV-exposed and infected children. Such services may include HIV testing, TB and other OI screening, clinical staging, care and treatment. ICAP will assist in the tracking of all affected infants by developing relevant tools for documentation, monitoring and evaluation.

ACTIVITY 3: Support Training in Pediatric HIV Care and Treatment.

In FY 2008, the ICAP partnership with Stellenbosch University and Tygerberg Hospital has trained 25 South African clinicians, both nurses and doctors, in comprehensive pediatric HIV care and treatment. An additional eight clinicians are yet to attend the two-week course. The clinicians support children seen at a variety of out-patient clinics, including both primary and tertiary facilities.

In FY 2009, these clinicians will be encouraged to develop facility-based training programs for their colleagues and other members of the multi-disciplinary team. This type of in-service training, which will incorporate didactic teaching, precepting, mentoring and case-based review, will minimize disruption of service delivery.

ICAP will continue to use local pediatricians in training and mentoring of staff through regular clinical meetings.

In areas where local expertise is lacking, ICAP will assist in the provision of sessional doctors for service delivery.

ICAP will support the development of monitoring and evaluation tools for training such as self-assessment checklists.

ACTIVITY 4: Encourage Down Referral of Stable patients to Primary Health Care Clinics (PHCs).

In FY 2008, the decentralization of pediatric ART services in the Eastern Cape was commenced.

In FY 2009, in collaboration with the ECDOH and Stellenbosch University, ICAP will continue to improve

Activity Narrative: retention of patients in care and treatment, reduce patients lost-to-follow-up, and increase the clinical pediatric skills of staff at smaller facilities. This will facilitate the down referral of patients who have been stabilized on ART. Regular refresher in-service trainings in pediatric care and treatment will be coordinated by the Nurse Mentors and Clinical Advisors. The multidisciplinary meetings will be encouraged to address clinical issues, as well as logistical challenges.

ICAP will assist in the development of tools to improve adherence to ART at all levels of care and treatment. Care providers will be trained in the establishment of adherence programs aimed at the patient and the family, drug issues such formulation and toxicity, and healthcare system strengthening which will encourage the establishment of long-term relationships among children, their families, and the clinic staff. All members of the MDT will provide counseling, tracking and follow-up of children. Disclosure of the child's illness forms an essential part of regular follow-up. ICAP will assist clinicians to be appropriately trained and sensitized to the process.

ICAP, through the site support teams, will assist the PHC service providers recognize ART treatment failure, and ensure the provision of mechanisms for up-referral.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 271.09

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22982.09

Planned Funds: \$3,262,506

Activity System ID: 22982

Activity Narrative: SUMMARY:

Following the emphasis in the National Strategic Plan 2007-2011 (NSP), Right to Care (RTC) will use FY 2009 COP PEPFAR funds to accelerate the scale up of family-centered approaches to pediatric treatment, care and support. The specific aim is to increase the access to antiretroviral therapy for pediatrics from the current 7% of patients treated to 15%, in accordance with the NSP and the technical considerations for the FY 2009 COP. Focus for the pediatric treatment program will be to integrate into the adult treatment at all Department of Health (DOH), Comprehensive HIV and AIDS Care, Management and Treatment (CCMT) sites, supported by Right to Care. At the request of the provincial DOH and implemented according to the Memoranda of Understanding (MOU) with each province, RTC has increased the activity and budget emphasis towards pediatric treatment, care and support. The implementation is conducted in collaboration with the hospital, district, provincial and national Departments of Health. The guidelines that are available for the care and support of HIV-exposed and HIV-infected children will be followed at all RTC supported sites.

BACKGROUND:

The Right to Care Pediatric Programme was established in March 2008. Prior to this date, pediatric treatment was supported at all sites, with training and preceptorship received from Enhancing Children's HIV Outcomes (ECHO). It became apparent that the scale of the Right to Care program required a dedicated training and mentorship program within the organization. Dr Leon Levin was recruited from private practice to join the organization as a full-time employee. Dr Levin is one of only eight pediatricians in South Africa who are experts in HIV treatment, antiretroviral therapy and infectious diseases. Dr Levin has been involved in HIV treatment with antiretroviral therapy for over 10 years, has established the largest cohort of patients on treatment in private practice, and established a specialized referral clinic for complex pediatric HIV cases on the East Rand of Johannesburg. PEPFAR funds are used to support access to this referral site for indigent public sector pediatric patients.

The major initial aim of this program was to increase the number of pediatric patients on antiretroviral therapy (ART) at all Right to Care-assisted ART sites. According to December 2007 statistics, children under 14 years only represent about 7-8% of all patients on ART at Right to Care. The National Department of Health has called on all HAST directorates to ensure that at least 15% of all patients receiving ART are children.

The integrated program of pediatric and adolescent education, counseling and testing, care and support and ARV treatment will continue to be implemented using RTC's existing models of care:

- (1) In partnership with the National Department of Health (NDOH), capacity support for pediatric care and support at CCMT sites in five provinces i.e. Gauteng, Mpumalanga, Northern Cape and Free State.
- (2) Strengthening the pediatric care component of Faith-Based Organization (FBO) and Non-governmental organization (NGO) clinics which target underserved populations in rural areas, industrial areas, and informal housing sectors.
- (3) Thusong, a private practitioner program for indigent patients where pediatric care is emphasized is the treatment model used in areas where there are no government systems in place. The Thusong pediatric program is not planned for expansion, patients have started to be transitioned into the government program and this will continue in FY 2008 and FY 2009. However, this program will remain operational to allow RTC to treat under this program where necessary.
- (4) The employed sector, where RTC is providing HIV disease management services to >130,000 employees in >30 companies and pediatric dependents who are HIV-exposed or infected are encouraged to enroll onto the care program.

Since March 2008, the pediatric team has conducted needs assessments for children at 10 sites throughout the provinces. Training programs have been finalized for implementation and have been conducted on three occasions with 120 HCW attending. The training provided includes the following broad areas of emphasis:

- a. Diagnosis of HIV in infants and children
- b. Diagnosis and treatment of common opportunistic infections
- c. Laboratory monitoring of HIV disease in children
- d. Treatment initiation in children
- e. Pharmacology, dosing, formulation of ARVs in children
- f. Treatment adherence in children
- g. Adolescent counseling and adherence to treatment
- h. Family-centered approach to ARVs

Dr Levin, Dr MacDonald and others have established mentoring support of treatment sites, with on-site management of patients supported by pediatric experience clinicians. Mentoring pediatricians are sent to sites throughout the network at regular intervals, providing both didactic continuing medical education, and practical bedside teaching. Ongoing support is provided with access to a mobile call-line for clinicians to receive specific advice from the treatment experts. This line is now available to all clinicians in RTC sites, with utilization increasing to six calls per day. In FY 2008, linkages will be established to the FPD supported HCW call center.

The pediatric program is linked to an increase in the activities under RTC's Prevention of Mother-to-Child (PMTCT) program at sites throughout the five supported provinces. Particular emphasis is placed on the provision of infant Polymerase Chain Reaction (PCR) testing to all infants exposed to HIV, and early treatment initiation for all children, to reduce early infant mortality. As the effectiveness of the PMTCT program is enhanced, with transmission of HIV reduced to less than 5%, children requiring treatment will decrease.

Activity Narrative: Through the development of treatment sites emphasis is placed on the family-centered approach, with mothers, their partners, and children treated in the same clinic. Clinician training is focused on medical officer and primary health care nurse prescribed HIV treatment.

By providing pediatric training and implementation support to these sites RTC leverages NDOH resources to reach an increasing number of children. RTC supports these sites with infrastructure, including staff, training, equipment, data management, and making the facilities child- and adolescent-friendly.

Through the provision of technical assistance, RTC has established a number of pediatric-specific IT solutions, which will be ready for beta testing within RTC sites in October 2008. Particular emphasis in TherapyEdge-Paediatrics (TE-Paeds) is the provision of treatment guidelines specific to children, yet accessible as part of the live real-time integration of the data system at all sites, to all clinicians. TherapyEdge-Paediatrics improves disease management through guideline-directed, expert systems and pediatric-specific therapeutic intervention. The system provides enhanced clinic management, with the development of workflow processes that define roles and responsibilities enabling task shifting yet ensuring quality assurance. Through interfacing with the NHLS, Toga Laboratories, Lancet Laboratories and others, direct provision of laboratory results into the data system will enable real-time laboratory alerting. The data system provides overall health system strengthening with integration of guidelines and data collection according to IMCI WHO standard. RTC has already demonstrated that the use of TE-HIV in adult patients has led to: (1) enhanced efficiencies in clinics with reduced waiting periods to less than two hours in the largest HIV clinic in South Africa, Helen Joseph Hospital; (2) improvements in patient retention with a reduction in loss-to-follow-up (LTFU) from 21% to 4%; (3) improvement in clinical quality with response to toxicity, virologic failure, dosing errors, drug interactions and TB diagnosis demonstrated (4) overall mortality, morbidity and viral load suppression rates have improved; (5) staff-to-patient ratios required by Helen Joseph Hospital are approximately 25% of the ratios recommended by the DOH, due to the ability to task shift and efficiencies of the clinic. Through enhanced guideline-driven decision support, RTC will demonstrate the benefits of TE-Paeds. In particular, the more accurate prescription of drugs according rapidly changing weight, body surface area, and BMI in children growing with antiretroviral therapy. RTC continues to support the pharmaco-vigilance program of the Medicine Control Council for antiviral therapy in pediatric patients, through the provision of data from all of our sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Increasing Access to Pediatric Support, Care and Treatment

RTC will use FY 2009 COP funds to build on consolidating and expanding its support for pediatric care at government sites, NGO and FBO clinics/organizations and private sector programs. RTC currently supports five provinces. At the request of the DOH in the provinces Gauteng, Mpumalanga, Northern Cape, Free State, and Limpopo, both funding and activity emphasis will be placed on increasing access to pediatric support, care and treatment at each of these sites.

NGO and FBO clinics also use PEPFAR funds for laboratory monitoring of HIV pediatric and adolescent patients and for the procurement of health commodities such as medical equipment, ARVs, drugs for opportunistic infections, counseling and testing kits, and home-based care kits. RTC supports all the Care and Support (C&S) providers by disseminating policies and guidelines and providing quality assurance through sharing best practices.

The program of pediatric care and treatment, through linkages with the PMTCT program, will have strong emphasis on diagnosing infants and children with HIV early and national guidelines on PCR testing will be followed. Family members who require care, including fathers, will also be identified during this process and pregnant caregivers will be referred into PMTCT and care services resulting in the promotion safe motherhood. RTC will continue getting the children into care as soon as possible and starting on ART early, especially in young infants who are at high risk of dying. RTC supports the roll-out of the Children with HIV Early Antiretroviral Therapy (CHER) study results demonstrating a reduction in early mortality in children initiated on ART at or after six weeks of age. RTC support at the sites will ensure that a comprehensive package of preventive care is available to all HIV-exposed infants and infected children and ensure that they receive cotrimoxazole prophylaxis and that they are appropriately referred for immunizations according to the national guidelines thereby increasing child survival. The staff who are hired for the pediatric program will conduct nutritional assessments, nutritional counseling and refer appropriately for support, an important area of focus will also be TB screening, treatment and prophylaxis for those under five who do not have active disease. This will include the clinical management of common opportunistic infections and other conditions affecting children with HIV and their management. Emphasis will be placed on quality assurance and assessing and program monitoring in order to improve the programs already in place.

ACTIVITY 2: Infrastructure and Human Capacity Development

FY 2009 PEPFAR funds will be used for infrastructure, 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 health-care 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, counselors; and (3) a capitation fee-for-service arrangement exists with a network of private sector service providers for the Thusong program.

Using FY 2009 COP funds, RTC will consolidate already-established provincial centers of pediatric ART expertise, maintained within family clinics, in order to allow staff from other sites to rotate through the centre of excellence and learn to treat and care for pediatric patients under supervision. In so doing staff from other clinics will acquire expertise in pediatric care and support and then take that expertise back to their own clinics where service delivery will be sustainable.

PEPFAR funds will also be used to maintain the infrastructure of all RTC-supported clinics, which will offer clinical and psychological and services to HIV-infected and affected children and their families with strong links to available social and spiritual services. NGO and FBO clinics also use PEPFAR funds for laboratory

Activity Narrative: monitoring of HIV-infected and exposed pediatric patients and for the procurement of health commodities such as medical equipment, ARVs, drugs for opportunistic infections.

ACTIVITY 3: Linkages and Referrals

PEPFAR funds will be used to 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 value to the counseling and testing program by tracking and tracing pregnant moms who are lost to initiation and PMTCT and by finding the babies of these mothers to assess them and ensure that they benefit from care. The care and support NGOs will also help to minimize the pediatric loss to follow up rate.

We would expect the number of pediatric patients on ART to increase at all RTC sites and reach the required 15% pediatric patients on ART to be achieved by the end of FY 2010. In addition, the quality of pediatric care would continue to improve in FY 2010. 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-affected individuals.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,659,301

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$160,570

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$90,241

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 2787.09	Mechanism: N/A
Prime Partner: Absolute Return for Kids	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 22559.09	Planned Funds: \$508,501

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 (ART) 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. ARK provides treatment in accordance with national treatment guidelines.

In FY 2009, ARK will expand PEPFAR-funded treatment, care and support activities to the Eastern Cape (EC). ARK has been supporting the EC from 2006 and is currently working in eleven sites delivering care and treatment activities and PMTCT services in one site.

FY 2009 PEPFAR funds will be used to strengthen pediatric support throughout KZN and the EC. ARK is planning to scale up pediatric ART services in the primary care sites to reduce the burden on the hospitals as well as reduce waiting times for treatment. The community care component of ARK employs and trains patient advocates who support families including provision of the basic preventative care package for HIV-infected children, testing and follow-up of HIV-exposed infants and children to ensure early identification and enrollment of children on ART, and referral to a range of social services including ARK's Child Services component which assists families to accessing birth certificates and South African Government (SAG) social grants and will be working closely with the pediatric clinics to ensure integrated services and support for children and their families.

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 KwaZulu-Natal Department of Health (KZNDOH) and Eastern Cape Department of Health (ECDOH)

ARK works with the KZNDOH and ECDOH to develop the necessary processes and systems to manage the ARV program, to ensure that the model created is scalable, sustainable and replicable elsewhere. 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. 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.

Referral systems will be strengthened to provide effective referral of patients between ARV, TB, PMTCT and pediatric ARV services to ensure that mothers and infants testing positive will be referred for early care and treatment, and people co-infected with HIV and TB receive early diagnosis and appropriate care. TB infection control practices are standard at ARK-supported sites and include well-ventilated waiting areas and consulting rooms, safe sputum collection, and patient and staff education on safe cough etiquette and hygiene.

Tracing of lab results for HIV-infected pregnant women and HIV-exposed infants for early infant diagnosis will be conducted proactively to ensure that bottlenecks in the system are addressed with DOH and the National Health Laboratory Services (NHLS).

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 roll-out 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

ARK supports a family-centered approach that integrates care for the whole family to ensure access to all appropriate services. ARK facilitates the integration process for ART, TB, other palliative care, and maternal HIV services. ARK's PMTCT program will link into the adult ART and pediatric care component.

ARK assists in the treatment of all HIV-infected adults and children requiring ART. 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

Activity Narrative: medication. ARK will also be providing integrated services for HIV and PMTCT as well as integrating TB with HIV. All patients testing positive at the sites will have access to same day CD4 count. They will then be brought back within one week for a review of the CD4 result as well as for their clinical staging. Those eligible for treatment on the basis of the CD4 count as well as the WHO staging will start treatment.

While patients are being assessed for treatment, a patient advocate (PA) from ARK's palliative care program is allocated to the patient. The PA conducts a pre-treatment home visit and provides ongoing support to the patient and his/her family. All patients eligible 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. Should a patient be non-adherent or lost-to-follow-up, the PA will investigate the reasons for this, acting as the link between the patient and the clinic.

Pregnant women will also have access to testing. HIV-infected pregnant women will receive comprehensive HIV care including TB and other OI screening and treatment, cotrimoxazole prophylaxis and rapid enrollment for those eligible for ART. All HIV-infected pregnant women and HIV-exposed infants who have a TB contact will receive TB screening, prophylaxis and treatment if appropriate.

TB services will be supported so that all patients presenting with TB symptoms are counseled and tested for HIV. All HIV patients are also routinely screened for TB and other opportunistic infections. Patient advocates provide TB prevention education and engage family members in assisting with treatment adherence measures as part of creating a supportive environment that encourages full disclosure and minimizes stigma within the family.

ACTIVITY 4: Pediatrics

Pediatric ART services will focus on improved child survival activities with specific reference to improved diagnosis and treatment of TB, recommended Vitamin A supplementation, routine immunization and the integrated management of childhood diseases. HIV-infected parents and caregivers will be encouraged and educated by the medical staff and patient advocates to get their children tested and to enter the treatment program where indicated. Staff 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 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. All HIV-exposed infants will receive the basic preventative care package including infant feeding and nutrition counseling, cotrimoxazole prophylaxis, early testing, and TB screening, prophylaxis and treatment. 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. 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. Babies and children will be assessed and managed by staff on-site and referred for care to secondary and tertiary institutions if needed. Children identified through ARK's Child Services program will be referred to the clinic by community care workers and social workers.

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 KZNDH and ECDOH and information is used within the clinics to strengthen service delivery. Additional information management capacity will be added to sites including data capturers and computers. All sites will have internet connectivity to facilitate information management activities. To ensure high standards and quality of care in line with the national guidelines, all ARK staff are provided on-site, on-the-job training. This is followed up with regular on-site 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.

ACTIVITY 6: Construction and Renovation

In those clinics where space is a bottleneck to service delivery, ARK will assist the facility with the provision of space in the form of temporary infrastructure, or renovating existing rooms to ensure more efficient patient flow.

These activities contribute to PEPFAR's 2-7-10 goals by increasing the number of South African children on treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$26,187

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.11: Activities by Funding Mechanism****Mechanism ID:** 190.09**Prime Partner:** Aurum Health Research**Funding Source:** GHCS (State)**Budget Code:** PDTX**Activity ID:** 22621.09**Activity System ID:** 22621**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Treatment: Pediatric Treatment**Program Budget Code:** 11**Planned Funds:** \$1,067,995

Activity Narrative: SUMMARY:

This is a new program area for Aurum in FY 2009. This activity provides support services at public facilities providing antiretroviral therapy (ART) as part of the national roll-out of 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 primary target populations are HIV-infected children. The Small and Medium Enterprises (SME) Project will provide treatment to targeted SME employees, taxi drivers, market traders and their partners and dependents.

BACKGROUND:

Aurum has received PEPFAR funding 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; (3) Chris Hani-Baragwanath Hospital, Gauteng; and (4) Thembisa Hospital, Gauteng. 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. Auranani Network: this network supports treatment of people without medical insurance in general practitioner (GP) sites.
2. 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.
3. 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.
4. 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.
5. S Buys will be involved with procurement, dispensing and distribution of medications and will provide pharmacy support at the Chris Hani-Baragwanath Hospital.
6. 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.
7. Kimera Solutions will provide specialist HIV clinical support to doctors in the form of training and on-site mentoring with regular site visits.

ACTIVITIES AND EXPECTED RESULTS:

The Aurum program provides the majority of its support in settings that do not provide for easy access to children (e.g. workplaces and prisons), but in FY 2009 will make concerted efforts to scale up support for pediatric care and treatment. These activities will complement the already strong adult care and treatment program, and will utilize many of the same strategies described in the Adult Treatment COP section as it relates to drug and laboratory services, monitoring and evaluation, and quality improvement.

ACTIVITY 1: Provision of ARVs to Children

Aurum aims to increase the number of pediatric patients receiving treatment and encourage support from both parents. Additionally, Aurum will incorporate a family-centered approach to care and treatment through integrated care, support and treatment. This will be linked to closer community-level linkages and the development of different levels of services from the primary health care (PHC) level to district and the integration of services such as EPI (expanded program on immunization), IMCI (integrated management of childhood illnesses) and family planning.

Aurum is actively encouraging partners to provide services to children, which includes HIV PCR testing for children born to HIV-infected mothers at 6 weeks. All HIV-exposed infants will also at this point be provided with cotrimoxazole prophylaxis in line with South African Government pediatric treatment guidelines.

A focus is to ensure that general practitioners are providing outreach and support to orphaned and vulnerable children to ensure early access to HIV care and treatment.

ACTIVITY 2: Monitoring and Evaluation (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 produced for all stakeholders.

ACTIVITY 3: Human Capacity Development

The number of children accessing the Comprehensive HIV Care, Management and Treatment (CCMT) public sector ART program remains low in South Africa. Aurum will strengthen the training of the current human resource in order to multi skill and encourage the family approach to CCMT which includes pediatrics. There is a need to source pediatric expertise to improve access for children. The program will provide for pediatrics management on site support especially to primary health care including integrated management of childhood illnesses (IMCI).

To ensure that both parents are involved in the management of the child, this topic will be included in the counseling training curriculum. This will also encourage men to participate in the HIV care program themselves and to test and be managed as a family. This will include training of staff including community

Activity Narrative: members on gender.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 6156.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 22803.09

Planned Funds: \$679,633

Activity System ID: 22803

Activity Narrative: SUMMARY:

The International Center for AIDS Care and Treatment Program at Columbia University (ICAP) will continue to partner with Stellenbosch University to support the South-to-South Partnership for Comprehensive Family HIV and AIDS Care and Treatment Training Initiative (S2S) and apply its PMTCT and Pediatric HIV Care and Treatment, and TB capacity building activities in 60 sites located in Limpopo, North West, Gauteng, Mpumalanga, Northern Cape, and Western Cape provinces. S2S's capacity building model emphasizes site-level training; namely, continuous and supportive on-site presence, on-site 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 2009 COP involves supporting the rapid expansion, uptake and decentralization of family-centered HIV care and treatment services. This activity will be implemented in collaboration with the Foundation for Professional Development (FPD), BroadReach Healthcare, Mothers 2 Mothers (M2M) and several orphan and vulnerable children organizations.

BACKGROUND:

A main focus of S2S support at 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. S2S site level support is dynamic and continuously customized to consider site attributes and existing resources. During FY 2009 COP this capacity building model will support the continuation and expansion of the S2S Program.

ACTIVITIES and EXPECTED RESULTS:

Technical, Program, and Systems Capacity Building Approach: S2S will adopt a dynamic and contextualized strategy to support each implementing partner to operationalize programs with a family-centered approach at the site level. The site support will be dynamic and continuously customized to address site attributes and existing resources. However, while the support and program area emphasis will vary, all designated sites will benefit from the following illustrative activities:

ACTIVITY 1: Comprehensive Pediatric HIV Care and Treatment Services

ICAP will build on-site capacity by supporting systems and health-care workers to institute program elements that consider the multiple and changing needs of pediatric clients. ICAP will support:

- 1) Quality and continuous clinical care for all infected children
- 2) Monitoring and assessment of all infected children for treatment eligibility
- 3) Continuous assessment of all children enrolled in care and treatment services for treatment complications, outcomes, and failure
- 4) Increased linkage and coordination between pediatric and adult care and treatment services
- 5) Implementation of comprehensive care package for the HIV-infected child at all ARV sites, including cotrimoxazole prophylaxis, growth monitoring, and neuro-developmental assessments
- 6) Pediatric adherence and psychosocial programs, including support groups for HIV-infected children on treatment

ACTIVITY 2: Psychiatric and Psychological Issues and Support

The HIV-infected child is at increased risk for primary or secondary psychiatric and psychological conditions and problems. This includes depression, mood and psychotic disorders, and anxiety directly related to a variety of factors including: the HIV infection, HAART, predisposing conditions, and/or the environmental/social circumstance the child is exposed to. This important but oftentimes overlooked issue greatly affects a child's ability to adhere to care and treatment, understand his/her condition, integrate seamlessly into society, progress well in school and form healthy social and familial relationships with those around them. Consequently, we will aim to draw this issue to the forefront as a key component of quality HIV care and treatment services and not an auxiliary pediatric service that should be integrated into the competency of all health-care workers and providers to at a minimum assess and refer for additional support.

Adolescents: Depending on the population, clinics will be designed to support HIV-infected adolescents, targeting psychosocial and supportive activities for their specific needs

ACTIVITY 3: Pediatric Pain/Symptom Relief Assessment and Management

Pain and symptom relief in HIV-infected infants and children often go improperly assessed and poorly treated for various reasons. ICAP will support targeted sites to institute systems to accurately assess, classify and treat the pain and symptoms pediatric clients commonly experience. This will include conducting proper history and physical with the child (and as relevant with caregiver) to assess the source and potential cause of symptoms and pain, providing tools to measure pain in children including self-report tools and behavioral measures, supporting supply chain of necessary drugs.

ACTIVITY 4: Sexual abuse

While sexual abuse is an under-reported mode of pediatric HIV transmission, it is increasingly important to have facilities be well equipped with quality services to address such a complex and fragile situation. ICAP can provide support to deal with the acute cases and the more chronic cases where sexual abuse is suspect long after the initial incident(s). This will include the clinical management of cases such as HIV testing protocol, PEP, psychosocial support and the long term psychosocial counseling needed for the HIV-infected child and caregiver from sexual abuse.

ACTIVITY 5: Cross-Cutting Issues

Following is an illustrative list of crosscutting issues that affect all aspects of family-centered HIV care and will need to be considered and contextualized for each specific service, especially as they apply to pregnant women and children.

Activity Narrative: Strengthening laboratory services: S2S will work with implementing partners and the site to improve HIV related laboratory services that directly impact the delivery of family-centered C&T services such as rapid HIV tests, CD4 cell count, early infant HIV testing.

Strengthening pharmacy and other commodities services: As necessary, S2S can support sites to improve the supply chain management of ARVs, infant formula and other HIV related drugs in order to ensure adequate stocks for the projected increase in pregnant women and children in need of drugs and its complementary commodities. Site staff will be supported to dispense and inventory drugs (AZT, NVP CTX etc.) if they will be issued at the place of service delivery.

Adherence and Psychosocial Support: Adherence and psychosocial support is the cornerstone to successful HIV C&T services, especially for the pregnant woman and her family. It will be critical to ensure that an HIV-infected women eligible for ART during her pregnancy are successfully maintained on treatment during and after her pregnancy and likely during her subsequent pregnancies so that her clinical status is maintained and MTCT rates are reduced. Consequently, S2S can work closely with partners to establish site level programs that will consider various models and approaches to comprehensive psychosocial and adherence programs for families, but particularly women and children. High adherence rates are found where a range of interventions are implemented and therefore, multiple strategies can be implemented including:

Development of comprehensive psychosocial and adherence program: Evidence shows that a single intervention to support the multitude of issues that impact adherence is not enough, as a result, services will be developed that address the needs of the new, mature and defaulted client. As much as possible, an individualized approach to adherence will be considered due to the variety of risk factors for non-adherence. Additionally, on-site support programs that target HIV-infected pregnant women, mothers and female PLHIV of childbearing age can be implemented to discuss and resolve issues unique to the HIV-infected women, including challenges to C&T such as adherence, disclosure, infant feeding support, and other issues. This will serve as a platform for PLHIV to access support and real-life solutions from one another through the facilitation of experienced site level staff.

MDT approach to adherence support: S2S can strengthen the roles of specific health-care workers to support adherence and psychosocial programs, including pharmacists, counselors, nurses and doctors. Currently, psychosocial and adherence support is limited to counselors and pharmacists and S2S can help integrate this focus into part of each cadres routine practice.

Education, behavior and support: Adherence interventions aim to inform people about HIV treatment to generate behavior change through incentives, suggestions or emotional support. S2S will employ cognitive, behavioral and affective interventions to support adherence by developing, piloting and distributing these tools on site.

Client adherence tools: S2S will work with site level staff and PLHIV to design context specific reminders, aids, and monitoring tools to support adherence.

Pharmacy procurement support: Complex medication regimens can compromise adherence for clients with multiple psychosocial issues. S2S will work closely with pharmacies and dispensaries to ensure that fixed dose combinations are procured and when feasible prioritized for clients at high risk for non-adherence.

Community linkages: S2S can develop linkages with community-based organizations and health workers to support clients by developing realistic approaches to adhering to C&T services. Active outreach programs can be conducted in the community to locate and engage persons in C&T that miss scheduled clinic visits. Additionally, pregnant women (and their exposed infants) that do not present after delivery as scheduled can be traced into the community and supported to return for follow up care.

Client Follow-up Systems: S2S can provide support to sites that do not have systems and resources to directly identify, contact, trace and support defaulting clients. For example, if an outlet site does not have access to a direct telephone line to make outside calls and communicate with clients who have access to telephones or with community-based workers to support client follow-up, S2S can support the site to establish a system to use cellular phones to enhance client adherence, follow-up and retention. S2S can support sites to implement a multifaceted program to follow up and track women and children who are lost to follow up. This may include empowering active involvement of PLHIV in improvement and design of family-centered services: S2S will explore the feasibility of engaging clients and caregivers into a routine process of giving inputs and feedback to the site they receive services in the form of a formal community advisory board.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$560,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$70,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$70,000

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 2790.09

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 22705.09

Activity System ID: 22705

Mechanism: N/A

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$484,205

Activity Narrative: SUMMARY:

Activities under the pediatric care and support program activity support the provision of comprehensive HIV prevention, care and treatment program carried out by Catholic Relief Services (CRS) in 24 field sites in 8 provinces in South Africa. The field sites target those in need of these services, who live in the catchment area of the site, and who cannot access the services in the public sector. The major emphasis area is to provide linkages with other sectors and initiatives and ensuring that children receive the much-needed care and treatment in line with national guidelines. All high-risk HIV-exposed children in HIV care and support should be provided with related services for wellness, opportunistic infection (OI) and TB treatment and prevention and nutritional supplementation. The main target populations are HIV-exposed and HIV-infected children and their families as well as caregivers.

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. Since FY 2005, South Africa PEPFAR funding was received to supplement central funding, with continued funding applied for under the FY 2009 COP. 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).

Many of the rural areas AIDSRelief serves are resource poor and antenatal care, PMTCT and HIV care and treatment services are scarce due to the remote and rural nature of these locations. AIDSRelief is trying to address this by identifying HIV-exposed children while providing home-based care, as well as putting increased focus on family-centered voluntary counseling and testing (VCT). In addition, AIDSRelief will involve all cadres of health-care workers at selected sites to identify pregnant women and HIV-exposed children's needs. Where the AIDSRelief sites cannot provide the services a functional referral system will be put into place.

All AIDSRelief sites provide pediatric care and treatment services in line with the South African Government pediatric ART guidelines, and in some sites receive pediatric drugs directly from the relevant provincial health department.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Pediatric Focus

AIDSRelief provides integrated HIV care and treatment services mainly in small, rural non-governmental organization (NGO) and Church-based settings. This is supplemented by a very strong home-based care program that provides follow-up care in the home setting. Currently 8% of patients on ART in the AIDSRelief program are children (with 42% of those under 5). AIDSRelief will put greater emphasis on pediatric treatment in FY 2009 and increase the pediatric targets to 15% of all patients on treatment. This will be achieved through forming linkages with PMTCT programs, as this is the entry point into pediatric treatment.

The next challenge is diagnosing children due to difficulties in drawing blood from children, therefore nurses will be trained or re-trained in this area.

Home-based carers will identify HIV-exposed children and assist families in bringing them to treatment site for required services, such as cotrimoxazole, opportunistic infection, or ARV treatment. Emphasis will be placed on community awareness regarding the importance of early diagnosis and treatment of children.

ACTIVITY 2: Community Care

In FY 2009, there will be renewed emphasis on patients in the wellness phase (patients in care who do not qualify for ART yet), tracking patients in care, using community health care workers to identify household dependants, renewed emphasis on family-centered care and involvement of men, and increased screening conducted in community by home-based carers entering homes.

AIDSRelief is supporting community programs involving the local church structures in these rural areas, at the grassroots level and through active community participation. In doing so, the staffing and infrastructure challenges are overcome through task shifting by training of community health care workers (by identifying children in the community in need of care and treatment, cotrimoxazole, TB prophylaxis, vitamin A supplementation, nutritional support, OVC care and ART, growth monitoring and Integrated Management of Childhood Illnesses (IMCI) and ART initiation by nurses. This assistance is provided through mentor programs and training. The lack of infrastructure challenges are overcome by working through the existing local Church structures and, in special circumstances, provision of limited additional work space through purchase of parkhomes (movable containers). Additionally, space limitations are overcome through working directly in the affected communities in order to improve access to services.

ACTIVITY 3: Human Capacity Development

Training will be provided to health care providers from various stakeholders such as the Department of Health (DOH), municipalities, community-based organizations (CBOs), nurses, doctors, pharmacists /pharmacist assistants, dieticians where available and data capturers. The outcomes of training are improved service delivery, role clarification and responsibility, strengthened partnership with stakeholders, increased pediatric enrolment, quality assurance, integration of services, as well as better coordination and monitoring of the HIV and AIDS programs, improved compliance of treatment and reduced HIV prevalence. Quality assurance will be provided through continuous oversight and follow-up by the AIDSRelief agency members, field trip visits, the annual ART conference, and on-site support to clinical staff implementing the program.

ACTIVITY 4: Family-Centered Approach

The family-centered testing and care approach will be used where possible. Couple counseling and testing at counseling and testing (CT) and PMTCT sites will be used to promote testing of men and to build their support for their female partners. It is also hoped that, through a community-based testing program, increased outreach will be made to women and children in villages. Where possible, training and

Activity Narrative: employment of women as health care workers to increase the confidentiality and comfort of women and girls seeking treatment will be emphasized.

ACTIVITY 5: Laboratory Support

Given that AIDSRelief sites operate in rural and remote areas, where technical capacity and infrastructure is lacking, heavy emphasis is put on provision of laboratory services through a quality service provider. To overcome this challenge, a Johannesburg-based organization, Toga Laboratories, another PEPFAR-funded partner, has been selected as the laboratory service provider for laboratory tests to be conducted under the program. The company has been established by Prof. Des Martin and Dr. John Sims, long-time South African virology experts. Toga Laboratories has an ongoing quality assurance (QA) program to monitor and evaluate, objectively and systematically, the reliability of the laboratory data. There is an in-house laboratory quality unit which coordinates external quality assurance. For every test performed in the laboratory, there is a quality control plan stated in standard operating procedures (SOP). Internal quality controls (IQC) are performed daily on all instruments as well as for manual tests and recorded. External quality assessments include the UK National External Quality Assessment Scheme (UKNEQAS) as well as National Health Laboratory Services (NHLS) assessment programs, among others.

ACTIVITY 6: Gender Issues

AIDSRelief will strive to identify child/adolescent-headed households and caregivers, and implementing targeted programs to meet needs, including programs to keep girls in schools, help them manage households, address stigma, and compensate for lost of family income.

Some elements of pediatric treatment are also addressed in more details in other linked areas of the COP, including Pediatric Care and Support, Counseling and Testing, ARV Drugs, and Adult Treatment.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$642,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$37,322,363

Program Area Narrative:

South Africa has one of the highest estimated TB rates in the world, ranking fourth among the 22 high burden countries. According to 2006 National TB Programme (NTP) data, there were more than 341,165 reported cases of TB, at a rate of 628 per 100,000 population. The real prevalence is unknown but the WHO estimates it to be much higher than these statistics.

Of all new and re-treatment cases notified in 2006, only 110,235 or 31% were tested for HIV. Of those, 55% tested positive. Of the detected HIV-infected TB patients, 98% received cotrimoxazole therapy, and 40% had initiated antiretroviral treatment (ART). Systematic TB screening among people living with HIV (PLHIV) has been low; 29% of patients screened were infected with TB. Isoniazid Preventive Therapy (IPT) is not widely implemented.

Multi- and extensively drug-resistant TB (MDR/XDR-TB) continue to create many challenges for the South African government (SAG). Between 2004 and early 2007, South Africa reported 898 cases of XDR-TB. Due to lack of culture and drug susceptibility

testing (DST) services in Limpopo and Mpumalanga, these provinces did not report any cases during that period. The total number of reported drug-resistant cases may represent a small proportion of the actual incidence. Reported case fatality rate among HIV-infected individuals with MDR/XDR-TB is alarmingly high. In 2006, Ghandi et al. (2006), reported 95% mortality among HIV-infected patients with XDR-TB in KwaZulu-Natal. The median survival was 16 days from time of diagnosis, and this was established among 42 patients with confirmed dates of death. (Gandhi, et al.) This has serious public health consequences, for South Africa and the African region.

NTP results in 2006 show a case detection rate of sputum positive TB cases at 71%. Nevertheless, there has been little progress in treatment outcomes; cure rate for new smear positive cases is still low at 58% and the overall treatment success rate is 71%, lower than the African regional rate of 76%. Default rates at 10% are high. High treatment interruption rates of drug-sensitive TB and consequent low cure rates, together with the HIV epidemic, have contributed to the emergence of drug-resistant strains, which require urgent attention.

South Africa adopted the WHO DOTS Strategy in 1996, and since 2006, the DOTS Strategy has been expanded to all districts. Phased implementation of TB/HIV collaborative activities by sub-districts started in 2002. The aim was to focus on the primary health care level and build capacity among staff to manage co-infected patients and thus prevent unnecessary hospital admissions and deaths. By end of 2006/7, 211 sub-districts were implementing TB and HIV activities (87%). In 2005, the SAG declared TB a national crisis and developed the TB Crisis Management Plan focusing on three provinces Gauteng, KwaZulu-Natal, and Eastern Cape, with four districts having the highest burden of TB and poor treatment outcomes. The SAG intensified efforts to reinforce service delivery systems and processes at facility levels and to increase community awareness and engagement in TB control. Since then, two crisis districts have graduated from the crisis level.

In 2007, the National Department of Health (NDOH) created a separate directorate for NTP and finalized a five-year strategic plan, the South Africa National TB Strategic Plan for, 2007-2011 (NTP), which highlights TB/HIV. Additionally, the South Africa National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP) espouses integration of TB and HIV services as essential to ensuring that co-infected patients receive appropriate care and treatment. SAG investment in TB control is significant, but due to decentralized funding channeled through provincial treasuries, NTP is unable to quantify the resources committed to TB control. Sixty-eight percent of total central level funding for TB is dedicated to MDR-TB.

Although interaction between TB and HIV has been recognized and collaborative efforts are being scaled-up, TB and HIV programs continue to be implemented separately. As outlined in NTP's strategic document, collaborative activities between NTP and HIV & AIDS and STI departments has not been fully realized because of lack of written formal guidelines on collaboration, and limited integration of services at health facilities. This includes inadequate technical support, guidelines, and registers for monitoring and evaluating integrated TB and HIV services. Other constraints to effective TB/HIV collaboration include: 1) human resource constraints at district and facility levels and within laboratory services; 2) lack of decentralization of laboratory networks (services and systems) resulting in decreased access to sputum smear microscopy, delays in reporting results, scarce and overburdened culture and DST services, and communication challenges between NTP and laboratories; 3) different program approaches and cultures of TB and HIV services (i.e., TB services are decentralized into primary health-care clinics, are nurse-driven, and TB control occurs at facility level, which lacks wide-spread community engagement, while HIV and AIDS care services are usually hospital-based, physician-driven, and have established linkages with communities); 4) threat of nosocomial transmission of TB and MDR/XDR-TB, with evidence of facility and community transmission in the context of large-scale HIV care and treatment programs; 5) little attention to appropriate TB infection control measures in healthcare facilities and congregate settings, although NTP has recently developed TB infection control policy and guidelines; 6) TB/HIV records not fully integrated at facility level, especially in HIV clinical and care settings as entry-point to TB management; and 7) referral and counter referral systems between TB and HIV programs are not yet in place. Improved collaboration between TB and HIV programs is required to ensure access to integrated quality-assured diagnostic, care, and prevention services for PLHIV and those at risk for TB infection and disease.

USG activities are consistent with NDOH and WHO TB/HIV policies and guidelines and continue to build on past achievements. PEPFAR will scale-up efforts that improve effective coordination at all levels; decrease burden of TB among PLHIV; decrease burden of HIV among TB patients; improve prevention, detection, and management of MDR/XDR TB in HIV-infected patients; strengthen laboratory services and networks; and strengthen health systems to ensure quality and sustainable care.

USG resources and technical assistance complement NDOH efforts in a broad range of TB/HIV activities at organizational and service delivery levels. At an organizational level, USG supports the strengthening of mechanisms for collaboration at all levels, and developing and implementing strategies to address TB/HIV, and MDR/XDR TB. PEPFAR will continue to support NDOH's efforts to improve linkages for joint policy development, planning, implementing, and monitoring TB/HIV integrated activities. Other activities include improved surveillance of TB/HIV and MDR-TB and enhanced human resource development that respond to needs posed by integrated TB/HIV programs. Activities at service delivery level include those that streamline continuity of care for co-infected patients by ensuring effective referral linkages between TB and HIV services as well as between these services and community and home-based care. To decrease burden of TB in PLHIV, USG-supported activities will include scaling up the three Is. This includes: a) intensified TB case finding in HIV services (e.g., VCT, PMTCT, and OVC, strengthening referrals to TB program for diagnosis and treatment, or provide TB treatment in settings where appropriate); b) IPT for clients in whom TB has been ruled out; and c) infection control (IC). TB IC (aligned with the WHO-10 point plan) will include training, developing policy, assessing facilities, and purchasing equipment. In addition, nutritional support (e.g., food gardens), health education, and empowerment programs are supported. To decrease the burden of HIV in TB patients, activities will include scaling-up provider-initiated HIV counseling and testing in TB clinics, prompt referral to HIV treatment and care services for those dually infected, cotrimoxazole for co-infected patients and in some instances, initiation of ART within TB clinics, including facilities that provide MDR treatment.

Activities to prevent, detect, and manage MDR/XDR TB patients build on current efforts outlined in NTP's Strategic Plan and will

feature scaling-up TB IC practices in health care and congregate settings and community-based DOT (CB-DOT) through USG-supported initiatives, such as home-based care. In addition, systems will be strengthened to improve timely access to quality assured culture and DST and to improve coordination with provincial health departments to ensure appropriate case management of all suspected and confirmed MDR/XDR TB patients. Social mobilization efforts that inform and engage communities to reduce stigma, improve early access to diagnosis and care of TB and HIV, and enhance CB-DOT will also be supported. TB/HIV and MDR surveillance efforts include enhancement of the electronic TB register (ETR.Net) software that renders measurement of TB treatment outcomes by HIV status. TB/HIV and MDR data collection tools have been revised, and the new tools should help encourage widespread TB/HIV and MDR surveillance.

The USG, in collaboration with NDOH and National Health Laboratory Services (NHLS), supports strengthening laboratory services to ensure effective health systems response to appropriate and timely referral and counter referral. This includes activities that enhance good practices in sputum collection, improve turn-around-times for test results for sputum smear microscopy and culture; ensure availability of HIV test kits, and enhance quality assurance programs. New initiatives to improve information systems to enhance program and clinical management include the design, development, and pilot test of an integrated electronic TB/HIV Patient Management System. Features of this system are automation of routine TB registers, suspect TB-Register, pre-ART and ART-registers, electronic interfaces between laboratory and program registers for uploading laboratory requests and downloading laboratory results, which can also produce reports at facility, districts, provincial and national levels. The USG supports NHLS by leveraging resources for accelerating implementation of rapid PCR assay that allows for typing of TB strains in a short time.

Emerging concerns about interaction between TB, HIV, and drug resistance came to the forefront in 2006. Efforts to understand and control these threats have begun and will be accelerated through 2009. The USG also supports several public health evaluations to identify improved methods for rapid screening and diagnosis of TB in co-infected patients and to improve referral networks between HIV and TB services.

With regards to sustainability, the USG works closely with NDOH to enhance collaboration, develop policies and tools, and build capacity of service providers. The USG will work closely with public and private sector partners to capture best practices and to ensure that these support policy development. Increased emphasis on strengthening management systems, such as human capacity development, planning, supportive supervision, monitoring, and evaluation will also help to sustain gains.

The USG TB/HIV program is complemented with non-PEPFAR funds through USAID's Operational Plan (OP) for TB. USAID provides extensive support to implementing NTP's TB Strategic Plan at all levels. This includes development, implementation, and scale-up of service delivery models to address challenges from increasing TB/HIV and MDR/XDR TB incidences, as well as strategies to improve linkages with communities. These efforts are reinforced at community level through implementation of culturally sensitive social mobilization activities. USAID's OP provides extensive assistance to crisis districts and continues to support expansion of strong public-private partnerships. USAID is also supporting the development of training materials for management of TB in children. Mechanisms, such as TB/HIV Task Force, are well established to enhance coordination within and among the PEPFAR team.

The PEPFAR TB/HIV team continues to liaise with international donors and complement activities with agency-specific non-PEPFAR funded activities to ensure collaboration. Several international donors support TB/HIV activities, including Belgian Technical Corporation, UK Department for International Development, Italian Institute of Health, Japanese International Cooperation Agency, Bill and Melinda Gates Foundation, The Global Fund, and the European Union. Recent information indicates that there is some donor overlap. In 2008/2009, PEPFAR will increase coordination efforts to reduce duplication of efforts and resources. Collection and review of up-to-date information on donor supported TB/HIV activities will feed into PEPFAR's efforts to develop a country-specific TB/HIV strategic plan in collaboration with the NDOH by March 2009. The plan will be driven by the NTP and NSP, as well as by OGAC and WHO TB/HIV guidelines. A task force, with representation from SAG, USG and implementing partners, will meet regularly to influence the development of USG's TB/HIV strategic plan. In addition, a two-day workshop with TB/HIV implementing partners will be held in early 2009 to provide a venue for sharing best practices, discuss common issues and gaps in TB/HIV, and make recommendations that will feed into the plan. This plan will inform PEPFAR II planning as a South Africa inter-agency team and will establish networking mechanisms among partners to support sharing of best practices.

PEPFAR will ensure regular monitoring and supervision of OGAC program indicators, through regular site visits by multidisciplinary teams (TB and HIV) and development and implementation of a standard checklist for these site visits. These activities will be enhanced through the South African PEPFAR Partner Assessment Contract in FY 2009. In addition, all Activity Managers will ensure that all assessment and/or training modules include appropriate components of TB/HIV integration and management.

TB/HIV programming will be prioritized in FY 2009. Since FY 2006, USG efforts to address TB/HIV services have been expanded. In FY 2008, over \$30 million was invested in TB/HIV, approximately 5% of the PEPFAR budget in South Africa. In keeping with OGAC guidance to expand TB/HIV programming, close to \$31 million is requested in FY 2009 by 34 mostly indigenous, partners.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4746.09

Mechanism: Desmond Tutu TB Centre

Prime Partner: University of Stellenbosch,
South Africa

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8183.22710.09

Activity System ID: 22710

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$709,176

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In close collaboration with government partners, the scope of activities has been substantially increased from those described in FY 2008. Some of the interventions will be implemented in all primary health clinics (100 City Health Directorate Clinics), others in the 22 high-burden clinics in Cape Town (clinics with more than 375 TB cases annually). Multi-sectoral interventions are also planned to take place in one community and the two clinics serving this community. Thus, interventions will be focused upon 24 clinics in the area.

All these facilities provide services to the most impoverished communities in Cape Town, with high burdens of TB and HIV. These facilities offer TB services, voluntary counseling and testing (VCT), and HIV care, including screening and referral for antiretroviral therapy (ART). Some of these facilities are also nationally accredited ART sites. Those clinics that do not provide ART, refer clients to accredited ART sites, but may continue TB treatment for the patient. All interventions address the priorities identified by the government.

Five objectives will be addressed in collaboration with government partners:

OBJECTIVE 1: Improve TB and HIV Care by Increasing TB Case Finding

1. Implement an electronic data system of National Health Laboratory Services (NHLS) results to measure smear-positive case finding ratios among TB suspects citywide.
2. Establish baseline case finding ratios using the sputum smear results from NHLS at City, sub-district and facility level and set incremental targets for improvement.
3. Implement new VCT registers citywide. The new VCT register conforms to National Department of Health (NDOH) guidelines, and reports will be made available to the Department.
4. Monitor VCT (including TB screening at VCT) in 24 facilities. [Target 1: Number/Percentage of clients who received counseling and testing for HIV and received their results - 44,550 (92%). Baseline 07-08: 46,118 counseled with 41,813 (91%) tested. Target Assumes 5% increase in numbers counseled annually and 1% increase in percentage tested.] [Target 2: Number / Percentage of clients screened for TB at VCT 88%. Q2 '08 Audit: 83%. Target 5% improvement annually.] [Target 3: Percentage of symptomatic clients with TB tests done 60% (Up from 51% in Q2 2008)]
5. Do routine screening for TB at every HIV clinical visit at 24 facilities. [Target: 60% (Q2 2008 TB-HIV Audit 45%).] Clients diagnosed with TB will commence TB treatment at the same health facility where they receive HIV care.
6. Train 100 general practitioners on TB screening and establish referral networks for clients diagnosed with TB. General practitioners will be provided with contact details of all clinics in Cape Town and advised to confirm attendance with the facility manager telephonically, and to keep a record of this confirmation.
7. Establish a public-private partnership with pharmacies and general practitioners at four service points to undertake TB screening. Attention will be given to putting appropriate infection control measures in place at these service points to protect staff and clients.
8. Undertake contact tracing and screening to increase case detection in two selected sites (i.e., Ravensmead and Uitsig).

OBJECTIVE 2: Improve TB and HIV Care by Reducing Primary TB Default Rates

1. Establish an electronic/paper-based system of sputum results from NHLS to identify and track primary TB defaulters in 100 clinics.
2. Determine primary default rates in 100 clinics.
3. Print, distribute and use TB suspect cards at 100 facilities to improve return of TB suspects.
4. Undertake telephonic/SMS/community-based follow-up of primary defaulters in 100 clinics.
5. Monitor default rates at selected sites and develop targeted intervention to reduce default rates by 50% of baseline levels (baseline levels are still to be established using NHLS database).

OBJECTIVE 3: Improve TB and HIV Care by Improving Infection Control

1. Establish external sputum booths at 100 health facilities.
2. Pilot "front of house" staff to do health promotion, advise clients about cough etiquette, direct clients to services, and ensure that clients leaving the clinic have accessed the required services required. This will be implemented six health facilities.
3. Implement fast track systems for TB suspects and clients on directly observed therapy at 12 facilities.
4. Conduct a risk assessment for TB transmission and infection control at 12 facilities using the NDOH risk assessment tool.
5. Review and modify infection control plans in health facilities to reduce nosocomial transmission of TB in 12 facilities and to meet standards established in the NDOH TB Infection Control Guidelines.
6. Train staff in the use of the NDOH's TB Infection Control Guidelines in 12 facilities.

Activity Narrative: 7. Undertake community awareness program on TB transmission in selected areas to reduce transmission in households. [Target: Reach 20% of households.]

OBJECTIVE 4: Improve TB and HIV care by maintaining/improving TB cure and completion rates for HIV-positive and HIV-negative clients and providing appropriate HIV care to the co-infected.

1. Provide supervision to 24 facilities offering TB and HIV care.
2. Implement structured counseling for newly diagnosed TB clients at 24 facilities.
3. Provide HIV testing as the standard of care among TB clients at 24 facilities. [Target: 13,204 (83%) tested from baseline of 79%.]
4. Provide the basic package of HIV care to co-infected TB clients in 24 facilities. [Targets: 60% HIV-positive TB clients with CD4 and WHO staging (baseline 46%); 90% HIV-infected TB clients receiving cotrimoxazole prophylaxis (baseline 87%); 50% HIV-infected TB clients who require highly active antiretroviral treatment (HAART) receive or are referred for HAART (no baseline data available).]
5. Train 24 staff to improve the quality and completeness of routine TB program data.
6. Monitor treatment outcomes for new smear-positive TB and develop targeted interventions to improve outcomes. [Targets: New smear positive cure rate 75%; New smear positive success rate 81% (baseline 73% and 79% respectively).]
7. Monitor treatment outcomes for re-treatment of smear-positive TB and develop targeted interventions to improve these. [Targets: Re-treatment smear positive cure rate 59%; Re-treatment smear positive completion rate 66% (baseline 57% and 64% respectively).]
8. Estimate total smear positive success rates among co-infected clients (as outcomes are not monitored by HIV status). [Target 77% from baseline of 75%.]

OBJECTIVE 5: Improve TB and HIV care by reducing susceptibility to TB amongst those with HIV:

1. Establish standard package of HIV care at 24 health facilities, including isoniazid preventive therapy, screening and referral and provision of ART [Target: 60% of clients screened with CD4 and WHO stage (Baseline Q2 '08 Audit 39% WHO Staging done); 60% HIV-positive clients who require HAART receive or are referred for HAART (Baseline Q2 '08 Audit 49%).]
2. Implement multi-sectoral interventions to promote healthy lifestyles in two selected areas. Interventions will include sensible drinking; smoking cessation; mitigate drug addiction; and HIV prevention. [Target 4 interventions]

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13864	8183.08	HHS/Centers for Disease Control & Prevention	University of Stellenbosch, South Africa	6636	4746.08	Desmond Tutu TB Centre	\$1,594,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$229,054

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9626.09

Mechanism: N/A

Prime Partner: Walter Sisulu University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7962.22716.09

Planned Funds: \$194,181

Activity System ID: 22716

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Eastern Cape Regional Training Center (RTC) will expand COP 2008 activities to include:

- RTC will employ a dedicated medical doctor, nurse preceptor and trainer to provide training development coordination, clinical consultations, training and advice on HIV and AIDS in the field of TB/HIV.
- RTC will develop and package a module on TB/HIV diagnosis and treatment, and infection control to form part of certificate courses offered by Walter Sisulu University.

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.

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14051

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14051	7962.08	HHS/Centers for Disease Control & Prevention	Walter Sisulu University	9626	9626.08		\$291,000
7962	7962.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4397	492.07		\$50,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 271.09

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3276.22938.09

Planned Funds: \$3,348,032

Activity System ID: 22938

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Right to Care (RTC), in support of the South African government's TB program and the World Health Organization's policy on collaborative TB/HIV activities, has developed and implemented a model of TB/HIV integration through TB focal point activities at provincial and district hospitals, and at local primary care clinics. At the request of the Department of Health (DOH) RTC will help the government to expand the TB/HIV integration model in FY 2009.

In FY 2009, RTC will scale up the TB/HIV integrated package to all sites in the six provinces. This will include: (a) enhanced uptake of Isoniazid Preventative Therapy; (b) evaluating and implementing improved infection control practices at all antiretroviral and TB facilities to prevent nosocomial transmission of TB; (c) support the development of drug-resistant TB treatment at Sizwe Hospital; (d) improve data collection and system linkages between treatment points and the laboratory; and (e) strengthen laboratory services to implement the TB/HIV program.

TB Focal Point Scale-up: The DOH has asked RTC to expand TB Focal Point in sites in six provinces. Scaled up activities will include (1) increased access to HIV counseling and testing for patients with TB; (2) intensified case finding through TB symptom screening at all points of contact with patients; (3) improved access to induced sputum for TB diagnosis in HIV-infected individuals through specialized sputum induction rooms that comply with occupational and environment safety standards, thus enhancing infection control and increasing the sensitivity of sputum testing; (4) improved linkages between the HIV and TB programs at each of the sites through referral, notification and follow-up; (5) infrastructure support to develop TB sputum induction rooms with appropriate infection control procedures to prevent the transmission of TB; and (6) targeting faith-based and non-governmental clinics focusing on underserved populations in rural areas, industrial areas and informal housing sectors. The programs will promote sustainability through training of health care-workers and partnerships with the National Department of Health (NDOH) to fund the ongoing running cost and staff components. PEPFAR funds will enable long-term sustainability through training, human capacity development and infrastructure support at all RTC-supported TB/HIV clinics.

RTC will focus on improving monitoring and evaluation (M&E) methods and data collection tools to demonstrate the integration outcomes of TB/HIV integration. A successful RTC technical assistance team has been established to continue to expand the activities from the key sites, to include all sites in the RTC network.

Pediatric TB/HIV Care: An experienced pediatrician leads the RTC pediatric care and support program. Training health-care workers (HCW) to enhance the diagnosis and treatment of TB in children will be focused upon. In addition, training will include skills to improve clinical recognition of TB, specimen collection and treatment with both TB and antiretroviral treatment.

Implementation of the DOH government policy and guideline for Isoniazid Preventative Therapy: RTC will provide appropriate training to HCWs and family members, aimed at increasing the delivery of IPT and treatment adherence. Duration of IPT will follow the NDOH guidelines.

Improved Infection Control: To prevent nosocomial infection of TB in clinical facilities supported by RTC, an emphasis will be on introducing best practices for infection control. This will focus on urgent referral of TB suspects out of the clinic to prevent transmission, ventilation, ultra-violet lights, masks and regular staff screening for TB.

Drug-resistant TB: At the request of the Gauteng DOH, Sizwe, the provincial MDR/XDR-TB referral hospital, is supported by RTC. RTC will continue activities at Sizwe. The DOH has requested support for a second MDR/XDR-TB hospital. The planned activities include: (1) continuing to contribute to the overall activities at Sizwe linked to the development of new treatment options for MDR/XDR-TB. Research is funded by the pharmaceutical industry, National Institutes of Health and European Union (e.g., TMC207-TiDP13 phase 2 clinical trial currently underway at Sizwe); (2) supporting a prospective trial to evaluate the use of line-probe assay PCR testing to monitor patients on MDR/XDR-TB treatment with the aim of reducing hospital stay; (3) improving data collection (using DOH staffed vehicles) and linkages with laboratories to facilitate rapid referral of MDR/XDR-TB patients; (4) adhering to the TB Strategic Plan for South Africa 2007-2011, where emphasis will be placed on occupational development and income generation projects for patients admitted to MDR/XDR-TB facilities; (5) enhancing data collection and linkages to facilitate tracing contacts of MDR/XDR-TB patients; and (6) examining the feasibility of community-based treatment of MDR-TB with strong DOT support as was successfully implemented in Lima, Peru. FY 2009 activities will pursue the development of such a model and a potential demonstration project in one of the townships of South Africa.

Strengthening Laboratory Services: RTC will, in line with recent NDOH guidelines, support the line-probe assay using PCR methods on all culture positive specimens. This will facilitate the rapid diagnosis of TB and early diagnosis of M/XDR-TB. As on the South African incidence of drug resistant TB increases, further expansion of the laboratory infrastructure is required to meet the demand for PCR services. RTC aims to strengthen access to PCR testing through the central laboratory services of the Department of Molecular Biology, Contract Laboratory Services, and Wits Health Consortium. Activities will establish the laboratory infrastructure, provide technical assistance, training of laboratory personnel, and disseminate the DOH and NHLS guidelines for PCR testing. The sustainability of the laboratory including staffing, pathologist support, and laboratory consumables will be provided by the NHLS and clinical treatment sites. Linking laboratory results to patients is critically important. FY 2009 funds will be used to enhance the quality and quantity of TB diagnosis, including rapid turn-around time for sputum samples to less than three hours, use of LED microscopy and fluorescent staining methods, and linkage of results to the patient. Throughout the process, from specimen collection to the final culture result, enhanced attention will be paid to improved infection control and biosafety standards for TB.

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-

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13794

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13794	3276.08	U.S. Agency for International Development	Right To Care, South Africa	6612	271.08		\$3,395,000
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

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,840,296

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 257.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 2955.22923.09

Planned Funds: \$0

Activity System ID: 22923

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for these activities. As the Medical Research Council of South Africa (MRC) is dealing with research and not the implementation of programs, a decision was made during the PEPFAR South Africa Interagency Partner Evaluation to discontinue the TB/HIV multi-drug resistance budget as well as treatment, care and counseling activities, and put them under a TBD Funding Opportunity Announcement. Therefore there is no need to continue funding this program area with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14020

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29559	29559.06	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	12107	12107.06	Co Ag #CCU325119	\$45,545
29558	29558.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3928	3928.06	USAID/EGPAF	\$63,000
29557	29557.06	HHS/Centers for Disease Control & Prevention	US Department of State	3931	3931.06	HHS/CDC ICASS	\$556,025
29556	29556.07	U.S. Agency for International Development	Management Sciences for Health	12106	12106.07	USAID Track 2.0 LMS ACT	\$785,500
29555	29555.07	U.S. Agency for International Development	PROHEALTH	9216	9216.07		\$175,000
29554	29554.08	U.S. Agency for International Development	Christian Health Association of Nigeria	9408	9408.08	USAID Track 2.0 CHAN	\$67,382
29553	29553.08	U.S. Agency for International Development	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	12105	12105.08	USAID Track 2.0 NELA	\$0
29552	29552.08	U.S. Agency for International Development	Gembu Center for AIDS Advocacy, Nigeria	12103	12103.08	USAID Track 2.0 GECHAAN	\$456,591
29550	29550.08	U.S. Agency for International Development	Gembu Center for AIDS Advocacy, Nigeria	12103	12103.08	USAID Track 2.0 GECHAAN	\$252,660
14020	2955.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,355,000
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

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6156.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 22809.09	Planned Funds: \$291,271
Activity System ID: 22809	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Technical, Program, and Systems Capacity Building Approach: The South to South Partnership for Comprehensive Pediatric HIV Care and Treatment Initiative (S2S) will adopt a dynamic and contextualized strategy to support each implementing partner to implement programs with a family-centered approach at the site level. The site support will be dynamic and continuously customized to address site attributes and existing resources. However, while the support and program area emphasis will vary, all designated sites will benefit from the following illustrative activities:

TB/HIV and the family: Considering the TB burden in South Africa, S2S can support the integration of routine TB screening for all pediatric clients by introducing the regular use of simple screening questionnaires, symptom checklists, evaluation of household contacts and referral algorithms. S2S can also help strengthen linkages between TB prevention and treatment programs including (1) referral of clients and family for assessment, (2) administering prophylaxis, and (3) educating clients and caregivers on prevention, warning signs and actions steps. Following is additional detail on each component:

- Administer brief TB screening questionnaire evaluating signs and symptoms of TB (prolonged cough, weight loss, family contact, fevers) at first visit and regular intervals thereafter;

- Routinely screen all children for history of adult household contact with symptoms of TB or receiving treatment for TB;

- Administer brief TB screening twice yearly to adult caretakers attending the pediatric clinic; and

- Establish referral mechanisms for further evaluation and diagnosis of children and family members with a positive screen for TB.

Furthermore, S2S will also work with site staff to ensure that all children under 5 years living in the household of an adult or an orphanage with active TB disease are evaluated for TB infection and, if found to be well, receive isoniazid (INH) prophylaxis. Co-treatment of HIV and TB is particularly complex especially in young children when diagnosis is difficult and drug-drug interactions are common. Similarly, diagnosis and treatment of TB during pregnancy poses unique challenges. S2S will support site staff to co-manage these infections in children and pregnant women including monitoring toxicities, modifying doses, enhancing and monitoring adherence and assessing clinical outcomes.

TB/HIV and Pregnant Women: TB disease and infection is under-recognized during pregnancy and can lead to significant maternal and infant morbidity and mortality. S2S can support the integration of routine TB screening for all women attending antenatal care (ANC) services by introducing the regular use of simple screening questionnaires, symptom checklists, evaluation of household contacts and referral algorithms. S2S can also help strengthen linkages between TB prevention and treatment programs including (1) referral of clients and family for assessment, (2) administering prophylaxis, and (3) educating clients and caregivers on prevention, warning signs and actions steps. Following is additional detail on each component:

- Administer brief TB screening questionnaire evaluating signs and symptoms of TB (prolonged cough, poor weight gain or weight loss, family contact, fevers) and history of household contacts with symptoms of TB at first ANC visit; and

- Establish referral mechanisms for further evaluation and diagnosis of pregnant woman and her children and family members with a positive screen for TB.

Furthermore, S2S will work with site staff to ensure that all children and partners of pregnant women identified with TB are screened and receive prophylaxis when applicable. The diagnosis and treatment of TB during pregnancy poses unique challenges. S2S will support site staff to co-manage these infections among pregnant women including monitoring toxicities, modifying doses, enhancing and monitoring adherence, and assessing clinical outcomes.

Testing for TB with HIV: To foster greater integration and synergy between HIV and TB services, where relevant, S2S can support the introduction of routine HIV testing for all children and family members being treated for TB.

Supporting TB Infection Control: S2S will support infection control in the context of the family unit at the health facility, in the community and at home. This includes supporting facilities to implement appropriate infection control procedures (within the context of existing resources) and supporting facility staff to properly counsel and support clients to protect others and themselves. This includes (1) supporting safe sputum collection by working with sites to identify a safe and confidential space to collect sputum; (2) supporting health workers on how to counsel and educate clients on cough etiquette and hygiene; and (3) supporting site staff to implement a protocol to screen all clients for TB, prioritize the triage of women and children who are TB suspect and ensure active referral to TB clinic for rapid screening and treatment if necessary.

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,

Activity Narrative: 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 the 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 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

Activity Narrative: 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.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$30,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4632.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 22866.09	Planned Funds: \$48,545
Activity System ID: 22866	

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. In FY 2008, SACTWU started receiving 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:

SACTWU is South Africa's largest trade union organizing textile and clothing workers. It also organizes footwear, leather and retail workers and has a membership of approximately 110,000 members nationally. Sixty-six percent of SACTWU's membership is female with the majority aged between 20 and 60 (i.e., the greatest population infected and affected by HIV and AIDS).

The SACTWU AIDS Project, known as SACTWU Worker Health Program, is a national program that provides prevention and care services in five provinces: KwaZulu-Natal, Western Cape, Gauteng, Eastern Cape and Free State. This Project was initiated in 1999 and developed as 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 workplace theater, in house voluntary counseling and testing (VCT) services, access to a social worker in KwaZulu-Natal, income-generating workshops, a primary package of care through the VCT services, and home-based care through its regional nurses and a home-based care network in KwaZulu-Natal and the Western Cape. 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 that provides ongoing home-level support.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Another PEPFAR partner, TB Care Association, has committed to provide 50 home-based caregivers with DOTS training for TB/HIV, which is in accordance with the South African Tuberculosis Strategic Plan for South Africa, 2007-2011. This training will be in addition to home-based care training.

SACTWU's VCT/home-based care manager will be trained as a master trainer on the PALSA Plus training program offered the Western Cape Department of Health. This training program covers all key TB activities such as routine screening of all VCT and people living with HIV (PLHIV); counseling for all TB suspect clients; TB infection control; HIV/TB co-infection management; isoniazid prophylaxis and effective recording and reporting. The master trainer will provide PALSA Plus training to 30 professional nurses employed at SACTWU service outlets in the five provinces in which SACTWU is based. All "master" training materials will be provided by the Western Cape Department of Health.

In order to provide a quality home-based care program and to ensure true quality of care, unemployed, ex-SACTWU members will be trained on the national accredited home-based care program. This will consist of a full-time six-week home-based care and mentorship course, which will then be complemented with DOTS training. In accordance with the national guidelines, service outlet staff will be trained and provided with continuous education, home-based caregivers will be trained in accordance with the DOTS strategy and National Department of Health's TB policies and guidelines.

ACTIVITY 2: Workplace Theater

A fulltime drama group based in KwaZulu-Natal provides workplace theater at factories during tea and lunch breaks. Different scripts have been developed addressing aspects of HIV, with one script focused on TB topics. It is anticipated that the TB script will be delivered at a minimum of two factories per month.

ACTIVITY 3: Screening and Testing

Routine TB screening is conducted on all clients provided with VCT and all self-referred TB suspects are routinely offered HIV counseling and testing. Sputum testing is conducted where indicated and all TB clients are referred to Department of Health (DOH) facilities for treatment. Referrals are conducted by way of initial telephonic contact made by the referring clinician to the DOH facility. Where possible, an appointment is made. The client is then given a referral letter and instructed to deliver this letter to the clinician at the referred DOH facility. Again, wherever possible, the patient is given the name and details of the actual clinician to whom they have been referred.

VCT is currently conducted at factories in all five provinces. From July 2008 TB screening will also be routinely offered to workers, thereby extending the reach and access to TB screening. DOH TB suspect registers are currently completed and statistics reported on in the Western Cape and KwaZulu-Natal. Discussions are currently being held with the provincial Departments of Health in Gauteng, Eastern Cape, and Free State to sign MOU/service level agreements to enable SACTWU to expand current services, ensure effective referral and cross referral linkages between TB and HIV service outlets, and to initiate effective reporting systems in these provinces.

ACTIVITY 4: Palliative Care

Home-based caregivers will be trained to undertake early identification and referral of TB suspect clients and provide a defaulter tracing system for TB programs. In order to provide comprehensive and quality services to SACTWU members and their families suffering from TB/HIV, SACTWU has recently negotiated

Activity Narrative: and signed an MOU to build capacity and support at St Luke's Hospice in the Western Cape. SACTWU is currently in negotiation with a similar facility in KwaZulu-Natal. With SACTWU's support, St Luke's has been able to reopen a 10-bed ward that has been closed due to a lack of funding. Although SACTWU members will be provided with preferential access to these services, the use hereof will be extended to any HIV/TB individual requiring care. St Luke's is a TB step-down facility.

All HIV clients in which TB has been ruled out will be routinely provided with isoniazid prophylaxis therapy. Negotiations are also underway with the Departments of Health in the Western Cape and KwaZulu-Natal to cover the costs of Isoniazid treatment.

ACTIVITY 5: Infection Control

SACTWU's interventions are in line with the National TB Infection Control Guidelines which promote the reduction of TB transmission through prompt recognition, initiation of treatment, and referral of suspect TB clients. In line with these guidelines, risk assessments will be conducted at all service outlets followed up with a written TB infection prevention and control plan. In accordance with the guidelines, service outlet staff will be trained and provided with continuous education, home based caregivers will be trained in accordance with the DOTS strategy and National Department of Health's TB policies and guidelines.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 500.09	Mechanism: In Support - CDC
Prime Partner: National Department of Health, South Africa	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 3045.22849.09	Planned Funds: \$2,569,548
Activity System ID: 22849	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National Department of Health (NDOH) Activities 9-13 will be completed and will not be funded with FY 2009 funds.

FY 2009 activities will seek to enhance TB/HIV support for the NDOH and provincial Departments of Health. An example of such an activity is currently being undertaken in one district in the Eastern Cape where PEPFAR partners are working collaboratively to implement an integrated TB/HIV program. This activity will be expanded to other provinces in FY 2009. Other proposed activities are to collaborate with stakeholders to expand provision of training focused on HIV counseling and testing, and quality management systems, TB infection control, TB specimen collection, isoniazid preventive therapy, TB screening, and TB/HIV recording and reporting. Where feasible, training will be delivered through the existing Regional Training Centers. United States government staff will work with provincial departments of health on advocacy, counseling, social mobilization and improving TB/HIV referral systems. Technical assistance will also be provided to primary schools that have been selected by the South African government as Health Promoting Schools for TB/HIV training and other support as requested.

Finally, geographic information systems (GIS) mapping activities for PEPFAR partners will be scaled up to guide partners' expansion of TB/HIV activities strategically.

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.

ACTIVITIES 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 (TB/HIV 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 TB/HIV 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14059

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14059	3045.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$3,654,550
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

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 2808.09	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 12464.22681.09	Planned Funds: \$593,320
Activity System ID: 22681	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The International Training and Education Center on HIV (I-TECH) will expand COP 2008 activities in the following ways affecting TB/HIV training and mentoring, and the integration of TB and HIV curricula activities in the Mpumalanga and Limpopo Departments of Health (DOH) and their Health Professions Quality Assurance (HPQA) Centres.

I-TECH will implement and evaluate two one-and-a-half day TB/HIV and clinical treatment update training courses, consisting of 80 participants in total, for Mpumalanga and Limpopo DOH, HPQA Centres. The target audience will consist of HPQA Centre trainers, provincial DOH district trainers, and project managers (i.e., doctors and nurses from Mpumalanga and Limpopo antiretroviral treatment (ART) clinics). Content of the courses will include guidelines for palliative care, screening for TB in people living with HIV (PLHIV), implementation of isoniazid preventative therapy, HIV counseling for TB suspects, diagnosis and management of TB in PLHIV including HIV-resistance drug interactions, and HIV in pediatric care. Such updates were conducted in the Eastern Cape, and described in COP 2008. Newly employed Eastern Cape HPQA Centre trainers, Department of health district trainers and project managers may attend the trainings in Limpopo or Mpumalanga provided sufficient space and funding.

An integrated training model for the Mpumalanga DOH's HPQA includes (1) development of a basic HIV & AIDS, STI and TB (HAST) in-service training curriculum; (2) modification of a specialized TB/HIV training curriculum based on current South African National Department of Health treatment guidelines; (3) identification of selection criteria for enrollment into the TB/HIV specialized course; (4) development of course certificates; and (5) evaluation tools. To build the Mpumalanga DOH human capacity, I-TECH curriculum specialists will work with a dedicated Mpumalanga DOH team to facilitate the TB/HIV curriculum integration process, develop or revise curricula, prepare TB/HIV materials for clinical review and pilot testing, and provide technical assistance on evaluation processes, tools and certificates. The integrated plan and developed or revised curricula will be shared with the National Department of Health, the Limpopo and Eastern Cape HPQA Centres, and finally, will be promoted to the other six provincial HPQA Centres. I-TECH is working with the Mpumalanga DOH to build momentum, vision, and commitment to development of in-house capacity for production of quality curriculum materials.

In FY 2009, I-TECH will provide technical assistance on TB/HIV curriculum integration to the six remaining provinces. FY 2009 funds will be used to support salaries for the Limpopo, Mpumalanga and Eastern Cape DOH HPQA Centres, to hire one medical officer per site.

I-TECH will develop, implement, and evaluate two three-day interactive mentoring-of-mentors' workshops conducted for the Eastern Cape, Limpopo, and Mpumalanga DOH HPQA Centre mentors (i.e., doctors, nurses, pharmacists). The course aims to develop effective mentoring (on-the-job) skills and to improve the mentor's TB/HIV clinical decision-making skills. The first two days will be dedicated to strengthening mentoring skills using a newly published I-TECH clinical mentoring curriculum adapted for South Africa. The third day will focus on updated TB/HIV clinical content, using case study presentations and discussions intended to improve service delivery (e.g., intensified case-finding, the scale up of isoniazid preventive therapy, TB infection control guidelines, and screening questions), and decrease the burden of HIV in patients with TB disease (e.g., referral of all TB patients identified as HIV-infected for care and treatment, provider-initiated counseling and testing, detection and proper management of multi- and extensively drug-resistant TB (MDR/XDR TB) in HIV-infected patients). Mentors from the remaining provincial HPQA Centres and provinces may attend given sufficient space and funding.

A two-person I-TECH/University of California, San Diego (UCSD) mentoring team (including one infectious disease clinician and one nurse practitioner) will conduct three one-month mentoring-of-mentor visits to Mpumalanga. The team will accompany the Mpumalanga DOH Training Advisor, medical doctor and other HPQA clinical team mentors (i.e., medical officers, nurses, pharmacists) to three clinics (one week per clinic each month for three months) to provide on-site TB/HIV care and treatment mentoring. The UCSD team will mentor up to two doctors and two nurses per site (12 total) and consult total of 50 patients with TB and HIV per week. Clinic shadowing will be augmented by bedside rounds, case study discussions, and distance learning supported by HIV physician experts. This highly interactive training/mentoring model is consistent with I-TECH's best practices for changing knowledge into practice, and allows health care workers to obtain the specialized knowledge and TB/HIV clinical decision-making skills specific to their actual job responsibilities (e.g., the early detection of HIV in TB patients (including pregnant women and children) and vice versa, the management of TB in the HIV-infected patient, the management of MDR/XDR TB in HIV-infected patients). TB infection control will be assessed at each clinic and recommendations reported to clinic administrators.

If the Limpopo DOH HPQA Centre hires doctors, nurses, and pharmacist mentors, I-TECH will support a two-person mentoring team from UCSD to conduct two one-month mentoring-of-mentor visits. They will accompany Limpopo DOH HPQA mentors to three ART clinics (one week per clinic each month for two months) to provide on-site mentoring to the HPQA Centre mentors. The team will mentor two doctors and two nurses per site (12 total) on TB/HIV care and treatment and consult 50 patients per week. The same interactive methods used in Mpumalanga will be employed.

Expected outcomes or impact of these intensive mentoring visits include improved clinical practice and service delivery, improved mentoring skills, and capacity building of DH HPQA Centres on development and implementation of clinical mentoring programs.

Eastern Cape I-TECH/UCSD mentoring activities will continue as described in the COP 2008 model, but in June 2009, it will transition to concentrated support of pre-service programs, curriculum, and faculty development at the Walter Sisulu University (WSU), School of Medicine. By the end of FY 2009, it is expected that the Eastern Cape HPQA Centre clinical team members will be working toward or will have received post-graduate diplomas in HIV and AIDS from WSU, and through this program and I-TECH/UCSD mentoring since 2004 will have the TB/HIV care and treatment knowledge, skills and experience to mentor

Activity Narrative: other health-care providers. This approach is consistent with I-TECH's goal of clinical mentoring programs, which is to build the skills of local clinicians to become clinical mentors themselves. The HIV/AIDS fellowship program in concert with a well established HPQA clinical mentoring team and model supports an increased number of health-care workers providing quality TB and HIV services in the Eastern Cape.

In FY 2009, I-TECH will identify and establish agreements with effective South African ART clinics expert in providing quality TB/HIV care and treatment to provide preceptorship experiences to HPQA health-care providers and staff, reflective of I-TECH's commitment to build capacity of pre-service and in-service clinical education opportunities within South Africa.

The above-mentioned activities also apply to the Health Systems Strengthening program area.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13867	12464.08	HHS/Health Resources Services Administration	University of Washington	6637	2808.08	I-TECH	\$679,000
12464	12464.07	HHS/Health Resources Services Administration	University of Washington	4439	2808.07	University of Washington/I-TECH	\$350,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$482,288

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9625.09

Mechanism: N/A

Prime Partner: University of the Western Cape

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 22492.22674.09

Planned Funds: \$247,581

Activity System ID: 22674

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The University of the Western Cape (UWC) program is part of University Technical Assistance Program aimed at strengthening human capacity development and ensuring sustainability of efforts in multiple program areas.

The activities under this program focus on health system and education system strengthening to support THE TB/HIV program. A key emphasis is on improving access to information for district-based clinicians to diagnose and treat TB and HIV more rapidly and effectively. The project will also improve access to information and build the capacity of clinicians in understanding drug resistant HIV strains. The education sector is highlighted as a key focus for information, education and communication activities, through an intervention that builds capacity through training teachers, learners, and parents (as members of school governing boards) to become health promoters and providers of care and support by providing multi-media and interactive information.

ACTIVITY 1: A Web-Assisted Consultation Service to Support TB/HIV Clinicians in Southern Africa

TB is the most common opportunistic infection and most important cause of death in people infected with HIV in Southern Africa. Information for the clinical management of multi- and extensively drug-resistant TB (MDR/XDR-TB) 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 diagnosis and treatment. This service will build the capacity of clinicians in Southern Africa to provide optimized TB/HIV care. Using FY 2009 funds, the web system will be modified and enhanced based on the use of the system, and the information from the training and utilization workshops. Eighteen clinicians and clinical nurse practitioners (one doctor and one clinical nurse practitioner from each of the nine provinces) will be trained to review the system.

ACTIVITY 2: Molecular Surveillance by Accurate Detection of HIV-1 Drug Resistance Mutations in Patients on Antiretroviral Treatment in Southern Africa: An Informatics Approach

Scaling up access to antiretroviral therapy (ART) in Southern Africa to extend survival among the HIV-infected is a significant challenge, requiring considerable increases in expertise and skilled implementation. Major challenges to success include monitoring and evaluation (M&E) of patient adherence and the prevalence of drug resistance in treated cohorts. Bioinformatics methods are widely used in developed countries to identify drug resistance mutations in HIV patients on ART. These methods are the basis upon which policy guidelines are set in order to inform the clinician when to switch antiretroviral (ARV) drug regimens affected by the appearance of resistance mutations. The identification of the levels of ARV drug resistance in an epidemic is used to define the first and second line ART regimens that are most effective to treatment.

In FY 2008, the system will have been designed and software developed, data will have been gathered and the initial database populated. Twenty clinicians from public and private ART sites around South Africa will have participated in a training workshop. In FY 2009, the system will be adapted and finalized and the web-assisted interface for HIV drug resistance analysis will be made available at <http://hivweb.sanbi.ac.za>.

This project will establish web-based tools to provide accurate detection and monitoring of the spread of drug resistance mutations in patients on ART in Southern Africa. The project will transfer developed drug resistance databases technology developed by UWC's partners at Stanford University and at REGA Institute (Leuven, Belgium) to the South African National Bioinformatics Institute (SANBI)/UWC. The system under development will provide an accessible web portal for decision support for ART regimen switching in resource-constrained environments where laboratory/molecular markers such as CD4 count, viral load and resistance mutation data are not available. Core components of the Stanford HIV database will be transferred to SANBI/UWC. These components include SQL databases and a number of software applications. The SANBI/UWC server will contain a read-only copy of the public version of the Stanford database and a password-protected local server that will be used to store and analyze Southern African HIV-1 sequences. A number of software applications and scripts will be transferred to the SANBI server, including the Drug Interpretation Interface and the ART-AiDE (<http://hivdb.stanford.edu/>). These two software applications are commonly used to identify drug resistance mutations and to manage clinical and treatment data. The REGA database will be used as the local South African database to manage both treatment and sequence data (<http://www.kuleuven.be/regal/>). The participants of the Southern African Treatment Network (<http://www.saturn4hiv.org>) in South Africa will deposit and share their sequences and clinical data on treatment cohorts. SANBI/UWC will apply bioinformatics techniques to determine the prevalence of drug resistance mutations in treated individuals in Southern Africa. The interfaces to the Stanford and REGA databases and analysis tools will be available for secure medical and controlled public usage at the SANBI/UWC website. The SANBI/UWC website will also give access to HIV sequences and treatment information from public databases.

SANBI/UWC, REGA and Stanford personnel will train a minimum of thirty clinicians in the country to use the web interface tools to manage patients on ART. The clinicians will be trained through distance learning and a hands-on workshop on how to use the web portal for management of patients on ART.

The project will also monitor and evaluate the prevalence and spread of drug resistance mutation in Southern African population, and use this data to inform public health policy decisions.

The system will be continuously optimized based on feedback from users and workshop participants. Monthly data will be collected to identify where requests for assistance are logged (thus evaluating whether the target audience is being reached), and to monitor the types of queries being submitted and the response time to queries. Consultations with the Department of Health and Department of Science and Technology will be undertaken to secure resources to maintain the system beyond 2010.

Activity Narrative: ACTIVITY 3: A Web-Based HIV/TB Educational Program for South African School Learners

There is a very high proportion of young South Africans at risk of HIV and TB. South Africa is ranked eighth in the world for the number of TB cases and the Western Cape has the highest number of cases in South Africa. Of the total population, 49% of the at-risk populations are children and youth under 18 years of age. Currently there is insufficient information on TB and HIV in schools.

A web-based interactive TB/HIV educational program for schoolchildren at secondary school level will be developed, and the Health Promoting Schools that are part of the overall UWC program will be used to test the educational program.

This activity will include three pre-selected pilot schools, all part of the Health Promoting Schools program (see COP 2008). The schools include St Andrews Secondary School, Elswood Secondary School and Ravensmead Secondary School, all located in Cape Town and all operating under the auspices of the Western Cape Department of Education. An interactive web-based educational program will be developed to educate learners on the causes of HIV and TB, including topics of prevention, risk factors, testing, and treatment. The three schools are equipped with computer laboratories that have access to the internet, and are therefore able to pilot and develop the program. Educational content will be presented in an engaging format that encourages incorporation into school lessons, particularly into the Life Orientation curriculum that is already taught at these schools. Thirty teachers in the pilot schools will receive training on the use of the web-based educational software. Thirty learners from the pilot schools will test the web-based software to assess comprehensiveness of content and user friendliness of the software. Bug-fixing and modifications to the web-based software will be based on teacher and learner feedback. The grades 8-9 educational material will be presented in English, and subsequently translated and presented in isiXhosa and Afrikaans. The interactive material will be presented to the Department of Education for assessment and validation. This project will collaborate with the national and provincial Departments of Health and Education; consultations will be held with both Departments regarding dissemination and continued utilization of the tool beyond 2010.

The project contributes to PEPFAR's targets by increasing the quality of service delivery in the diagnosis, treatment and palliative care of TB/HIV patients. It provides a web-based support system that will benefit clinicians working in remote service districts and will increase the knowledge of those within the education system. This system will aim to prevent TB and HIV infection, promote effective referral mechanisms for treatment and care for those affected by HIV and TB and those who are within the school system.

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

Activity Narrative: "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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22492

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22492	22492.08	HHS/Centers for Disease Control & Prevention	University of the Western Cape	9625	9625.08		\$300,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$166,353

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 4616.09

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 19530.22636.09

Planned Funds: \$0

Activity System ID: 22636

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The sub-partner Centre for the AIDS Programme of Research in South Africa (CAPRISA) has been graduated to a prime partner with its own award so these activities will continue through the new award. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19530

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19530	19530.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$15,524

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2790.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7953.22647.09

Planned Funds: \$261,361

Activity System ID: 22647

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Catholic Relief Services (CRS) FY 2008 activities will be continued in FY 2009, with the following modifications:

There will be increased focus on tracking and screening patients requiring tuberculosis (TB) treatment. Where TB treatment is not provided at the AIDSRelief facility, referrals to South African Government (SAG) clinics will be made and conscious efforts to followup on the outcome of TB treatment and subsequent inclusion on antiretroviral treatment (ART) where necessary. Discussions are currently in place with the SAG to provide TB drugs for several AIDSRelief sites. At the moment, however, the majority of AIDSRelief sites are not providing TB treatment. AIDSRelief staff will undertake to screen all patients in the community and at the facility; if TB symptoms are detected the patients will be tested for TB, and all patients with TB symptoms and/or new patients will be asked to provide sputum for Acid-Fast Bacilli (AFB) testing and culture in accordance with South African TB guidelines. Because of the well-known fact that severely immuno-compromised patients have a high prevalence of sputum-negative TB, AIDSRelief is trying to work within the SAG guidelines and increasing its efforts for early diagnosis within the home-based care network; however this still presents a challenge in terms of diagnosing patients requiring ART.

In cases where active TB is diagnosed, patients will receive TB medication at a public facility, with AIDSRelief staff, in conjunction with the SAG TB clinic, providing directly observed treatment short-course (DOTS) in the community.

AIDSRelief recognizes the high number of co-infections and high mortality due to TB. Community care workers will be trained to conduct home-based care screening of basic TB symptoms and refer for testing where necessary. Professional healthcare workers will be trained to treat and appropriately transfer or refer patients in need of TB treatment. Activities will include training for nurses, doctors, and counselors with specific TB diagnosis and treatment issues as a primary focus. The plan includes training for lay and community healthcare workers to provide TB identification and to encourage early identification of TB patients in need of ART as part of the provision of holistic health care service, in line with SAG National Department of Health guidelines. Salaries will include those for lay and community healthcare workers and a limited number of clinical staff (primarily nurses and doctors) to implement the program activities, as well as increased focus on INH prophylaxis.

Family-centered testing and care approach will be used where possible. Couple counseling and testing (CT) at CT and prevention of mother-to-child transmission (PMTCT) sites will be used to promote testing of men and to build their support for their female partners. It is also hoped that, through a community based testing, increased outreach will be made to women and children in villages in identifying patients in need of TB treatment. Where possible, training and employment of women as health care workers to increase the confidentiality and comfort of women and girls seeking treatment will be emphasized .

The community-based screening and referral has already been piloted at two AIDSRelief sites (Winterveldt Hope for Life and Orange Farm) in conjunction with CDC, and in FY 2009, AIDSRelief aims to roll out this innovative approach to several other treatment sites.

Given that AIDSRelief sites operate in rural and remote areas, where technical capacity and infrastructure is lacking, heavy emphasis is put on provision of laboratory services through a quality service provider. To overcome this challenge, a Johannesburg-based PEPFAR partner, Toga Laboratories, has been selected as the laboratory service provider for laboratory tests to be conducted under the program. The company has been established by Prof. Des Martin and Dr. John Sims, long-time South African virology experts. Toga Laboratories has an on-going quality assurance program to monitor and evaluate, objectively and systematically, the reliability of the laboratory data. There is an in-house laboratory quality unit that coordinates external quality assurance. For every test performed in the laboratory, there is a quality control plan stated in standard operating procedures. Internal quality controls are performed daily on all instruments as well as for manual tests and recorded. External quality assessments include the UK National External Quality Assessment Scheme as well as National Health Laboratory Services assessment programs, among others.

Isoniazid (INH) prophylaxis for TB will be provided to HIV-positive adults with latent TB according to SA Government guidelines, as well as to children exposed to the disease where possible.

In cooperation with Dr. Norbert Ndjeka of an AIDSRelief treatment site at Bela Bela (Limpopo Province) and advisor to the National Department of Health (NDOH) on multiple drug-resistant TB AIDSRelief sites will be assisted to draw up their infection control plans in line with NDOH guidelines to minimize the spread of TB in healthcare settings and curb mortality due to TB-HIV coinfection.

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 South Africa Page 1113

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13711

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13711	7953.08	HHS/Health Resources Services Administration	Catholic Relief Services	6580	2790.08		\$630,500
7953	7953.07	HHS/Health Resources Services Administration	Catholic Relief Services	4438	2790.07		\$300,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$346,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 167.09**Mechanism:** N/A**Prime Partner:** Africare**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 3752.22578.09**Planned Funds:** \$0**Activity System ID:** 22578**Activity Narrative:** NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 13377**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13377	3752.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$485,000
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

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 397.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 7913.22569.09	Planned Funds: \$291,271
Activity System ID: 22569	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Africa Centre for Health and Population Studies (Hlabisa ART Programme) first implemented TB/HIV activities in FY 2007. Africa Centre will continue to coordinate TB and HIV programs in FY 2009.

All clients receiving HIV and AIDS services are routinely screened for TB (through intensive case finding) and all TB positive patients receive provider-initiated HIV counseling and testing. The possibility of referral for X-rays by a private physician has made accessibility to TB diagnoses much easier.

Africa Centre has supported the Department of Health (DOH) in several ways since 2007. Africa Centre has ensured good practices in collection of quality sputum specimens, and collecting sputum in all the clinics each day, so that clients with TB symptoms can be fast tracked for diagnosis and thus, TB treatment as soon as possible. Training for all health-care workers is essential, and this has been done in collaboration with the DOH. Training materials on key topics are either adapted to the local context or if necessary newly developed.

In FY 2008, the provision of Isoniazid Preventive Therapy was be piloted and eventually rolled out to all eligible HIV-infected persons in whom active TB disease has been ruled out.

Infection control plans will be developed in partnership with the DOH. This will enable the clinics to prevent the transmission of TB among PLHIV as well as among health-care providers. Infection control plans will be based on national and international guidelines.

The home-based care program will refer all clients receiving HIV services that are TB suspects to the clinic to undertake TB diagnosis and referral. DOTS and patient support, contact tracing and coordination with the South African government's HIV program will be strengthened.

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

Activity Narrative: 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 coinfecting 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13369

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13369	7913.08	U.S. Agency for International Development	Africa Center for Health and Population Studies	6453	397.08		\$291,000
7913	7913.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		\$150,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2787.09

Mechanism: N/A

Prime Partner: Absolute Return for Kids

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7882.22555.09

Planned Funds: \$0

Activity System ID: 22555

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. This program area was discontinued in FY 2009 as the costs for this activity were transferred to another donor who was keen to assist with TB/HIV services. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13345

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13345	7882.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$194,000
7882	7882.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		\$0

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5191.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 9444.23046.09	Planned Funds: \$952,312
Activity System ID: 23046	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TB and families: In line with the Reproductive Health Research Unit's (RHRU) strategy to increase counseling and testing (CT) services to family members of HIV-infected people, TB screening and contact tracing will be offered as well. This will be coupled with updated TB screening protocols at selected sites that move beyond identification of chronic coughs to fast-tracking sputum tests.

Facilitated Referral: RHRU will work with the Department of Health (DOH) to strengthen referral mechanisms. Where patients are referred for diagnosis and treatment, opportunities will be sought to promote, as best practice, escorted referral to ensure that patients reach the other side of the service compendium.

Infection Control: TB infection control measures are essential to prevent the spread of M. tuberculosis to vulnerable patients, health-care workers and communities. In light of the emergence and spread of drug-resistant TB, the establishment of facilities that are safe from TB has become a priority. RHRU will promote and implement improved TB infection control practices. These will include improved administrative (good workplace practice including the triaging of coughing patients by on-site case finders), environmental (good ventilation) and personal respiratory protection (DOH and WHO approved masks). At selected sites where the provision of adequate natural ventilation is not possible, RHRU will support the provision of UV radiation or filtration systems. Training will be provided to health-care workers (adherence to infection control plans, triaging of patients and proper procedures for collection and handling of sputum samples) and patients (cough etiquette, community awareness and the importance of testing family and partners).

Prevention of TB Disease: RHRU will continue work with primary health-care facilities and staff to identify clients eligible for prevention of TB by INH prophylactic therapy, using the TB/HIV integration register and the INH prophylaxis register. In addition, RHRU will work with DOH staff to adapt the INH prophylaxis guidelines where appropriate.

Drug Resistant TB: RHRU will work with the National Health Laboratory Services (NHLS) laboratories and DOH to identify multi- and extensively drug-resistant TB (MDR/XDR-TB) cases (through newer PCR-based diagnostic testing) and facilitate appropriate management of these cases, including HIV testing, commencement of antiretroviral treatment, contact tracing and referral for management of TB disease. RHRU will work with stakeholders to implement guidelines for management of contacts of MDR/XDR-TB patients.

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 coinfecting 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:

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13790

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13790	9444.08	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	6611	5191.08		\$780,850
9444	9444.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	\$805,000

Emphasis Areas

Construction/Renovation
Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1212.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3112.22671.09

Activity System ID: 22671

Mechanism: TB - TASC

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$4,462,849

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The proposed COP for 2009 includes the following modifications to the activities based on the PEPFAR South Africa Interagency Partner Evaluation's recommendation of separating TASC II TB activities from PEPFAR activities, and dropping some of the activities.

The following activities have been removed from PEPFAR's COP 2009 but will still be implemented using other United States government resources:

- ACTIVITY 3: Strengthen Laboratory Services
- ACTIVITY 6: Strengthen Surveillance of MDR/XDR-TB
- ACTIVITY 8: Strengthen Services for Pediatric Patients

Changes have been made to the following activities:

ACTIVITY 1: Guidelines/Policy Development and Systems Strengthening in Public and Private Sectors

URC will not use PEPFAR funds to ensure correct implementation of multi-drug resistant (MDR-TB) recording and reporting tools in all MDR-TB units in the country. Nor will funds be used to train health-care workers and information officers on tools, and printing and dissemination of these tools. All other activities remain the same.

ACTIVITY 2: Reduce Stigma and Discrimination

URC will not use PEPFAR funds to provide small grants to local faith-based and community-based organizations to integrate TB and HIV activities and to provide nutritional support to individuals to encourage treatment adherence. Further, URC will not fund organizations to undertake advocacy and public education to create awareness of TB/HIV dual infections and need for early screening, nor will funding be allocated to home-based care groups to provide adherence support to co-infected patients on TB and antiretroviral (ARV) drugs. All other activities remain the same.

ACTIVITY 5: Strengthen Implementation of TB/HIV Infection Control Policies and Guidelines

This activity title has been changed to: "Strengthen Efforts to decrease the Burden of TB in People Living with HIV and AIDS by Accelerating the Implementation of the '3 Is' "

URC will assist districts and facilities to provide intensified case finding in all HIV-infected patients by ensuring that all clients receiving HIV services (voluntary counseling and testing, antenatal care, sexually transmitted infections, ARV) are routinely screened for TB disease and all those with an initial positive TB screen are referred for TB diagnostic services and those that are diagnosed with TB, receive treatment according to the national TB control guidelines. URC will continue to provide training to community-based health workers to promote early identification and referral of TB suspects, patient treatment support, default tracing and linkages with primary health-care facilities. URC will support the scale-up of isoniazid preventive therapy (IPT) by ensuring that supported facilities provide IPT to all HIV-infected people in whom TB disease has been ruled out, according to the national guidelines, ensuring that health-care workers are appropriately trained in the delivery of IPT. Through grassroots advocacy and social mobilization, RC will ensure that clear messages are conveyed to the patient, family and caregivers about the importance of adhering to and completing prophylactic therapy as well as reporting any potential side effects. Family members and close contacts of active TB patients, are screened for TB and if active disease is ruled out, IPT is provided.

URC will work with the National TB Programme to ensure implementation of infection control activities. Other activities will include development of information and education materials for TB infection control in work settings and in the community; and assistance to facilities to develop, implement and monitor infection control policies and plans (administrative, environmental, and personal protection) like safe sputum collection, promoting cough etiquette and cough hygiene, assessing patient flow and separation of TB suspects from other patients and open windows to improve room air ventilation.

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

Activity Narrative: 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: Guidelines/Policy Development and Systems Strengthening in Public and Private Sectors

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 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

Activity Narrative: 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 Services for Pediatric Patients

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13870

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13870	3112.08	U.S. Agency for International Development	University Research Corporation, LLC	6638	1212.08	TB - TASC	\$5,407,750
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

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,620,055

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 486.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 6544.22998.09

Planned Funds: \$0

Activity System ID: 22998

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Department of Correctional Services is in its fourth year of funding with a very high carryover amount. All the proposed FY 2009 activities will be supported using carryover funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Department of Correctional Services' FY 2008 COP will be expanded to include:

- Development and implementation of TB strategies and policies;
- Training for all health professionals in the management of TB with specific reference to the correctional environment; and
- Implementation of an electronic TB register.

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 mean 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14037

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14037	6544.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$388,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4763.09

Mechanism: N/A

Prime Partner: Xstrata Coal SA & Re-Action!

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 22741.09

Planned Funds: \$533,998

Activity System ID: 22741

Activity Narrative: SUMMARY:

Re-Action! will support the District Management Team in the Mpumalanga province in three districts (Ngakala, Gert Sibande and Ehlanzeni) with the development and integration of adherence support for individuals co-infected with TB and HIV at a household level through building capacity in the Outreach Worker project to deliver household driven services. Re-Action! will further support the district management system by improving the capacity of health-care professionals to collect quality of data that relates to TB diagnosis and treatment of patients receiving HIV services.

BACKGROUND:

Re-Action! will assist the Department of Health to integrate TB/HIV service delivery through a public-private mix (PPM) within the Mpumalanga province and into three additional provinces (Limpopo, North-West and Northern Cape) in eight health districts. This will focus on district-level integration of HIV and TB interventions and the improvement of existing services in public health care facilities.

Through the PPM Health Systems Strengthening approach, Re-Action! will integrate public and private sector contributors to address identified systems constraints to scaling up HIV and TB services within the target districts. This is conducted in partnership with District Health Management Teams and local government. It includes strengthening facility and community-based health services in both the public and non-state sector, to increase points of access to care, support and treatment services, improve service linkages and align basic service planning and delivery with government plans and programs.

Expansion of these partnerships into the additional provinces will be a developmental activity leading to signing of partnership and co-investment agreements with companies and memoranda of understanding (MOU) with the provincial Departments of Health.

ACTIVITIES AND EXPECTED RESULTS

Health systems strengthening activities will include:

1. Promote understanding of the PPM approach to TB/HIV control, as recommended in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011, through technical assistance.
2. Train health workers in eight facilities on TB/HIV service delivery.
3. Strengthen supply of isoniazid for isoniazid preventive therapy (IPT) at service sites.
4. Implement PPM for TB/HIV service activities (TB screening, referral and DOTS) at seven private sector sites (i.e., five GPs, two Company Occupational Health Clinics) with supportive supervision.
5. Implement the appropriate TB/HIV task mix (screening, referral and DOTS) among community outreach workers and through household-level care and support.
6. Strengthen TB reporting and surveillance at all provider sites in the district.
7. Document progress and establish good practices through service quality improvement activities. This requires appointing a Health Advisor and procuring specific additional external technical assistance, as required. Reaction! will promote increased awareness and capacity of the HIV & AIDS, STI and TB team within target health districts for strengthening implementation of TB/HIV collaborative activities, including IPT and preventing occupational TB exposure.

Re-Action!, as the implementing agency for co-invested PPM, aimed to scale up the efforts of co-invested partners, and to mainstream health and sustainability activities through the providing upstream support for strengthening local government Primary Health Care Clinics (PHCC); expanding access to HIV and TB prevention, diagnosis, treatment, care, support and education; increasing human resource capacity to deliver primary health care services and to raise the quality of standards of HIV and AIDS and TB prevention, diagnosis, treatment, care, support and education; partnering with other PEPFAR partners, to facilitate synergies in implementing project activities sustainably; expanding existing community outreach activities to individual households; increasing access and opportunity for HIV voluntary counseling and testing; partnering with TB/HIV collaborative service activities such as the DOTS project led by the Department of Health; renovating existing government PHCC and facilities; preparing PHCC for accreditation; building local capacity; promoting and strengthening country strategic objectives; and developing new PPM networks and brokering co-invested funding.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$522,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 190.09**Mechanism:** N/A**Prime Partner:** Aurum Health Research**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 29242.09**Planned Funds:** \$499,937**Activity System ID:** 29242**Activity Narrative:** This is a new PHE for FY09 that has been approved for \$499,937.

PHE tracking number: ZA.09.0256

Title: Evaluating the impact of a systematic, policy-endorsed, integrated TB/HIV intervention vs. current standard of care piloted at the sub-district level

New/Continuing Activity: New Activity**Continuing Activity:**

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$499,937

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 416.09

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7939.22616.09

Planned Funds: \$1,412,666

Activity System ID: 22616

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National Department of Health (NDOH) has asked BroadReach Health Care (BRHC) to expand support to 19 complete hospital systems. BRHC will support 250 palliative care sites, including 25 South African government (SAG) hospital systems in FY 2009. Although BRHC has only reported TB data from four sites in 2008, all sites provide TB services or refer TB suspects for services. All proposed activities will be aligned with the updated SAG guidelines and updated policies and guidelines will be implemented.

ACTIVITY 1:

BRHC will continue to build capacity, but the number of SAG facilities will be increased. Training for healthcare workers on isoniazid preventive therapy (IPT), intensified case finding (ICF), DOT and patient support, TB infection control, prevention, diagnosis and management of MDR/XDR-TB, operational integration of HIV and TB services, diagnostic algorithms and procedures to diagnose smear negative, extra pulmonary and pediatric TB will be provided. All training will be SAG-accredited. Additionally, BRHC will train home-based care workers to ensure that they receive accredited training, and for those who qualify, a refresher training course.

BRHC will scale up its interventions to cover more communities and topics. BRHC will continue to partner with SAG facilities, community- and faith-based organizations, PLHIV support groups, and NGOs to provide training of trainer courses and patient/community training programs, to develop staff and volunteers within these organizations and communities who can (i) raise awareness about TB/HIV prevention and control; (ii) serve to provide education, infection control, treatment literacy training in SAG facilities and in the community to those who are TB/HIV infected and affected; and (iii) provide ongoing adherence support including DOTS. BRHC will continue to produce SAG approved patient videos, speaking books, flipcharts, posters, treatment diaries, etc.

ACTIVITY 2:

BRHC will cover more areas and address more issues at the national, provincial and district levels. BRHC has assisted with developing strategic plans for rolling out comprehensive HIV/AIDS programming, including TB. BRHC will continue to do this and focus on assisting the SAG to (i) develop and implement SAG approved models such as health-care worker participation in prevention and adherence; (ii) linkages at all levels of SAG including laboratories; (iii) down-referral approaches; and (iv) human resource planning, training materials and approaches.

ACTIVITY 3:

BRHC will continue to integrate and upgrade services at TB and HIV facilities, including joint planning, supervision, staffing, medical records, protocols and procedures, fast-track processes for suspected clients, monitoring of outcomes and referral systems, and equipment/infrastructure upgrade. BRHC will support SAG hospitals, community and primary health clinics to ensure continuity of care for patients up and down the referral chain by strengthening or establishing referral systems. BRHC will ensure that ICF, IPT and TB infection control procedures are implemented correctly across sites through clinical mentorship and quality assurance activities. Activities to ensure IPT is provided according to national guidelines will be simultaneously addressed in ARV and TB clinics, and in patient settings.

In alignment with SAG district and provincial priorities, BRHC will support TB/HIV interventions at primary and community health clinics, and at secondary level public health facilities. BRHC technical assistance will be focused intensively at two hospitals: Dunstan Farrell (KwaZulu-Natal) and Umlamli (Eastern Cape). Support will include risk assessments for TB transmission using the SAG TB Infection Control Guidelines and assessment tools. Following assessments, BRHC will assist sites to implement infection control procedures through changes to patient flow, fast tracking of TB suspects, cough etiquette and improved ventilation. Infection control procedures will be tailored to the facility.

BRHC will strengthen the lab lifecycle including appropriate and safe sputum/specimen collection, timely specimen transport, improved reporting of results from labs to clinics, upgrade lab equipment and infrastructure, and ensure that all staff are trained in accordance with SAG policies. BRHC will assist laboratories at sites to adhere to QA procedures for sputum smear microscopy. BRHC will work with the National Health Laboratory Service to decentralize sputum smear microscopy services as requested by DOH, and where deemed necessary to improve accessibility to TB diagnostic services.

ACTIVITY 4: QUALITY ASSURANCE

BRHC will expand M&E programs with emphasis on new reporting systems for the new PEPFAR TB/HIV indicators, monitoring integration of services, implementation of and coordination of reporting systems within SAG at all levels, and staff augmentation to support these efforts.

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

Activity Narrative: 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 (directly observed therapy short-course) 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/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 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 (QA/QI)

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 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13694

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13694	7939.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$1,455,000
7939	7939.07	U.S. Agency for International Development	Broadreach	4449	416.07		\$450,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$124,785

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 190.09

Prime Partner: Aurum Health Research

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19451.22608.09

Activity System ID: 22608

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$934,981

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Aurum will scale up integrated TB/HIV services in the Tembisa sub-district in Gauteng. Tembisa Hospital will be the central activity, but Winnie Mandela Clinic and Tembisa Main Clinic will also receive support. Aurum will focus on linkage of services between HIV/TB, intensive case finding, INH provision and infection control. Aurum will develop networks of care in Gauteng, North West, Eastern Cape and Limpopo, supporting the down-referral process for ART and linkages among levels of TB/HIV services. This will include training and mentoring health-care staff on co-infection, the use of INH and infection control.

Aurum will support testing health-care workers for TB and HIV. At the site level, Aurum will support community-based staff for TB/HIV activities and staff at district, community health center (CHC) and primary health care (PHC) levels. Infection control will be assessed at health-care provision sites accompanied by, where necessary, training and infrastructural support. TB/HIV coordinators will be trained and supported to strengthen linkages from the district level to PHC. These positions will be supported in collaboration with the Department of Health (DOH) and be placed within the DOH to support TB-HIV integration. In addition, at the site level Aurum will support the TB/HIV focal points in developing appropriate training and resources to manage TB/HIV integration more effectively. Aurum will support laboratory staff so that the increased burden of smears and TB diagnostics will be absorbed in the scale-up. Staff at the site level will be trained in intensive case finding and recognition of TB suspects. INH will be provided at the clinic level and will be linked to the current down-referral sites in the four provinces. A provider- and client-centered model linked to training, patient education and improved management will be used. This will be linked to the TB/HIV focal points and the proposed TB/HIV coordinators at the managerial level.

The linkage to directly observed therapy (DOT) will be facilitated by the down-referral networks that this program will develop and has developed. The existing DOT program will be supported through managerial support and staff training.

TB/HIV activities will focus on human capacity development at four tertiary and secondary sites with TB/HIV focal points and 14 CHC sites, including four prisons. Training and mentoring of public sector staff will be provided at supported public sector sites including Tshepong Hospital and Orkney Clinic (North West), Chris Hani Bara Hospital, Tembisa Hospital, Tembisa Main Clinic (Gauteng) and Madwaleni Hospital (Eastern Cape). These activities will also be conducted at eight of the down-referral sites in Ekurhuleni Northern district, the current general practitioner project and three down-referral sites in the Eastern Cape linked to Madwaleni Hospital.

Support for staffing plans and task shifting will be initiated at all sites and levels of service. Mentoring and training will include TB/HIV integration, infection control, staff TB testing, INH provision, and intensive case finding. SME employees, peer educators, managers and owners will receive education and training on the identification and management of TB. Occupational health nurses in the SME program will be trained to become treatment supporters and directly observed therapy short course (DOTS) monitors for HIV-infected employees who are receiving anti-TB treatment supporting existing DOH DOTS programs.

Linking TB screening and CT aim to bring services closer to populations at risk. This will be achieved through mobile testing and fixed site services. Individuals who test positive for TB will be referred to Aurum-supported public sector centers.

In terms of the National TB Strategic Plan, Aurum will support (a) political and managerial efforts, where Aurum and the chairs of District Health Councils, clinic staff and community will prioritize TB and TB/HIV interventions through focused planning, improvement of data feedback and responsiveness; (b) resource mobilization; (c) effective program management of the TB and TB/HIV program at the district, sub-district and health facility levels; (d) improved case detection through smear microscopy and cultures by developing the capacity of the sub-district and district levels, maintaining sputum smear microscopy as the diagnostic mainstay, and ensuring that lab and health-care staff are trained in diagnoses, and in addition, Aurum will consider models of devolving lab services to lower levels of service and support the DOH in this effort; (e) supervision and patient support; (f) standardized reporting and recording system, including the paper-based revised TB data collection tools, TB register, suspect registers, patient cards, facility cards and referral forms that include HIV and their implementation at the clinic level; (g) strengthening the health system's existing processes and systems to function and deliver district level targets, while training and capacity building of staff and systems that will directly affect related health outputs for the district; and (h) advocacy, communication and social mobilization efforts through development of gender module to train healthcare staff and to incorporate gender into programming at all levels of care, including linkage to partner testing and TB screening, involving families in the TB HIV continuum.

Providing TB identification, prophylaxis and treatment support services to selected mobile male populations that drive taxis within commercial hubs in Gauteng, Mpumalanga and Limpopo will enable increased identification of TB cases, prevent the spread of TB within taxis, and allow taxi drivers to continue to work while taking medication. All data will be disaggregated by gender. Formative assessment on gender and TB/HIV will be done and gender-specific interventions will be operationalized based on findings.

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. 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

Activity Narrative: 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.

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 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 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

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19451

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19451	19451.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$109,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$481,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2797.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 3320.22749.09

Planned Funds: \$2,674,713

Activity System ID: 22749

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

All the 46 HIV care, support and treatment sites supported by the International Center for AIDS Care and Treatment Programs (ICAP) at Columbia University will provide tuberculosis (TB)/HIV integration interventions including screening, referrals and TB infection control. The aim will be (a) to ensure at least 90% of HIV-infected patients at the sites are screened for TB at the initial and follow up visits; (b) to ensure at least 80% of TB/HIV co-infected eligible patients are on cotrimoxazole preventive therapy; (c) to ensure at least 90% of TB patients are offered routine HIV counseling and testing; and (d) to facilitate TB infection control at all these facilities. The program will adapt a comprehensive, family focused, and continuous minimum package of care for TB and HIV co-infection management at each of the 46 sites to provide high quality TB/HIV care. The minimum package will include (a) a focus on the family as the foundation of care; (b) optimized use of a multidisciplinary team of providers, lab and pharmacy staff, and administrative support staff; (c) emphasis on adherence and prevention; (d) strong linkages across various clinical service and strong linkages with community resources and organizations. ICAP will also focus on strengthening of the health systems at the provincial, district, sub district/Local Service Area (LSA) and facility level to ensure effective management of TB/HIV co-infection and creating appropriate conditions for the implementation of related TB/HIV integrated activities.

The following activities will be implemented:

- a) ICAP will support the interventions to reduce the burden of HIV among the TB patients, families and community. Only three hospitals will be supported on management of TB patients co-infected with HIV, while ICAP will collaborate and ensure functional referrals for TB management with other PEPFAR partners in the remaining 39 sites. ICAP will support the following activities in COSH, Nkqubela and Empilweni Hospitals:
- (i) Routine HIV testing and counseling.
 - (ii) Cotrimoxazole preventive therapy for HIV-infected TB patients.
 - (iii) Linkages and functional referral system with the HIV care and treatment programs. The program will strengthen the routine counseling and testing at the TB facilities, clinical staging and laboratory assessment of co-infected patients, cotrimoxazole prophylaxis, preparation of eligible co-infected patients for highly active antiretroviral therapy (HAART), and initiation of HAART. The patients will then be transferred to the nearest antiretroviral treatment (ART) service point and follow-ups will be done through home-visits by the lay counselors, field caregivers, and peer educators.
 - (iv) Isoniazid preventive therapy (IPT) for TB exposed children.
 - (v) Home visits to screen for TB and HIV. ICAP will review and adapt available tools with the SAG and other PEPFAR partners.
 - (vi) ART for those who qualify.
- b) ICAP will support the following activities to reduce the burden of TB among the people living with HIV, their families and community:
- (i) Intensified TB case finding among all clients receiving HIV services at the 46 health facilities, including counseling and testing units, prevention of mother-to-child transmission services, other units in the facility, and pediatric services.
 - (ii) Isoniazid preventive therapy for tuberculin test positive clients.
 - (iii) ART for eligible clients.
 - (iv) Linkages between TB diagnosis and TB treatment programs. All patients starting HIV care and treatment programs will be screened for TB and those found with TB infection will be referred for diagnosis and TB treatment at the nearest clinic.
- c) Integration of TB-HIV Services at the community level: ICAP will support the full range of services, linking the activities at clinic and the home. The activities will improve the coordination of counseling and testing, HIV treatment and care, TB diagnosis and care and prevention of mother-to-child HIV transmission services.
- d) Support the establishment of a sustainable mechanism for collaboration and coordination among the government institutions (province, district, LSA and the health facilities), implementing partners, and the beneficiaries.
- f) Conduct/strengthen surveillance of HIV prevalence among TB patients and HIV among TB patients including monitoring and evaluation activities.
- g) Based on lessons learnt from the current ICAP TB Infection Control (TBIC) projects TBIC will be re-conceptualized to focus on clinical actions by the health-care providers themselves that promote rapid identification of TB disease, rapid initiation of TB treatment and ensuring adherence with treatment until completion. Simple design elements will also be addressed to minimize nosocomial transmission of TB in all the 46 facilities.
- h) The Yale University partnership at Tugela Ferry will continue, with an extension of coverage and follow-up regarding patients with MDR and XDR TB.

SUMMARY:

Activities support implementation and expansion of best-practice models for integration of TB and HIV services in public sector facilities in Eastern Cape and KwaZulu-Natal. 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 Eastern Cape included 3 TB hospitals (Nkqubela, Fort Grey and Empilweni Hospitals) and 8

Activity Narrative: 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. Patients from Empilweni TB hospital are referred to any of seven primary health clinics in Port Elizabeth. 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 the Eastern Cape and KwaZulu-Natal. Four new health facilities in Free State 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, KwaZulu-Natal, 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.

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 (KwaZulu-Natal):

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 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

Activity Narrative: 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.

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 the Eastern Cape (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 Free State will be determined in collaboration with the Free State Health Department to receive support for TB/HIV and proposed activities to be implemented include those outlined above.

By providing palliative care TB/HIV support to co-infected persons 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13732	3320.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$2,530,267
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 193.09**Mechanism:** N/A**Prime Partner:** Elizabeth Glaser Pediatric
AIDS Foundation**USG Agency:** HHS/Centers for Disease
Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 7968.22765.09**Planned Funds:** \$1,038,868**Activity System ID:** 22765

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities started in FY 2008 will continue in FY 2009, with the following additional emphases.

There are ongoing challenges with the delivery of TB and HIV services. TB and HIV services are usually provided at different service points and it is difficult for people living with HIV co-infected with TB to receive services in two different programs. As antiretroviral treatment (ART) services become more decentralized, TB and HIV services may be co-located in the same facility or premises. Efforts to improve access to clinical care must be linked to community and home-based care to ensure early detection, timely initiation and completion of TB treatment. The integration of services together with TB infection control (IC) measures will help decrease the transmission of TB and multi-drug resistant (MDR-TB). Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will assist the Department of Health (DOH) at site level in developing and implementing policies, plans and human capacity for TB IC based on international and national guidelines on TB IC. Safe sputum collection will be ensured, cough etiquette and hygiene will be promoted, patient flow assessed and TB suspects triaged for fast-tracking or separation from other patients. Room air ventilation will be improved where required. EGPAF will collaborate with the DOH and other relevant stakeholders in developing and implementing a TB IC training strategy.

Intensified case finding will be provided in all HIV infected patients. All clients receiving HIV services (i.e., prevention of mother-to-child transmission (PMTCT), voluntary counseling and testing (VCT), pediatric services, etc.) will be routinely screened for TB disease. People with an initial positive TB screen will be referred for TB diagnostic services and those diagnosed with TB, initiated on TB treatment using DOTS-based national TB control strategy and international standards for TB care. Systems for tracking and patient referrals and follow-up between TB and HIV services will be strengthened. Home-based care workers and community healthcare workers community health-care workers will be trained so that they are able to undertake early identification and referral of TB suspects, provision of directly observed treatment (DOT) and patient support, defaulter tracing and coordination with TB and HIV programs. Supportive supervisory systems linked with the health-care facilities will be strengthened.

Isoniazid preventive therapy (IPT) will be provided to all HIV-infected persons in whom TB has been ruled out as per national guidelines, policies and protocols for IPT. Health-care workers will be appropriately trained in the delivery of IPT, and the service will include clear messages to patients, family and caregivers. The importance of completing prophylactic therapy and reporting any side effects will be reinforced. All family members and close contacts of active TB patients, especially children under five will be screened for TB and if active disease is ruled out, IPT will be provided.

There will be a strong focus on capacity building around the management of TB/HIV in children to ensure that children are identified early and managed accordingly. EGPAF will ensure that pediatric specific TB diagnostic tools, treatment guidelines and protocols are in place at all sites. Ongoing technical support will be provided to address challenges in service provision and strategies to improve TB/HIV documentation and reporting will be explored.

Human capacity is critical in providing comprehensive TB/HIV services. TB/HIV human capacity development activities will include task shifting, training on TB and HIV collaboration, MDR-TB and XDR-TB, TB/HIV in children, TB IC, nutritional support, with a strong focus on quality improvement. EGPAF will use an integrated training approach to reduce missed opportunities at both entry points. Community health-care workers will be capacitated to provide comprehensive support to TB/HIV services through task shifting. Expected outcomes include improved TB screening as part of the home and community based care, defaulter tracing, adherence support, as well effective referrals and follow-up. Efforts to scale-up IPT will be strengthened. Onsite mentoring, coaching and supportive supervision will continue.

EGPAF will work with DOH to ensure equitable access for both women and men to TB and HIV services. TB screening will be offered to all HIV-infected pregnant women in the PMTCT setting. Linkages with reproductive health programs for female-headed households and caregivers will be strengthened. Programs for older women caregivers that provide support networks and access to productive resources will be targeted. Programs that target men/ boys and encourage their participation and responsibility in care-giving and household functions, their support for female caregivers and their recognition of the burden of care as well as programs that reduce gender-based violence and promote human rights will be implemented. Specific needs of men and women will be addressed

EGPAF overall TB/ HIV support is provided in line the national DOH TB/HIV policies and guidelines as well as the HIV & AIDS and STI Strategic Plan for South Africa, 2007 – 2011, Priority Area 2, Treatment, Care and Support, goal 6, objective 6.3 which aims to ensure effective management of TB/HIV co-infection. All EGPAF support is aimed at assisting DOH to reduce TB/HIV co-infection rate and comprehensively manage TB/HIV co-infection.

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.

Activity Narrative: 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 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

Activity Narrative: 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.

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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13765

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13765	7968.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6600	193.08		\$1,070,000
7968	7968.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4505	193.07		\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$970,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4625.09	Mechanism: N/A
Prime Partner: McCord Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 7910.23186.09	Planned Funds: \$143,364
Activity System ID: 23186	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since there is a high prevalence of TB in the communities, increasing the effectiveness of the community home-based caregivers will assist in decreasing the number of undiagnosed TB cases and thus the spread of TB in the community. Zoe-Life (ZL) will facilitate linkages between community home-based care and the nearest clinics, share knowledge (symptom screening tools) with the existing community health groups, and encourage the utilization and help with the procurement of existing information, communication and education materials by the community.

NEW ACTIVITY: Scale up isoniazid preventive therapy (IPT): The recent National Department of Health (NDOH) TB guidelines strongly recommend the implementation of IPT for HIV-infected people in all primary health-care facilities. However, currently there is poor communication from NDOH to the eThekweni Municipality (eTM) on protocols and implementation practices. In addition, eTM has a poor record of basic TB program management with poor treatment completion rates. Together with policy uncertainties and poor program management, the environment is not currently conducive to the implementation of IPT. Currently, none of the ZL-supported sites are implementing this policy. (It is the belief of the author that no clinics in the eThekweni district are implementing IPT.) ZL will ensure that the health environment is conducive to IPT implementation through supporting best practice with regard to TB management, and supporting clinics to strengthen and improve both case finding and treatment success. Thereafter, in collaboration with eTM management, ZL will train the nurses from the 12 sites in applying the IPT, following the national guidelines. Ongoing support and training follow up will be offered to the health-care providers to ensure correct implementation of IPT. Procurement and a consistent supply of Isoniazid is vital for the effectiveness of this policy, therefore ZL will assist in setting up efficient pharmacy systems at the sites level. Appropriate linkages at all levels within pharmaceutical services will be strengthened.

MODIFIED ACTIVITY: Infection control: Currently, at ZL sites there is an insufficient TB infection control: poor ventilation, inadequate TB patient flow, health-care workers lacking training and awareness, lack of education and informative materials for patients on basic infection control (e.g., cough etiquette/hygiene). ZL will support the clinics to implement a set of administrative control measures (i.e., early recognition of TB suspects or confirmed cases through screening all clients entering the facility; separation of TB suspects into separated and well ventilated waiting area; improved TB/HIV integration in the facility, particularly screening of HIV clients at all clinic visits) and environmental control measures which will allow good natural ventilation, thus reducing the risk of TB infection at the facility level. Training on TB infection control of all clinic staff will be delivered, with emphasis on the NDOH's infection, prevention and control policy and strategy. Facilities will be supported to develop an infection control plan and assessment tool.

NEW ACTIVITY: Pediatric TB/HIV care: ZL will support the sites to increase TB diagnosis, treatment and prophylaxis for children. Clinic nurses will be trained to properly screen adult TB patients for identification of under 5's contacts during history taking and provide prophylactic treatment to these children. Training on existing pediatric TB protocols will be delivered with reinforcement of their implementation through an intense mentorship support. Early diagnosis of TB in children at primary health-care clinics will be strengthened through ensuring availability of the tuberculin skin test (TST) and training of the nurses in the use and reading of the TST.

DOTS SUPPORT: There is currently a DOTS system in place at all clinics. This will be strengthened through multidisciplinary case meetings and onsite training -- which will include the DOTS supporters -- in a bid to strengthen case management, accountability and patient tracking through community and clinic based case management.

GENDER: ZL will continue to address gender by ensuring that men have access to primary health interventions, and particularly to TB/HIV screening. This will be achieved through increasing access in the workplace, as well as by extending opening hours of facilities. One non-governmental organization currently opens after hours and on weekends for this purpose. ZL will work with other sites to increase number of sites that are open after hours.

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

Activity Narrative: 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

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14008

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14008	7910.08	HHS/Centers for Disease Control & Prevention	McCord Hospital	6683	4625.08		\$167,810
7910	7910.07	HHS/Centers for Disease Control & Prevention	McCord Hospital	4625	4625.07	NEW APS 2006	\$144,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 478.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 13800.23156.09

Planned Funds: \$103,596

Activity System ID: 23156

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Tuberculosis (TB) Task Team

The Hospice Palliative Care Association of South Africa (HPCA) will organize an interdisciplinary TB task team comprising seven members, which will report to HPCA Management Committee (MANCO) via the Patient Care Committee. This committee will include three patient care representatives, one person from the monitoring and evaluation (M&E) committee and one each from the Organisation Development, Pediatric, and Education and Training committees. The professional team members will compile the terms of reference for this committee, and the team's mandate will be to:

1. Assess the current level of integration of HIV and TB services in member hospice programs;
2. Identify best practices among member hospices;
3. Facilitate the implementation of recommendations that emanated from the HPCA conference workshop on how to incorporate a TB focus into palliative care programs;
4. Review and adapt current HPCA TB Guidelines in a palliative care context;
5. Facilitate the collection of relevant data;
6. Monitor the implementation of the HPCA TB Guidelines in hospices receiving TB funding;
7. Evaluate the effectiveness of the TB Task Team and submit a report to the patient care committee on completion of the first year;
8. Explore the potential for regional TB task teams; and
9. Liaise with the HPCA Education Committee regarding the identification and meeting of TB training needs.

TB Task Team meetings will be linked to Patient Care Committee meetings to save costs. It is anticipated that during 2009 there will be a series of regional TB workshops to address:

1. Increasing case finding;
2. Implementing infection control;
3. Conducting risk Assessment;
4. Integrating services with examples of best practice; and
5. Accessing, documenting and using information.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13800	13800.08	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	6613	478.08		\$481,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$106,700

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2801.09

Mechanism: N/A

Prime Partner: HIVCARE

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 13774.23070.09

Activity System ID: 23070

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$211,900

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HIVCare will continue with FY 2008 activities, with the following modifications:

- a) The TB program has been enhanced through audits of infection control and adapting HIVCare clinics to the required standard of infection control. This is in accordance with the WHO Guidelines for the Prevention of Tuberculosis in Healthcare Facilities in Resource-Limited Settings, 1999. One of the HIVCare facilities is in a commercial center in central Bloemfontein and it is critical that the structure of the building is adapted to the South African standards for infection control. All TB treatment is provided free of charge to all patients.
- b) HIVCare will provide basic screening of all patients through questionnaires (using the Columbia University TB screening questionnaire) in waiting rooms will be implemented. Several studies have shown that this strategy helps in the early triage and diagnosis of TB patients.
- c) HIVCare will screen all patients with symptoms of TB disease in waiting areas, in accordance with the WHO's Tuberculosis Infection Control in the Era of Expanding HIV Care and Treatment.
- d) Advocate against TB discrimination and promote masks for TB infected patients to use while in the clinics.
- e) HIVCare will implement surveillance of staff (annual chest X-ray and Mantoux tests) and educate health-care workers about signs and symptoms of TB. Chest radiograph and tuberculin skin test screening, although difficult to interpret immediately, serve as adequate baseline measurements in case of later suspected infection.
- f) Specific education on TB through posters, brochures and lectures within the support groups will be provided.
- g) HIVCare will focus on enhancing access to TB prevention with INH, after excluding active TB through physical examination, TB sputum, chest X-ray and liver function tests.
- h) HIVCare will provide DOT to patients with TB. DOT is provided across many varied sites and in different circumstances by health-care workers, and treatment systems are individualized.
- i) Monitoring TB adherence has been added to the duties of designated case managers and this indicator has been included in HIVCare's Management Information System (MIS).
- j) HIVCare will screen all members of a TB patient's household for TB as per existing protocols.

This activity will be conducted at the three clinics including the adolescent clinic, and at all sites within the General Practitioner's network. This approach is especially effective in rural areas where TB prevalence is high.

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 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

Activity Narrative: 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 be able to receive their medication via the HIVCare linkage with the Red Cross home-based carers.

HIVCare's activities to integrate TB and HIV care contribute to the PEPFAR 2-7-10 goals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13774	13774.08	HHS/Centers for Disease Control & Prevention	HIVCARE	6603	2801.08		\$242,500

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$35,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 13964.23078.09

Planned Funds: \$747,597

Activity System ID: 23078

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Community Mobilization

The Turntable Trust, based in KwaZulu-Natal province works with clinical staff, peer educators and community outreach workers to undertake community outreach in schools, its youth center, at workplaces, farms, health facilities and at community gatherings to promote TB/HIV literacy to the surrounding communities as well as referrals to local community centers.

Lesedi Lechabile works within a wider primary health-care setting where TB/HIV services are already on offer through their TB clinic and therefore will not expand into the area of TB/HIV as initially intended.

ACTIVITY 2: Mass Media

Trailblazers has been fully absorbed by the South African Broadcasting Corporation. Funding for Trailblazers are being directed towards the production of a new drama series, Circles, which will highlight the linkage between TB and HIV.

ACTIVITY 3: Advocacy

Johns Hopkins University Center for Communication Programs' new partner, Health-E, undertakes in-depth media coverage on key issues affecting the health and wellbeing of South Africans and will continue to report on issues relating to TB/HIV.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13964	13964.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$970,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$77,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 4760.09**Prime Partner:** St. Mary's Hospital**Funding Source:** GHCS (State)**Budget Code:** HVTB**Activity ID:** 22814.09**Activity System ID:** 22814**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Care: TB/HIV**Program Budget Code:** 12**Planned Funds:** \$145,636

Activity Narrative: SUMMARY:

St. Mary's Hospital in Durban, KwaZulu-Natal will continue with TB screening services to the community to encourage patients' referral to the hospital for treatment as well as screening for HIV. The activities will encompass human resources, training and laboratory supplies. The emphasis area of this activity is to provide, identify and intensify TB case findings at all levels in the hospital, and at local and community clinic level. The activities will also address the need for various screening tests for TB.

BACKGROUND:

This is a new program activity funded in FY 2009, 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 antiretroviral treatment (ART) programmatic area as well as be incorporated into prevention of mother-to-child transmission (PMTCT), and palliative care programs that were funded by PEPFAR in FY 2007. The South African government supports the program 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: TB and HIV Training

There is a need to provide additional training to therapeutic counselors, counselors and community health-care workers that address the need to address referrals to the hospital effectively, as well as follow-up on patients down referred to the community clinics. The therapeutic counselors will be used to improve TB case findings in the community. This training will also address the need for counselors and nursing staff in all programmatic areas to screen all HIV patients for TB. This training will also extend into the community for effective management of TB patients in the home.

Comprehensive TB training will also be provided to hospital staff as a focus, especially for pediatric cases, which will be in-hospital at ward level, in the pediatric outpatients department, and at the primary health-care facility.

The hospital has an onsite nursing college, which will ensure TB is a focus at the level of nurse education. The student nurses complete their practical training at the hospital so this training will automatically filter into the hospital. The training of all health-care workers, including therapeutic counselors, will also include the importance of the delivery of isoniazid preventive therapy. Training specialists from Georgetown University are currently enhancing the nurse's training program at the college.

ACTIVITY 2: Screening Patients for TB

There is an integrated approach to the treatment of TB and HIV at all ward levels in 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. Clinical TB screening will include sputum collection and if required further culture analysis, any other laboratory screening tests and chest X-rays. Effective referrals and follow-up is required; these should be linked in with the Department of Health as well as the therapeutic counselors in the community as discussed in activity one.

As discussed earlier, the ART program and the TB services program are fully integrated within all the services at the hospital. This allows a more efficient service for patients co-infected with TB and HIV. The therapeutic counselors who visit ART patients at their homes will be trained to assist with early detection of TB, the referral for timely initiation, and will assist with monitoring the adherence to the TB treatment. The continuum of care for individuals who are co-infected with TB and HIV will be provided at all levels of care, within the hospital, at the outpatient clinics, and within the community at a home-based care level.

Linkages and referrals will be strengthened between the clinics and the hospital. The Department of Health has provided the hospital with two on-site health-care workers to coordinate the services among the hospital, clinics and the community. Together with the Department of Health's tracer teams and the therapeutic counselors, there will be a focus on addressing linkages for patients requiring TB support services, as well as adherence to treatment.

These activities will also link in with the counseling and testing programmatic area as well as the treatment programmatic area using mobile clinics. Access to TB screening and HIV testing will be conducted in the community. All statistical data on TB are managed and submitted to the Department of Health through the monthly district office statistical submissions.

ACTIVITY 3: Procurement of Drugs

Due to the possible shortages of cotrimoxazole, St. Mary's Hospital will prioritize HIV-infected TB patients as one patient cohort that requires the drug as a matter of necessity. If this national shortage persists, TB patients will continue to be prioritized.

IPT will be provided to all HIV-infected persons in whom TB disease has been ruled out according to national guidelines. This will be a focus at all levels of care, starting at the home setting identified by therapeutic counselors right through to the community clinics and hospital where the patients have been referred. Registers and data management will remain a key element in ensuring this linkage.

ACTIVITY 4: TB Infection Control

St. Mary's Hospital will continue to implement TB infection control policies at supported service delivery

Activity Narrative: points at hospital level and will assist down-referral clinics to develop their own TB infection control policies and plans (administrative, environmental, and personal protection).

These activities augment the current PEPFAR funded ART program funded through Catholic Relief Services.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$8,571

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 226.09

Mechanism: N/A

Prime Partner: Foundation for Professional Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 7986.22958.09

Planned Funds: \$1,015,236

Activity System ID: 22958

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Foundation for Professional Development (FPD) aim to second TB nurses into antiretroviral treatment (ART) clinics was not a realistic goal that could be implemented in FPD-partnered facilities. Following lessons learned lay counselors and caregivers would be trained to do routine TB symptom screening and to refer TB suspects to nurses, doctors and/or the TB focal point for further investigation. Screening for TB symptoms is well established at FPD-supported counseling and testing (CT) and ART sites, and strong referral linkages are in place between CT, ART, Outpatient Departments and the TB focal points. Lay counselors will also be tasked to (1) manage CT and ART-based TB suspect registers; (2) verify the number of TB suspects in CT and ART-based TB suspect registers against the number investigated for TB in the TB focal point's daily patient register; and (3) follow up people living with HIV (PLHIV) identified as TB suspects based on TB symptom screening to ensure completion of TB referral from the ART and CT entry points. The same system used for TB referral at the aforementioned sites will be expanded to prevention of mother-to-child transmission (PMTCT) sites. TB symptom screening will form part of the routine assessment of all pregnant women at FPD-supported facilities. Pregnant TB suspects will be referred to the TB focal point for investigation and further management.

Emphasis will be placed on constant in-service training and mentoring of staff on TB/HIV collaboration and TB infection prevention and control. Nurses trained in TB/HIV collaboration and infection prevention and control will be deployed to offer technical support and continuous on-site mentoring in the different districts supported by FPD. These nurses will also comprise part of the in-service training program at the different facilities.

Activities in support of TB/HIV collaboration include (a) ensuring that all nurses and doctors at HIV care sites are trained in TB/HIV and are competent in the diagnosis, management and treatment of TB and the appropriate referral processes; (b) improving infection control and exploring facility-specific ways of limiting PLHIV exposure to TB; (c) supporting adherence counseling activities for ART and TB treatment; and (d) strengthening linkages to family planning and reproductive health (FP/RH) and PMTCT services for individuals on TB treatment and/or ART. Infection control is a priority. FPD will assist SAG to conduct facility assessments, to develop and monitor facility infection control plans; and to facilitate in-service TB infection control training of all staff. Funding will be used to improve ventilation, install UV lights, N95 respirators, kits for fit-testing, smoke tubes and sputum collection booths, where indicated, as well as to develop communication and social mobilization strategies around TB-HIV co-infection.

Efforts will also be made on a facility-by-facility basis to introduce an appointment system with patients at block times to reduce the number of patients in waiting rooms. This complies with South African infection guidelines. Patients will be screened for TB symptoms upon arrival and TB suspects will be fast-tracked to avoid exposing other patients to TB bacilli. Patients will also be instructed about cough-etiquette. At ART and CT sites, systems will be put in place to triage and fast track potential TB patients for assessment and treatment.

FPD will also extend support services to CT and TB focal points at the primary care level within an ART clinic's catchment area in order to strengthen CT service provision for newly diagnosed TB patients.

The electronic medical record (EMR), already utilized at ART sites, will be expanded to include a TB module, and rolled out at major TB treatment facilities. The EMR will improve TB/HIV patient management, and FPD will work closely with provincial TB program in support of this activity. The EMR was developed at the request of the Tshwane District of Health to strengthen and harmonize facility-based monitoring systems while ensuring that data quality and data use are integral components of the process. The EMR is critical in strengthening the integration of various HIV service points (CT, TB, HIV palliative care, ART) and optimizing inter-connectivity with existing South African DOH systems (e.g., Electronic TB Register). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentorship to build sustainable, local monitoring and evaluation (M&E) and health management information systems (HMIS). Key outputs include (a) in-systems alerts for HIV patients identified as TB suspects who do not complete the referral to the TB focal point (e.g., TB investigation); (b) integration of ART clinic and TB focal point data management systems onto a single electronic platform; (c) improved access to TB data for HIV clinicians; (d) effective referral and cross-referral linkages among program areas; (e) utilization of the defaulter tracing module to track TB patients regardless of HIV status; and (f) improved capacity to monitor continuity of care and barriers of access between the HIV and TB service points.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13742

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13742	7986.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$950,600
7986	7986.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		\$750,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,045,660

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7301.09

Prime Partner: Right To Care, South Africa

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 22944.09

Activity System ID: 22944

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$97,090

Activity Narrative: SUMMARY:

Right to Care (RTC)'s Umbrella Grants Management (UGM) project will support several sub-partner organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, treatment expertise, and strategic planning in providing Adult HIV Care and Support (ACS) services. RTC currently implements or oversees a wide variety of program areas, and in response, has developed a wide base of skills and capacity to manage a range of organization activities, including organizations that provide prevention, training, HIV treatment care and support, pediatric care and treatment, cervical cancer screening, care for orphans and vulnerable children (OVC), home-based care and TB care and treatment.

BACKGROUND:

The following proposed activities are designed to support sub-partner initiatives to implement the goals of PEPFAR and the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). During the past two years, RTC has developed a UGM capacity while developing specific skill sets, competencies and capacity to support many sub-grantee organizations. RTC has developed in-house capacity in financial management, pre-award assessments, training functions in financial management and USAID regulatory compliance. In addition, the technical expertise in medical aspects will be supported by internal RTC capacity and through the Clinical HIV Research Unit, an extension of the ongoing activities of the current RTC grant.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: UGM Technical Assistance and Quality Assurance

Needs assessment and program planning will be done on a regular basis with sub-partners. Site visits will be conducted alongside sub-partner staff to evaluate needs of capacity, human resources, facility planning, approaches to programmatic areas such as treatment and care, in order to reach determined targets and quality of care. The needs assessments will use the experience of RTC clinicians and program staff to develop proper planning and forecasting to facilitate patient growth. Programmatic technical assistance will be provided on an on-going basis, with clinical mentors responding to requests and providing treatment updates, on-going training, updated guidelines, and case-specific support.

ACTIVITY 2: UGM Financial Management

The finance department at RTC has developed systems to support sub-partners that enable compliance and capacity to manage PEPFAR funds effectively. Support includes a complete range of necessary financial management. RTC will meet with sub-partners annually to align financial and programmatic planning.

Regular oversight and support will be given with monthly financial reports required for all sub-partners. Periodic internal audits will also be conducted at the sites of all sub-partners to establish the quality of financial management and human resources (HR) management, review of asset control and alignment with USAID financial management policies.

The finance department at RTC has developed a state-of-the-art financial software tool, which uses Business Intelligent Tools, to monitor and track all sub-partner transactions against budget projections for modeling and cash flow. This integrated program will allow proper management of budget at all sites. Combined with the monthly financial reports, RTC will be able to use this system to produce up-to-date fund accountability statements and fund balances for its sub-partners.

ACTIVITY 3: UGM Monitoring and Evaluation

RTC's monitoring, evaluation and reporting (MER) system (standards, systems, procedures and tools) is established, documented and continuously improved, based on best practices and quality criteria, in the programmatic areas of Adult Treatment, Adult Care and Support, Pediatric Treatment, Pediatric Care and Support, TB/HIV, VCT, Outreach and Training.

All implementation sub-grantees/programs will be provided with the support, training, and technical assistance necessary for sub-partners to meet USAID reporting requirements effectively. In addition, RTC programmatic experts will monitor the reports for quality assurance.

ACTIVITY 4: UGM NGO Management and Sustainability

RTC supports non-governmental organizations (NGOs) with established policy guidance and procedures that meet the requirements of the South African labor law as well as the USAID regulations. All sub-partners will have access to the RTC human resources capacity.

Support of infrastructure will be given through expertise within RTC for advice and consultation. Through various infrastructure projects, RTC has developed expertise in proper clinic flow, effective interior space design in both Comprehensive Care Management and Treatment sites as well as TB clinics. Other sub-partners facing infrastructure challenges will be able to make best use of limited resources which are necessary in increasing clinic capacity. Sustainability of sub-grantees will be supported through RTC's continued relationship with the Department of Health to ensure that continued HIV and AIDS response is in line with the strategic plan for South Africa, ensuring that once the PEPFAR program is complete, that the activities of the NGO can be taken over by the South African government.

Where systems are identified as inadequate, RTC aims to capacitate NGOs to manage their programs independently of RTC. Within the implementation plan and budget, RTC has planned to provide financial

Activity Narrative: reporting systems, management standard operating procedures, human resources policies and procedures, clinical guidelines, and M&E and evaluation systems that will ensure sustainability beyond RTC support.

ACTIVITY 5: Technical Assistance for TB/HIV

RTC supports the South African government's TB program and the World Health Organization's policy on collaborative TB/HIV activities. RTC will provide technical assistance (TA) to sub-partners on integration of the services aimed at TB/HIV co-infected patients at sub-partner NGO or faith-based organization (FBO) sites. Sub-partner PEPFAR-funded TB/HIV activities at the sites will include (1) access to HIV counseling and testing for patients with TB, (2) improved linkages between the HIV and TB programs at each of the sites through referral, notification, and follow-up; and (3) appropriate infection control procedures to prevent the transmission of TB. 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 health-care workers and partnerships with the National Department of Health (NDOH) to provide partial funding for the ongoing running costs and staff components over time.

Sub-partner TB/HIV treatment activities will emphasize 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.

At sub-partner TB/HIV treatment sites, the family and community support network will be educated and trained in basic TB knowledge to help screen clients and family members of clients for TB and to refer for testing and treatment, to trace family members of patients with TB, and to support the client with his/her treatment to improve compliance. NGO clinics that have not been accredited to provide TB services will strengthen referral links to government clinics that provide TB services so that co-infection can be managed.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 262.09

Mechanism: N/A

Prime Partner: National Institute for Communicable Diseases

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12473.22857.09

Planned Funds: \$0

Activity System ID: 22857

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14074

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14074	12473.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$0
12473	12473.07	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	4398	262.07	CDC GHAI	\$900,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6183.09

Mechanism: N/A

Prime Partner: Tuberculosis Care Association

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 24475.09

Planned Funds: \$1,553,447

Activity System ID: 24475

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Project Integrate will expand to Sisonke district, KwaZulu-Natal (KZN) in FY 2008 and Ehlanzeni district, Mpumalanga in FY 2009.

ACTIVITY 1: A tracking system is used to ensure that referred clients visit health facilities. Clients receive referral cards that are left at the clinic, reviewed by community team leaders (CTLs) who meet with community health workers (CHWs) weekly to check if all referred clients attended the clinic. CHWs trace clients and encourage them to attend.

The collection of sputa at non-clinical VCT sites in collaboration with the Cape Town and Metro health services will be piloted. Two sputum samples will be collected from TB suspects and sent for smear microscopy (TB culture for HIV-infected clients). Clients will be asked to return for their results in 3 days and sign an informed consent to allow a CHW to visit at home. Clients with positive sputum smears or who remain symptomatic with negative sputum smears will be referred to a clinic. Tuberculosis Care Association (TBCA) data capturers and CTLs will track referrals to ensure continuity of care. Due to limited space in facilities, TBCA will hire one CTL per facility who will work as a data capturer as well. TBCA will ensure the implementation of CT quality assurance programs aligned with national standards.

ACTIVITY 2: TBCA will assist the Department of Health (DOH) in accrediting TB clinical and primary care facilities to provide antiretroviral treatment (ART). The nurse mentors will be trained as trainers for PALSAs Plus and STRETCH, approved by the DOH.

ACTIVITY 3: Continuity of care for co-infected patients will be ensured by improving referral systems. CHWs provide adherence support for patients on TB and ART, and will promote VCT, screen for TB, refer TB suspects and recall patients who miss appointments for care and treatment. CTLs provide adherence counseling for TB and ART and refer patients to CHWs for adherence support.

ACTIVITY 4: TBCA will support the DOH to conduct TB/HIV/STI audits. If requested by the DOH, the School of Public Health, UWC will be subcontracted. The audit tool will be modified for rural areas and be used at baseline, and after a year, in KZN.

ACTIVITY 5: TBCA will sub-contract the Health Systems Research Unit, MRC to monitor and evaluate integrated TB/HIV adherence support. The Health Economics Unit of the University of Cape Town will be sub-contracted to measure the cost-effectiveness of integrated adherence support.

NEW ACTIVITIES:

An infection control nurse will coordinate home assessments and counseling of MDR/XDR-TB patients and their families. Under direction of the DOH, the nurse will assist facilities to conduct risk assessments and develop infection control plans based on national and Global TB/HIV Working Group guidelines. These include advocacy campaigns, infection control, safe sputum collection, cough hygiene, triaging TB suspects, assuring rapid diagnosis and initiation of treatment, improving room air ventilation, protecting health workers, building capacity, and monitoring infection control. Community-based infection control plans include educational materials promoting cough hygiene; open windows; early identification of TB suspects; early diagnosis and treatment; and completing treatment. TBCA is developing a workplace policy for its health workers who will be offered VCT and TB screening. Eligible HIV-infected workers will be offered IPT.

TBCA will support Brooklyn Chest Hospital with two auxiliary social workers who will counsel MDR/XDR-TB patients and run group sessions in the wards, and two lay counselors who will provide adherence counseling to MDR-TB patients. Clinicians will be trained and mentored to improve HIV care and treatment for hospitalized TB patients. Three educate teachers will provide early childhood development to hospitalized pediatric TB patients. Many have TB meningitis and mental disabilities due to late presentation. The hospital will be upgraded to accommodate long-term patients. Referral systems will ensure that discharged MDR/XDR-TB patients complete their treatment, attend follow up visits and receive community-based adherence support. TBCA will support Cape Town in piloting community-based MDR-TB treatment.

TBCA will provide TB/HIV education, VCT, TB screening linked to VCT, clinical mentorship, adherence support and referral to offenders who are discharged on TB treatment or ART. An application has been submitted to the Western Cape Correctional Services for quality assurance approval.

TB patients identify a support person in the workplace and TBCA's Health Promotion Coordinator provides on-site training and education on TB and HIV to the supporters and colleagues.

TBCA hopes to receive accreditation as a training provider with Health and Welfare Sector Education and Training Authority in FY 2009. Trainings at will be offered to CHWs, NGOs, and provincial governments on TB and HIV prevention and adherence support.

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. 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 ART. The adherence support model used for ART will be piloted with TB patients. BACKGROUND: TB Care

Activity Narrative: 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. PALS 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 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; 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.

Activity Narrative: 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).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities

- * Safe Motherhood

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 190.09	Mechanism: N/A
Prime Partner: Aurum Health Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 23935.09	Planned Funds: \$58,000

Activity System ID: 23935

Activity Narrative: This PHE activity, "A preliminary study of screening for tuberculosis in a South African correctional facility" was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.07.0114.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$58,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10272.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 23707.09

Activity System ID: 23707

Mechanism: TBD Medical Research Council of SA (MRC)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: ■

Activity Narrative: SUMMARY:

These activities have previously been implemented by the Medical Research Council (MRC). However, this year these activities will be re-competed and a partner yet to be determined will be implementing them to continue the work started by the MRC.

The partner 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 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 prevention of mother-to-child transmission (PMTCT) services) and children (receiving antiretroviral treatment (ART) if indicated).

Activities in FY 2009 will continue in applying a best-practice model to integrated TB/HIV care with TB services as the entry point to comprehensive HIV care. Activities in the currently supported sites will be continued; in addition sites in the Northern Cape will be added as well as additional sites in the supported districts to expand the services to patients and the community. Additional activities will focus on continued TB/HIV training for professional staff and lay counselors and will include infection control training. It will also focus on awareness campaigns in the community to decrease stigma, outreach to communities to ensure counseling and testing access, patient tracing to ensure adherence as well as streamlining of monitoring and evaluation activities and the implementation of standardized clinical forms to ensure quality of care and reliable data collection systems.

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 ART 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 ART can safely be instituted within the first month of TB treatment. Activities in the established sites will continue in FY 2009. The best-practice approach will be expanded to additional sites in FY 2009 (i.e. one site in Mpumalanga, two sites in the Western Cape, one site in the Eastern Cape and one in the North West). The best-practices model drew from lessons learn 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 health care 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 AND EXPECTED RESULTS:

Activities include provider-initiated HIV CT; TB screening by symptoms and sputum investigations; referral to appropriate services such as PMTCT, sexually transmitted infection (STI) and partner counseling programs; and enrollment of patients in relevant HIV care and treatment programs. Two activities will be implemented:

ACTIVITY 1: Best-Practice Model

The partner 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 (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 South African accreditation requirements for ARV roll out, 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. The partner will monitor CT practices, strengths and weaknesses of TB/HIV referral systems, human resources and conventional TB treatment outcomes. The partner 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 analyzes 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

Activity Narrative: reporting system, which is now integrating HIV testing and service data.

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 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8711.09

Mechanism: N/A

Prime Partner: Tshepang Trust

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 23714.09

Planned Funds: \$43,691

Activity System ID: 23714

Activity Narrative: SUMMARY:

The TB/HIV program area is a new activity for Tshepang in FY 2009. Although the organization has always taken care of HIV-infected individuals, it has not screened patients for TB nor has it offered preventative therapy or treatment for TB patients, instead referring patients to access these services in public sector TB clinics. In FY 2009 Tshepang will be providing TB screening to a thousand individuals, providing Isoniazid Preventive Therapy (IPT) and referring TB cases for treatment at nearby public TB treatment sites with follow-up mechanisms through Tshepang Patient Managers and utilization trained nurses as adherence counselors.

BACKGROUND:

The Tshepang Trust (Tshepang), a non-profit organization, is the South African Medical Association's HIV and AIDS program. Its mission is to utilize private general practitioners (GPs) to increase HIV testing and treatment access to individuals dependent on the public health-care system, using a public private partnership model with the South African government. It provides medical human resources by mobilizing HIV clinical management trained GPs using two models of care, a sessional model where GPs are placed on a sessional basis in public antiretroviral treatment (ART) clinics, and a private GP model where (ideally) the same GPs are utilized to test and treat patients in their private consulting rooms in order to alleviate the burden of care and treatment associated with shortage of infrastructure (e.g., consulting rooms, long queues, and stigmatization experienced in public health-care facilities).

The GP model was formulated out of a need by individuals to access treatment services close to their homes and workplaces. This is important because (a) patients can access their treatment and medical care outside working hours without having to miss work (public health-care facilities are characterized by long queues and lengthy waiting times, and crowded settings), and (b) patients need not be concerned about stigmatization, by for example, being seen by people they know at an HIV clinic.

The GP model complements government services because it addresses two fundamental challenges that currently face the Department of Health's public facilities: infrastructure and medical human resources. Both the sessional and GP models are an effective short and immediate way for South Africa to reach its HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) targets. Approximately 70% of the medical resources including HIV Clinical Management skills and GPs operate in the private sector. This is in stark contrast to 80% of South Africa's population that is dependent on the poorly resourced public health-care system.

Long-term sustainability depends on all HIV patients being cared for by the state and once the public health-care system has stabilized, Tshepang will, in cooperation with the government, find ways to return GP's patients to state facilities. This may take place within three to four years. All Tshepang-contracted GPs are skilled professionals who have been trained in HIV clinical management aligned with South African government standards and procedures. Furthermore, Tshepang protocols on HIV disease management are based on the national guidelines and the Tshepang model ideally (although not always possible) has been able to utilize GPs work at public sites in addition to private practice to ensure that they understand clinic procedures and work according to national guidelines.

Tshepang has received PEPFAR funding through the American Center for International Labor Solidarity commissioned as a treatment partner in the Prevention Care and Treatment Access to South African Teachers program. This funding ended in March 2007, but Tshepang was given a no cost extension to continue with testing and treatment services until December 2007. A five-year cooperative agreement for a workplace intervention program was granted in FY 2007 and activities included counseling, care and ART treatment to individuals in the workplace.

ACTIVITIES AND EXPECTED RESULTS:

The Tshepang Trust recognizes the need for a comprehensive approach to HIV management and the need to work in collaboration with other partners to ensure the delivery of a comprehensive health-care package to HIV-infected individuals. To this effect, Tshepang has had a long-standing relationship with the Treatment Action Campaign utilizing its counselors at grassroots level to bring the required psychosocial care and adherence support in some areas of operation within the program. Tshepang has trained nurses in voluntary counseling testing and adherence counseling with the purpose of aligning them with the GPs to take care of the psychosocial needs of patients and their families within the program. It has been Tshepang's experience that some patients, (particularly the relatively elite ones) like teachers and nurses might not want assigned counselors due to fear of stigma; however, these services will continue to be made available to them. In addition, a telephone line for counseling offered by Tshepang Patient Managers on a monthly basis will be maintained.

The Tshepang Trust acknowledges that the program has been up till now more treatment focused but it is progressing to be more comprehensive. With effect from October 1, 2008, all HIV-infected patients enrolled for HIV palliative care but not legible for ART will be seen by GPs more regularly. This will involve patient monthly visits for cotrimoxazole prophylaxis to restore and maintain the individuals' immune system and delay the need for ART, TB screening and TB prophylaxis, cervical cancer screening and general patient clinical assessment. Tshepang's approach has also evolved to include prevention and in-depth adherence counseling for patients on treatment. Currently Tshepang is providing voluntary counseling and testing for early detection and positive prevention, encouraging routine family counseling including couples and children, prevention education that incorporates abstinence, being faithful and correct and consistent condom use messages (i.e., abstinence including delaying sexual debut, being faithful, female empowerment, male reaffirmation and condomising (as a last resort)) through the "stick to one partner" campaign to be launched at the beginning of 2009.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2797.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 23931.09

Planned Funds: \$0

Activity System ID: 23931

Activity Narrative: This PHE activity, 'Operating characteristics and effectiveness of a screening instrument for the detection of active tuberculosis in adult outpatients with HIV infection in the Eastern Cape, South Africa' was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.06.0207.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1201.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3110.23890.09

Activity System ID: 23890

Mechanism: HCI

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$656,890

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

While Health Care Improvement (HCI), the follow-on to the URC/Quality Assurance Project (QAP), will continue to focus on the five key activities described above, the emphasis during FY 2009 will be on expanding these and other activities as follows:

ACTIVITY 1: Establish Quality Improvement Teams at the Facility Level

By improving and institutionalizing the formation of quality improvement (QI) teams at a facility and district level, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. These teams, with HCI support, are responsible for implementing facility plans for improving access to TB screening, treatment and follow-up among people living with HIV (PLHIV). Each facility team conducts rapid ongoing assessments to identify and to address quality gaps in current services for screening, treating and following up of PLHIV for TB. This is an ongoing initiative, which is specific to each area/district/province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites and districts.

ACTIVITY 2: Training

In FY 2009, HCI staff will work to develop accredited HIV and AIDS, TB HIV and home-based care training materials, including a comprehensive package of manuals, posters, flip charts and job aids. The development of these materials will include modules on basic HIV and TB, staging of HIV disease, care of TB/HIV co-infected individuals, eligibility and initiation of antiretroviral treatment (ART) in adult and pediatric co-infected patients, disclosure, adherence issues, poly-pharmacy (addressing concomitant administration of medication), living positively with HIV and TB/HIV.

In addition, HCI will revise existing quality assurance (QA) training materials and expand on proposed training initiatives to include QA/QI methodology for all cadres of health-care staff, including informal staff such as community workers, lay counselors and home-based caregivers. This is particularly important at primary health-care facilities where co-infected clients interact with a wide range of formal and informal health staff.

ACTIVITY 3: Human Capacity Development

HCI is already recruiting and placing medical staff in health facilities, and these staff will be tasked to provide of clinical services to TB/HIV-infected clients on a day-to-day basis. In addition, staff will provide training and mentoring to health facility staff on HIV and AIDS care, with specific reference to TB/HIV and ART and care services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to Department of Health (DOH) clinic staff (i.e., doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality TB/HIV services to all co-infected clients enrolled on the program. HCI staff and DOH staff meet regularly to ensure that information regarding newer treatment options and research findings are readily shared.

ACTIVITY 4: Strengthening Supervision Systems

HCI has been extensively involved in revision of the Clinic Supervision Manual for health-care facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility supervisors in QA methods and facilitative supervision techniques for improving the quality of TB/HIV and follow-up services.

ACTIVITY 5: Care Support Groups

HCI has provided assistance in the implementation and facilitation of community- and facility-based care support groups at all HCI-supported health-care sites in the five provinces. In FY 2009, it is envisioned that this support will be expanded to include counseling on remaining HIV negative, Prevention with Positives (PwP), HIV wellness programs, care for the caregivers, and community outreach programs.

ACTIVITY 6: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between prevention of mother-to-child HIV transmission, counseling and testing, family planning, sexually transmitted infections, TB and ART sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at these sites will be responsible for referring TB/HIV-infected clients for onward care, treatment and support, while staff at ART sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health care system, ensuring adherence to treatment and an improved quality of life.

ACTIVITY 7: Policy:

HCI will actively participate in the development, revision and implementation of the National TB/HIV guidelines, Continuum of Care for HIV-infected people and the HIV and AIDS Monitoring and Evaluation Framework Policy in collaboration with the national and provincial DOH staff, to ensure long-term sustainability of this program.

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.

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13873

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13873	3110.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$751,750
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$428,498

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1066.09

Mechanism: PHRU

Prime Partner: Wits Health Consortium,
Perinatal HIV Research Unit

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 3099.23641.09

Activity System ID: 23641

USG Agency: U.S. Agency for International
Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$847,600

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Perinatal HIV Research Unit (PHRU) integrated TB/HIV issues into all PEPFAR-funded program areas. With the emergence of multi- and extensively drug-resistant (MDR/XDR-TB) health-care workers and HIV-infected people are at increased risk of contracting these resistant strains. PHRU will intensify TB/HIV training for health workers, particularly focusing on the prevention, detection, and management of MDR- and XDR-TB, and will ensure that workplaces implement and adhere to TB infection control procedures. Active case finding is being done in a number of facilities.

PHRU will work with the Department of Health (DOH) to encourage HIV counseling and testing of TB-infected clients in accordance with guidelines. PHRU will continue to support TB facilities to test for and treat HIV infection at TB treatment sites such as Charles Hurwitz in Soweto and Brooklyn Chest.

TB screening will be expanded in all PHRU programs, including adult and pediatric, with emphasis on isoniazid preventive therapy for TB-negative HIV-infected clients and appropriate referral for TB-infected clients. Clients diagnosed with active TB will be encouraged to bring in family members and close contacts to screen for TB infection. PHRU will emphasize TB screening for pregnant women and pediatric clients.

TB-positive clients will be tracked to ensure that they start TB-treatment and will be followed to completion.

PHRU follows international and national research on best practices, and diligently implements new developments into policy. PHRU includes these best practices in all training and workshops.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14265

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14265	3099.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$873,000
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 520.09**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:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 13862.23658.09**Planned Funds:** \$165,054**Activity System ID:** 23658

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

CAPRISA AIDS Treatment (CAT) Program at the eThekweni site has been enhanced in the following way:

PEPFAR-funded patients receiving tuberculosis (TB) care through the Prince Cyril Zulu Communicable Disease Clinic (PCZCDC) have been identified to receive field-based DOT. Extensive analysis of the areas with poor performance in TB treatment completion and cure rates was undertaken. The area of Welberdacht in Durban was identified as being most in need of a TB-related intervention. Meetings with the relevant community leaders and CAPRISA management were held to establish links within the community and identify ways to integrate the program within the community. Field workers, trackers, a program coordinator and community liaison officers have been identified. Training on TB infection control and management has been conducted with team members by a representative of the local municipality. CAPRISA is currently securing TB drugs to be used for field-based directly observed therapy (DOT). These will be acquired from the TB services at PCZCDC.

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 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 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 eThekweni 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 eThekweni 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13862

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13862	13862.08	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	6634	520.08	CAPRISA Follow On	\$291,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 10269.09	Mechanism: TBD Africare Follow On
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 23699.09	Planned Funds: ██████████
Activity System ID: 23699	

Activity Narrative: SUMMARY:

Africare's Injongo Yethu Project encourages 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 follow-on 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. 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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Improve HIV Testing Rates of TB Clients

This activity will support development of a standard 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 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 key signs of non-pulmonary TB and refer to the clinic. Increased screening will be captured in the home-based caregiver 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 Community Health Clinic, 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 consisting of 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 antiretroviral treatment 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 2009 activities will also include dissemination of the new TB guidelines, accompanied by refresher training for hospital and private doctors.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 588.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 7856.23105.09

Activity System ID: 23105

Mechanism: Strengthening Pharmaceutical Systems

USG Agency: U.S. Agency for International Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$485,452

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Strengthening Pharmaceutical Systems (SPS) has made the following changes to the COP 2008 narrative:

BACKGROUND: The sentence in COP 2008, "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 should read as follows:

"The TB cure rate in South Africa, 51%, remains well below the WHO target of 85%. Smear positive patients remain infective and continue to spread TB; people infected with HIV are particularly vulnerable to acquiring TB."

ACTIVITY 2: Adherence to Treatment and Rational Use of Medicines

SPS has developed an antiretroviral adherence assessment tool in close collaboration with the National Department of Health's HIV/AIDS Directorate. This tool was fully tested and validated. It is currently being deployed to sentinel sites in all provinces and included in the new national Standard Treatment Guidelines (STGs). This one-page tool provides health personnel with a reliable and quick to administer method to follow up patient adherence to treatment using four different complementary measures (Self-Reporting, Visual Analog Scale, Pill Identification and Pill Count) and if required, to develop a patient specific adherence improvement plan. In South Africa, DOTS is the method of choice for TB patients to ensure adherence to treatment, however it has not been as successful as anticipated. SPS, in collaboration with the national and provincial managers of the TB program will explore opportunities to adapt the SPS Adherence Monitoring tool for TB patients as a complementary method to DOTS and/or as another way of monitoring adherence were DOTS cannot be implemented. Any full-scale implementation will be preceded by a pilot phase and evaluation.

ACTIVITY 3: Quantification

SPS will develop morbidity-based quantification models for multi-drug resistant (MDR-TB). Extensively drug-resistant (XDR-TB) will also be considered once STGs are finalized.

ACTIVITY 4: TB/HIV Infection Control

"Settings" refers to health service delivery points.

SPS will include a specific TB Infection Control module into ICAT. The "National TB Infection Control Guidelines", the "National Infection Prevention and Control Policy and Strategy", "A Policy on Quality in Health Care for South Africa" and other reference documents developed by other partners such as TB TASC will be used to support this work.

The scaling up of isoniazid preventive therapy (IPT) will necessitate the review of protocols to ensure that all health-care workers are trained appropriately.

SPS is currently collaborating with the National TB Programme (NTP) in the development and implementation of surveillance systems for drug-related morbidity and mortality at MDR and XDR treatment sites. SPS will support the NTP in developing a framework for focused surveillance of MDR and XDR-related adverse drug reactions at sentinel sites in the various provinces. Support for this initiative will be provided through training of personnel at identified sites in each province, support for implementation of data management systems at MDR and XDR TB sites and support for the establishment of a framework for data assessment at national level.

The SPS TB medicine management training program is aimed at optimizing the implementation of TB services through strengthening integration with key programs including HIV and AIDS and pharmaceutical services. The training program is aimed at pharmacy and nursing personnel and has an important focus on forecasting, procurement, storage, and distribution of TB-related medicines and supplies. Participants are trained to identify critical issues in systems and policies that may facilitate or hinder services and TB commodity security, and to recognize areas for improvement, and provide intervention options. The training program also focuses on safety monitoring in TB treated patients.

All training materials developed or updated by SPS will be field tested and submitted for accreditation to the South African Pharmacy Council once finalized.

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:

Activity Narrative: 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 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 Narrative: 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".

New/Continuing Activity: Continuing Activity

Continuing Activity: 14003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14003	7856.08	U.S. Agency for International Development	Management Sciences for Health	6682	588.08	Strengthening Pharmaceutical Systems	\$407,400
7856	7856.07	U.S. Agency for International Development	Management Sciences for Health	4464	588.07	RPM Plus 1	\$300,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 255.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 7666.23101.09	Planned Funds: \$0

Activity System ID: 23101

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to TB/HIV through the Integrated Primary Health Care Project (IPHC), a collaborative project between the National Department of Health, the provincial Departments of Health in the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West provinces and the United States Agency for International Development (USAID) awarded in 2004 and extended until December 2010 to Management Sciences for Health (MSH). Since this project has a ceiling which cannot be exceeded, no further funding can be added since the contract has reached its ceiling. MSH will work with the DOH to ensure that activities are sustainable to the maximum extent possible. The TB/HIV activities of MSH will be completed according to schedule in 2010. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16858

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16858	7666.08	U.S. Agency for International Development	Management Sciences for Health	6681	255.08	TASC2: Intergrated Primary Health Care Project	\$533,500
7666	7666.07	U.S. Agency for International Development	Management Sciences for Health	4463	255.07	TASC2: Intergrated Primary Health Care Project	\$550,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6777.09 **Mechanism:** N/A
Prime Partner: National Health Laboratory Services **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 29716.09 **Planned Funds:** \$6,149,924
Activity System ID: 29716
Activity Narrative: Plan to move entire TB-HIV actiities for National Health Laboratory Services from HLAB and add NHLS to the HVTB budget category with narrative.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 10271.09 **Mechanism:** TBD Twinning
Prime Partner: To Be Determined **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Care: TB/HIV
Budget Code: HVTB **Program Budget Code:** 12
Activity ID: 29252.09 **Planned Funds:** ██████████
Activity System ID: 29252

Activity Narrative: This is a new PHE for FY09 that has been approved for \$184,886.

PHE tracking number: ZA.09.0260

Title: Non-uptake of counseling and testing for HIV among TB patients in the Free State: research to inform intervention

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 4105.09	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: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 29709.09	Planned Funds: \$566,496
Activity System ID: 29709	
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 9633.09	Mechanism: N/A
Prime Partner: Institute for Youth Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 29703.09	Planned Funds: \$228,604
Activity System ID: 29703	

Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 257.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 29724.09

Planned Funds: \$1,315,576

Activity System ID: 29724

Activity Narrative: TBD funds will be utilized by MRC That's It for the recommended HIV/TB activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 520.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 29244.09

Planned Funds: \$666,051

Activity System ID: 29244

Activity Narrative: This is a new PHE for FY09 that has been approved for \$666,051.

PHE tracking number: ZA.09.0263

Title: The TRuTH Study (TB Recurrence upon Treatment with HAART)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$666,051

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 190.09

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 29247.09

Planned Funds: \$447,883

Activity System ID: 29247

Activity Narrative: This is a new PHE for FY09 that has been approved for \$447,883.

PHE tracking number: ZA.09.0262

Title: Screening for tuberculosis in primary health care and other outpatient health care clinic

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$447,883

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Total Planned Funding for Program Budget Code: \$49,058,658

Program Area Narrative:

South Africa's HIV pandemic continues to create a rapidly growing number of vulnerable children who are without adult protection and have uncertain futures. Of South Africa's 18.2 million children (38% of the population), about 3.8 million children have lost one or both parents (21% percent of all children). (SA Child Gauge 2007/2008, Children Institute, University of Cape Town.) The burden of HIV and AIDS on children has greatly increased in the last five years with the number of orphans increasing substantially by 750,000 due to the effects of the HIV epidemic. While it is estimated that 1.4 million children have been orphaned by AIDS, a much larger number are considered to be highly vulnerable to the pandemic that surrounds them, according to 2007 Actuarial Society of South Africa estimates using a 2003 model.

Working in all nine provinces, the United States government (USG) approach supports programs that are firmly aligned with and in support of the South African strategies that include the "Policy Framework for Orphans and Vulnerable Children made Vulnerable by HIV and AIDS in South Africa", (July 2005), the "National Action Plan for Orphans and Vulnerable Children 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 the "South Africa National Strategic Plan for HIV & AIDS and STI, 2007 -2011." In November 2007, the Children's Amendment Act no. 41 of 2007 was passed, which provides a framework for a comprehensive range of social services needed to support vulnerable children and their families. At the core of the Children's Act is the South African government's commitment to delivering social services that will strengthen and support families and communities to care for and protect children.

The USG provides direct assistance to the Department of Social Development (DOSD) and works together with both local and international partners to improve and scale-up existing, effective OVC programs to provide protection, care and support services to orphans and other vulnerable children (OVC). At the end of March 2008, 23 PEPFAR partners had reached 215,056 OVC with primary and supplementary direct services. In addition, 10,978 OVC were reached indirectly and 17,418 individual caregivers were trained to provide quality services to OVC.

USG programs in support of the DOSD maintain a focus on the child through the family and the household. Families are the most influential force in the lives of children and adolescents. This is central to the USG program in South Africa and to the activities supported by Hands at Work, Child Welfare, World Vision, and other PEPFAR-funded OVC partners. These OVC programs aim to strengthen the capacity of the family and the community. This family focus is a critical opportunity to expand reach to other members of the family and the community and is an opportunity to integrate the OVC programs with other prevention, treatment, and care interventions. In FY 2009, care for the caregivers continues to be a central area of focus for USG partners, in addition to continued training of volunteers, caregivers, and community-based organizations to address service delivery issues. The National Association of Child Care Workers (NACCW) "Isibindi" Child and Youth Care workers model of care ensures that antiretroviral treatment (ART) is available for adults and children as part of their delaying orphanhood program. Child and youth care workers are trained to identify households and families that require clinical services and through a system of referrals to a network of clinical care services specifically linked to Isibindi. Ensure that mothers and caregivers get tested early and access ART. This intervention has resulted in mothers accessing ART and 294 children (October-March) being assisted to access pediatric ART and their households receiving home-based care and adherence support. USG-supported OVC programs continue to link with pediatric and adult treatment programs. Initially this is done through voluntary counseling and testing (VCT) programs to encourage HIV testing of OVC and their caregivers to ensure that both HIV-infected OVC and their caregivers have access to treatment and palliative care services. In FY 2009 The USG will continue to work with OVC partners like Children in Distress (CINDI) to highlight the scale-up and integration of OVC interventions in prevention of mother-to-child transmission (PMTCT), VCT, treatment, and wrap around programs.

To ensure quality, the USG has defined direct service provision as each child receiving a minimum of three services from a menu of eight services. These include targeted, short-term food and nutritional support; shelter and care; child protection; assistance in accessing healthcare; psychosocial support; increased access to education and vocational training (including school fees, uniforms, tutoring etc.); assistance in accessing economic support (accessing social grants, income-generation projects, etc.); and community mobilization. In FY 2009, the USG will support the DOSD to review and develop quality standards for these basic services. Once developed and shared with stakeholders, these standards will reflect an expected level of service delivery and performance and will be used to assess the overall impact of services provided to each child. These standards will be used by DOSD and partners to define quality and to measure and improve services provided to children to ensure a positive impact. Save the Children UK is currently field-testing a quality assessment tool using a modified version of the Child Well Being Assessment tool, which has now been simplified and translated into one of the local languages.

Better data and increased understanding of the multi-faceted needs of adolescent OVC and identification of OVC interventions that are effective in addressing these needs are critical to the scale-up of service delivery for OVC in South Africa. The scale-up of services for OVC is desperately needed to maximize impact and minimize wasted expense. Program design and resource allocation needs to be guided by a base of documented evidence. To fully implement National Plans of Action for OVC, governments, donors, and program managers need information on how to reach more OVC more cost effectively with services

that improve their well-being. Working hand in hand with the DOSD, the USG will participate in a public health evaluation that will evaluate programs for adolescent OVC with the overall goal of improving the impact of service delivery for this highly vulnerable and underserved population. This activity will enhance USG and DOSD programmatic efforts by providing a better understanding of the situation of adolescent OVC, identifying best practices for meeting their needs, and documenting promising practices.

Working with the DOSD, the USG will provide documented evidence of the effectiveness of the DOSD recommended models of care for vulnerable children. The USG will support the DOSD in documenting the Child Care Forum (CCF) model to respond to the increasing needs of children and to provide support to OVC at the community level. CCFs are a mechanism to build capacity in community-based systems for sustaining care and support to OVC and households over the long term. Prior to the scale-up and replication of this model, the USG will assist the DOSD in providing evidence of the effects and effectiveness of this model of care. The same process will also be used for the NACCW Isibindi model, which is implemented as a social franchise with the NACCW entering into formal partnerships with implementing organizations linking DOSD, the donor, the community, and implementing partner in a network of social delivery. This model has encouraged the private sector to fund Isibindi projects, often co-funding them with DOSD. Initial documented evidence on the model shows the impact of the activities undertaken and the multi-disciplinary approach that allows resources to be accessed from multiple sources (both government and non-government). The Isibindi model is an award-winning best practice model of care that the DOSD would like to scale-up and replicate.

USG partners will focus on improving the quality of OVC program interventions, strengthening coordination of care especially at the district level, and expanding initiatives that reach especially vulnerable children (e.g., under fives, disabled children). Several USG-funded programs have developed focused interventions to reach the especially vulnerable child. For example, NACCW has been working to reach disabled children and has trained disability facilitators to identify, refer and provide ongoing therapeutic services to disabled children. Several USG partners in FY 2009, e.g., South African Catholic Bishop Conference and Woz'obona Childhood Community Service Group, will replicate this intervention. In addition, USG assistance has and will continue to focus on reaching especially vulnerable populations through Early Childhood Development Interventions with Nurturing Orphans for Humanity (NOAH), CARE-South Africa's local sub partners, Hands at Work, and Woz'obona Childhood Community Service Group.

In collaboration with DOSD, USG has begun the development of a vulnerable children service directory and web database, which will be completed in FY 2009. The directory will increase the level and effectiveness of referrals for vulnerable children to receive comprehensive services. As part of this activity, service delivery mapping will be done, which will provide information that the USG and DOSD will utilize in strategic positioning of expanded or new service sites for OVC.

The USG supports programs that focus on supporting child-headed households, such as safe parks and other safety zones for providing young girls with sustained interaction from a trusted adult; and providing information on life skills and HIV prevention education. The USG continues to support the Vhutshilo (Tshivenda, meaning "life") peer education program, a structured 13-session curriculum based peer led prevention and support group intervention for vulnerable 10 – 13 years olds using 16-19 year old peer educators. This program has been replicated in several other OVC programs. The program promotes resilience in vulnerable children by building or strengthening social structures through which young vulnerable children learn new skills, receive and provide support from their peers in similar circumstances and build trust to maintain strong social connections. In FY 2009, the USG will assess the impact of this peer education intervention in terms of its psychological and HIV prevention education effects on vulnerable children. This activity will be a basic programmatic evaluation and to the extent possible, threats to internal validity will be managed.

In FY 2009, USG will continue to bring OVC partners and the DOSD together in annual meetings to disseminate and share promising practices and innovations. This provides an opportunity for partners to build their knowledge base, hear innovative interventions, share lessons learned and emerging good practices, and note the results from research in the OVC arena. In 2008, the USG documented the successful voluntary savings and loan methodology that allows poor rural women to save and make small loans in a closed savings environment in video format to allow for widespread sharing between partners. With technical assistance from MEASURE Evaluation, the USG developed and documented 32 case studies on the various OVC program models within South Africa. A synthesis report considering results from all 32 case studies will help to identify various strategies in meeting the needs of OVC and their guardians, highlight gaps in service delivery, and identify best practices relating to improving the effectiveness and increasing the scale of OVC interventions. The USG and the DOSD hosted the Nigeria OVC team both Government and USG), providing a learning opportunity for south-to-south sharing that resulted in strong links and learning between the two programs.

In South Africa, the USAID Prevention and OVC Team lead serves as the OVC program focal point and is supported by a two-person OVC technical team with a small OVC working group to monitor and review USG OVC activities in South Africa.

In FY 2009, USG assistance will continue to build local capacity, encourage coordination, and support DOSD strategic programming. While several OVC partners have developed innovative gender and child participation interventions (e.g., NACCW's girl child program and World Vision's The Courage to Become Me program) most partners still face a challenge in incorporating gender into their day-to-day implementation of activities. In FY 2009, the USG will focus on providing technical skills and training in gender integration to enable the partners to integrate gender into all their activities (especially in the area of vocational training). Working to shift gender roles, OVC partners will be encouraged to include gender equality into implementation of their program and working in communities, to have discussions and take action for a more gender equitable community. Having adequate systems and processes in place to measure progress and quality in the area of monitoring and evaluation is critical in assuring that positive impact is being made in improving the well being of OVC. Increased human capacity development efforts are needed in this area. USG will continue training to build the human resource capacity of both the partners as well DOSD in the area of monitoring and evaluation.

The USG continues to work closely with UNICEF, including sharing information and assessment results. 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.

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10617.09	Mechanism: CERI
Prime Partner: Children's Emergency Relief International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 24966.09	Planned Funds: \$0
Activity System ID: 24966	

Activity Narrative: SUMMARY:

Children's Emergency Relief International (CERI) will continue its partnership with the Sinomlando Centre for Oral History and Memory Work in Africa (Sinomlando Centre) to provide a training program designed to enhance resilience and nurture identity in orphans and vulnerable children, particularly those who have lost parents or primary caregivers to AIDS. Resilience can be defined as a child's ability and capacity to recover his/her well-being and life potential in spite of suffering through one or more life misfortunes. This will be achieved using the memory-box methodology. CERI received funding for the project in April of 2008 through the New Partners Initiative. Start-up occurred in July 2008.

BACKGROUND:

The Sinomlando Centre is a university-based training and mentoring program which equips staff and volunteers from OVC organizations in memory work and psychosocial support to OVC. Since its inception in 2000 it has developed a full range of training modules that include: awareness, memory work and evaluation workshops; Capacity Building Project (CBP); and refresher courses. The course consists of six modules: Memory Work, Counseling, HIV and AIDS, Play Skills, Interviewing and Transcribing and Community-based Organization Management. This model has been used for more than four years in the KwaZulu-Natal, Gauteng and Eastern Cape provinces. The foundation is the CBP course in which trainees learn to become "Memory Work Trainers" (MWT) with a view to conducting workshops for volunteers in their respective areas. The trainees are given technical training and mentoring in the field. The training is based on the "Memory Box" methodology which is a family-centered psychosocial intervention which facilitates intergenerational dialogue between immediate and extended family members in the context of HIV/AIDS. The purpose of the intervention is to enhance resilience and nurture identity in OVC. Parents and caregivers are encouraged to share family stories with the children. A recording of the story and various objects evoking the memory of sick or deceased persons are put in a "memory box". Resilience can be defined as a child's ability and capacity to recover his/her well-being and life potential in spite of suffering through one or more life misfortunes. After completion of the modules each trainee has to complete supervised and mentored field work. The program is designed to equip "Memory Trainers (MT)" with the necessary skills and expertise to enable them to conduct memory awareness meetings, memory training workshops, plus supervise family visits, with a view to a multiplication of partner OVC organizations' in-house memory facilitators, and thereby, too, families/OVC reached. Following the training each certified MT is obligated to return to his/her home or workplace and within a one year period, conduct two memory workshops for staff and volunteers.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: Human Capacity Building**

Given the scaled-up training model of Memory Trainers (MTs), the Sinomlando staff have subsequently determined that vital to the success of the project proposal will be the initial Memory Awareness Meetings for prospective partners and their staff and volunteers. Meetings were conducted at eight institutions in the Eastern Cape in June and July 2008, resulting in successful partnership negotiations. This culminated with 15 people from areas covering the whole of the Eastern Cape being trained as MTs. Similar meetings were conducted in the Mpumalanga and Limpopo provinces in preparation for the second, third, and fourth CBP training blocks to be held in 2009. With the assistance of USAID/SA, other contacts are being pursued to maximize the coverage area through additional PEPFAR partners. At these meetings, the Sinomlando staff presents an introduction to the Memory-Box approach to psychosocial support of OVC and outlines the scaled-up memory work model.

For FY 2009 the plan is to train 45 memory work trainers through the three-month Capacity Building Project course and after conduct 30 supervised and co-facilitated (by Sinomlando staff) workshops with an average of 15 memory facilitators (that is, volunteers from partner organizations in direct contact with OVC) per workshop, which comes to a minimum total of 450 memory facilitators. In addition, nine Area Coordinators will be trained.

An annual conference on Memory Work will be held to draw together all those involved in the psychosocial work being carried out by the program. This will give an opportunity to expand the research component of the program, give further improvement on the training methodology and content as those who are using the training reflect and share their experience of the process.

ACTIVITY 2: Monitoring and Evaluation

M&E will continue to be incorporated through multiple layers of continuous quality improvement which will be tracked utilizing CERI's Social Solutions database. At a minimum the following will need measuring: training transfer retention of both the CBP and Regional Memory Workshops (curriculum content and presentation, as well as knowledge retention and skills transfer); number of family visits; number of memory boxes completed, number trained and number of OVC reached. A Skills Transfer Evaluation forms for CBP trainees will also be captured as part of M&E.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$505,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 255.09

Prime Partner: Management Sciences for Health

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 2950.23102.09

Activity System ID: 23102

Mechanism: TASC2: Intergrated Primary Health Care Project

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$291,271

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Community Mobilization and Participation

Handing over (partnering with Department of Social Development): To ensure sustainability, the Integrated Primary Health Care Project (IPHC) shall collaborate with key stakeholders, mostly Department of Health (DOH), Department of Social Development (DOSD) and Child Care Forums (CCFs), to provide field technical support that includes on-site training and mentoring of Community-based Organizations (CBOs). The stakeholders shall be mentored in use of the revised data collection and reporting tools e.g. OVC register of services provided, child in-take form, monthly and quarterly data reports and targets. This is in anticipation of their taking over the responsibility of on-site mentoring of CBOs to sustain project activities in the long term.

IPHC shall also expand the role of its five provincial coordinators to include supervisory responsibilities to the 23 CBOs implementing the OVC program. This shall strengthen IPHC project support to Caregivers and help build sustainability.

Inclusion of disabled children: IPHC shall provide technical support to CBOs to identify marginalized groups in the community e.g. disabled children under fives, child-headed and youth-headed households, adolescent OVC. Currently some CBOs like Pholo Modi wa Sechaba in North West province are working with disabled children but need guidance on identification and documenting them. To facilitate this IPHC shall revise the data collection and reporting tools to include categories on disabled children. This shall ensure that the OVC data tools are sensitive to the needs of marginalized OVC groups.

Palliative care: IPHC shall also link the CBOs to palliative caregivers to enhance support to all groups of OVC, including the disabled, to ensure sustainable support.

ACTIVITY 2: Capacity Building/Technical Support

Fundraising: IPHC will build the capacity of CBOs through training, expanding networks and partnerships to identify 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 in a sustainable manner.

IPHC shall develop a fundraising strategy to assist CBOs raise funds to sustain their activities in support of OVC. This shall be done through identification of local private or business, and government and civil society organizations and engaging them. A draft fundraising plan has already been developed and some CBOs have already started fundraising initiatives. The CBOs shall first be involved in the Management and Organizational Sustainability Tool (MOST) training exercise to assess their current strengths and weaknesses.

Child Status Index: To improve on quality of care to OVC, IPHC shall introduce the Child Status Index (CSI), a tool that measures the quality and type of service provided to a child. IPHC is part of a country team working with DOSD, Save the Children UK, University Research Council (URC) and Pact to develop and pilot minimum standards tools for measuring the quality of service provided to OVC. A draft tool has already been developed.

Electronic OVC database: IPHC shall setup an electronic OVC database through technical support from partner NGOs and collaboration with the DOSD. IPHC shall assist CBOs to setup the same electronic database at project sites once it has been piloted and approved.

Depression and psychotherapy: To meet the physical, emotional, mental and spiritual needs of the child, IPHC shall prioritize training of Caregivers in child care and management, particularly focusing on psychosocial support and child participation. The main areas of focus in psychosocial care training shall be children's rights, succession planning (wills, memory boxes and memory books), stigma and discrimination, counselling, including bereavement counselling and play therapy, access to social grants and involvement of religious organizations in child care. The model of psychosocial care and support shall be through Child Care Forums (CCFs), Child Drop-In Centres, support to households including child-headed households and counselling and debriefing of caregivers to prevent burnout.

Caregiver retention strategy: To address the challenge of high attrition rates of Caregivers from the CBOs IPHC project shall offer incentives like training opportunities and skills development in income generating activities. Monitoring tools to track the number of Caregivers and type of training offered shall be introduced. A major strategy to be adopted is the recruitment of men to improve male participation in CBOs, especially as Caregivers. This shall help reduce the number of children per Caregiver/Volunteer and subsequently improve the quality of care. Assertiveness training in CBOs shall be introduced to reduce vulnerability of the orphaned girl child. The project shall facilitate this training and encourage CBOs to replicate the training among other CBOs.

ACTIVITY 3: Coordinated OVC Care

Child care committees: IPHC shall assist CBOs to identify key stakeholders like DOH, DOSD, and CCFs in the local catchment areas to act as child care coordination committees. These committees shall be replicated at district and provincial levels. CBOs shall be assisted to identify or set up CCFs in the local catchment areas. Some of the CBOs have already established links with CCFs in their local communities.

Inclusion of OVC in IDPs: IPHC-supported CBOs will 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 project 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

Activity Narrative: clinics. The NGOs will also be encouraged to continue 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 continue to be improved through facilitation of referrals of OVC to nearby health facilities that offer these services. In FY 2008 all 23 CBOs have reported successful referrals of OVC for ARV treatment.

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 crches 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-

Activity Narrative: 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, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29508	29508.08	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	6563	1213.08		\$1,600,000
29507	29507.08	U.S. Agency for International Development	Engender Health	6514	5096.08		\$414,774
29506	29506.08	U.S. Agency for International Development	Engender Health	6514	5096.08		\$2,860,000
29505	29505.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$1,500,000
29503	29503.08	U.S. Agency for International Development	Catholic Relief Services	6505	5027.08		\$30,000
29502	29502.06	U.S. Agency for International Development	Program for Appropriate Technology in Health	12069	12069.06	APHIA II Western	\$900,000
29501	29501.06	U.S. Agency for International Development	Pathfinder International	12068	12068.06	APHIA II North Eastern	\$220,000
29500	29500.06	U.S. Agency for International Development	Family Health International	12070	12070.06	APHIA II Rift Valley	\$296,000
13999	2950.08	U.S. Agency for International Development	Management Sciences for Health	6681	255.08	TASC2: Intergrated Primary Health Care Project	\$400,000
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities**

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$15,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education**Water****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 4625.09**Mechanism:** N/A**Prime Partner:** McCord Hospital**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Care: OVC**Budget Code:** HKID**Program Budget Code:** 13**Activity ID:** 23586.09**Planned Funds:** \$20,389**Activity System ID:** 23586

Activity Narrative: SUMMARY:

McCord Zoe-Life (MZL) activities will strengthen the linkages between sites that offer care and treatment, and programs that offer traditional OVC services. The aim would be to integrate and streamline services, and ensure that orphans and vulnerable children are tested for HIV in a timely manner and receive quality care and treatment at the most appropriate facilities including the community. Emphasis areas include: development of referral systems between traditional clinic-based programs and OVC services and local organization capacity development.

BACKGROUND:

A major challenge in HIV care and treatment is the very specialized and vertical manner in which children and especially orphans and vulnerable children are managed. Organizations that predominantly support care and treatment are often not aware of organizations focusing on OVC programs and vice versa. OVC programs are often not aware of clinical and psychosocial best practice with regard to care and treatment, nor are they equipped to advocate for the best quality services for OVC. Caregivers are often not kept up to date with best practice and are often not emotionally or practically supported to provide the best quality care to the children they support. Facility-based services do not link with the community or OVC programs very effectively.

This is a new program area in which MZL will attempt to bridge services with an OVC focus to clinical and psychosocial care. MZL would like to start working with 3 models: one clinic linking with Big Shoes (children's home), one clinic or NGO linking with a curriculum-based OVC intervention (iThemba Lethu) and one NGO supported by this funding, linking with its community OVC activities.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Case Finding

As part of case finding to engage infected children with care and support services, ZL will partner with two local organizations that are involved with OVC activities. These are iThemba Lethu (iTL) and Big Shoes (BS). iTL is a local organization which offers a curriculum-based prevention program in several local schools. The focus is on HIV prevention, life choices, delay of sexual debut and community strengthening through support of teachers, economic empowerment of parents and strengthening parenting skills, particularly among men. ZL would seek to partner with iTL to provide testing to children within the school context, provide training to iTL Youth Workers to equip them to provide appropriate referrals for care and treatment, and to provide ongoing psychosocial support to children with HIV. BS operates within the context of children's homes. ZL will partner with them to assist with case finding. ZL will also engage with OVC programs which operate within close proximity to the NGOs and clinics which are supported by this funding in order to support testing through either training to test or through direct testing of children.

ACTIVITY 2: Psychosocial Support

ZL will offer an outcomes-based psychosocial support program for HIV-infected children and their caregivers at the clinics, children's home and community-based program. This will aim to link the clinic and community-based programs. Linkages with OVC organizations that operate near the clinics or NGOs supported by this grant will be created so that OVC facilitators and caregivers can be mentored to provide similar psychosocial support within their programs or communities. The support program will offer caregivers and volunteers quality updated information about the clinical care of HIV-infected children linked with CIMCI goals, as well as psychosocial care which would include assistance to help with disclosure and stigma, nutritional needs, understanding how to give medications, developmental screening and emotional needs.

ACTIVITY 3: Increasing Caregiver Capacity

Caregivers of OVC attending the outcomes-based psychosocial support programs who are not able to read will be linked with an adult literacy program (Operation Upgrade) which operates locally. This is essential as caregivers are often not able to read medication labels, nor are they able to access the resources which could assist them to provide quality care to the children. In addition, they are not able to read patient held clinic records. Linkages with literacy programs will assist to ensure a better quality care and more consistent clinical care from the caregivers. It will have a secondary effect on the cognitive development of the child as the caregiver may be able to engage more actively in the schooling of the child. In addition to this, literacy classes also address other issues such as clean water, starting small businesses, parenting, growing vegetables, and reading to children. These all contribute to strengthening community-based responses and leveraging additional resources to ensure that this happens.

ACTIVITY 4: Coordination of Care

ZL seeks to improve linkages, referral systems and case management of children between the clinics, NGOs, and OVC partners. To facilitate this, a multidisciplinary team meeting will be encouraged at each facility where a working partnership has been developed (clinic/NGO/OVC/Community) Infected children should each be assigned a case manager to encourage accountability and quality of services. Cases will be managed as a team, integrating facility-based recommendations with community-based recommendations. Monitoring and Evaluation (M&E) methods will be developed that ensure tracking and geographical mapping of children and their care pathways. Use of electronic hand-held devices to simplify M&E as well as to access information about medications, referral centers and Community-Based Integrated Management of Childhood Illness (CIMCI) goals will be explored as an integrated and simple way to achieve service tracking, quality services and program M&E.

ACTIVITY 5: Mobile Services

Activity Narrative: Where possible and needed, the mobile clinic used predominantly by the Workplace program funded in this grant may be used to provide clinical services to OVC in the community. This would be to optimize the use of the mobile vehicle and to address OVC needs in the short term.

ACTIVITY 6: Nutritional Support

A. ZL will develop and implement a nutrition screening tool for use within OVC settings (psychosocial support groups, school OVC programs and community OVC partners) to ensure anthropometric assessment and appropriate interventions.

B. ZL will provide technical support to access micronutrient supplementation for nutritionally compromised HIV-infected OVC patients where possible.

C. ZL will develop guidelines for OVC-based staff as well as training courses and resources to provide integrated nutritional assessments and counseling for OVC.

ACTIVITY 7: Gender

Gender will be addressed by providing a safe environment for vulnerable girls to be given access to accurate information and access to testing, care and PMTCT services where needed. Psychosocial support groups will provide an environment in which boys and girls will be able to receive counsel around sexual choices and to reinforce that girls have choices with regard to sexual coercion.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$2,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10269.09	Mechanism: TBD Africare Follow On
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 23700.09	Planned Funds: ██████████

Activity Narrative: SUMMARY AND BACKGROUND:

The project's activities will emphasize 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) and the Department of Agriculture (DOA).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Strengthen Communities to Meet the Needs of OVC Affected by HIV and AIDS

Service Corps Volunteers (SCVs) will be recruited to support OVC community-based activities. To support the identification and tracking of support to OVC, the project 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 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. The project 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

The project 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 CBOs and as well as those engaged in OVC activities. 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, and 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

The project 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. The project 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. The project will provide small grants to Kids' Clubs to organize recreational activities. The project 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 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 two years old 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 Kids' 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.

CPC members will continue to be trained in FY 2008 to provide community-based support and advocacy,

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9225.09	Mechanism: Enhance SI
Prime Partner: John Snow, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 21160.23629.09	Planned Funds: \$1,506,844
Activity System ID: 23629	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

This activity aims to improve OVC information gathering and reporting systems for both the Department of Social Development (DOSD) and PEPFAR OVC implementing partners. In addition, the activity aims to document OVC service delivery, assess program effectiveness by generating information about OVC programs through basic program evaluations and strengthen M&E capacity for OVC programming for both USG (IPs) implementing partners and the DOSD.

BACKGROUND:

This activity is a follow on to the MEASURE 2 TASC order that provided M&E technical support to the DOSD, South Africa. The Enhancing Strategic Information Project (ESI) managed by John Snow Inc. along with its partners Khulisa Management Services, Health Information Systems Program (HISP) and Tulane University aims to further strengthen M&E capacity of the DOSD and PEPFAR IPs in the area of OVC programming, monitoring and evaluation through sustained technical support by a Technical OVC M&E Lead, strengthened by partner support from Tulane, Khulisa, and HISP. The project also intends to conduct a series of capacity building activities to strengthen OVC M&E and program management at the strategic policy making level and implementation level.

ACTIVITIES AND EXPECTED RESULTS:

In addition to the proposed activities below, the project will aim to accomplish the following in FY 2009:

ACTIVITY 1: M&E Strategy for OVC

This activity will be led by a Resident Technical Advisor/Task Lead for South Africa Task 2 under the new ESI Project (Task Order No. GHS-I-03-07-00002-00).

The M&E OVC (Task 2) Lead under the new ESI Project will be responsible for provision of technical support to the DOSD. The support will include the following activities:

- Support a local consultant in developing the monitoring and evaluation operational plan and engage in the short term assignment write up and dissemination of the work.
- Assist the DOSD in providing support and coordination for the OVC Research Working Group at the DOSD and ensure collaboration of all key stakeholders in this participatory process. The ESI project will provide support to this Working Group at the DOSD.
- Provide technical support to a Tulane-based consultant responsible for conducting OVC case studies as a continuation of the previous work under MEASURE Evaluation.
- Explore providing support to the DOSD with regard to provision of M&E technical support in operationalizing a routine management information system for the collection of OVC community-based data for the National DOSD in addition to provide support for Routine Management Information Systems
- Explore whether DOSD would be open to integrating OVC community information reporting into the district health information system
- Partner strengthening in OVC M&E and OVC programming. ESI together with USAID will determine a methodology to identify partners who require supportive technical assistance. Provision of TA will be made available through the ESI Task 2 lead. It is envisaged that the ESI Task 2 lead will provide assistance in facilitating the OVC M&E portion of the PEPFAR Partner OVC meetings and identify, at these meetings (in addition to other consultative meetings), partners requiring supportive TA. This type of support can be further defined as:

1. Strengthening partner M&E plans and frameworks;
2. Strengthening partner monitoring and data management systems;
3. Being the focal point to partner OVC M&E queries (through the ESI Project); and,
4. Supporting USAID in activities relating to OVC M&E.

The project will also conduct, or support and oversee, a series of activities under the Tulane subcontract. The Tulane-based consultant will undertake a series of activities:

- Continuation of previous case studies. The number of case studies will be based on the funds available in the project and a work plan is to be determined to outline an exact number of studies based on available funds. Several synthesis reports based on existing case study information will be developed. This analysis will increase understanding of the services provided and identify trends in types of assistance and potential unmet needs. In addition, a Case Study Development manual will be generated to guide IPs with existing resources to independently replicate the approach.
- Develop a research protocol and data collection tools for basic program evaluations of two OVC initiatives implemented by USG IPs in South Africa.
- Develop a methodology and finalize protocol for the cost-effectiveness analyses undertaken with programs selected for evaluations.

Activity Narrative: It is expected that the activities carried out under the Tulane sub-contract will make use to its full extent and within the funding parameters, the use of Tulane graduate student interns for support of the OVC research component.

All studies that are planned will apply the most rigorous and cost effective methodologies as agreed by Project ESI and USAID. Local research partners will be selected through a competitive bid process and solicited for a detailed proposal. All studies will undergo the routine IRB and regulatory approval process as determined by South African and US Federal law.

The ESI project will make use of a local M&E consultant to continue the ongoing National and Strategic Policy level work at the Department of Social Development, initiated by MEASURE Evaluation.

This work will direct the DOSD in ensuring the effective implementation and capacity building strategy for M&E at the provincial and regional levels. The ESI project under the Task 2 and Task 1 leads and the direction of the local M&E consultant will provide strategic direction as to the most effective methodology for M&E capacity building of the national and provincial Departments of Social Development. The Task 2 lead will support the DOSD in its move to operationalize the National M&E OVC framework, to be finalized under the direction of the local M&E consultant mentioned in the above bullet.

ACTIVITY 2: M&E Capacity Development

This activity will be comprised of an integration of South Africa Tasks 1 and 2 under the ESI Project. South Africa Task 1 under ESI is designed to coordinate the M&E capacity building activities for USG partners in South Africa. The project Task 2 lead will lead the capacity building efforts for OVC partners and DOSD, South Africa, with a high level of effort and support from the Task 1 lead. It is envisioned that most of the trainings will occur at the project ESI offices training room as means to effectively use funds for program support. A curriculum on OVC M&E capacity building (for both partners and DOSD) will be developed following discussions and agreement between ESI and USAID. The focus for year 1 activities for OVC M&E capacity building will be to emphasize on basic M&E capacity building workshops and specialized courses on monitoring OVC community-based programs.

The ESI Project, through Task 1, will provide basic M&E training for OVC partners and also ensure that the Task 2 lead is a focal contact for PEPFAR partners for OVC M&E. ESI will also develop M&E specific curricula for PEPFAR partners and the content of this will be specific to monitoring of OVC Programming, in addition to conducting routine and basic M&E trainings. The project will focus, in year 1, on OVC evaluation techniques (as opposed to monitoring) and evaluation designs for partner support. Project ESI will together with USAID discuss a methodology for workshops designed for evaluation capacity building for partners for year 2 of the project. This will be done in collaboration with Tulane.

The ESI project will propose a series of training methodologies that will potentially encompass basic M&E, as well as strategies to train trainers at the level of implementation of DOSD activities (regional and site). Project ESI, through the outputs generated from the work of the local M&E consultant, will strategically position itself to provide M&E TA at the provincial level and/or program level. This will be done in an advisory capacity while further discussions with USAID and DOSD will be held to ensure resource mobilization at the field level to operationalize the DOSD OVC program.

SUMMARY:

This activity aims to improve OVC information gathering and reporting systems for both the Department of Social Development (DOSD) 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 recompleted 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 DOSD to support a resident advisor (RA) within the DOSD 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 DOSD'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 DOSD 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 DOSD will assist them to implement the M&E strategy. A key component of the DOSD M&E system in South Africa will be the MIS for OVC co-funded by PEPFAR and the DOSD. The M&E RA will continue to serve as the liaison between DOSD, 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 DOSD's M&E strategy and operational plan to ensure key objectives of DOSD 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 Narrative: ACTIVITY 2: M&E Capacity Development

The M&E RA will continue to develop the M&E capacity of staff within the DOSD and local partners. The M&E RA will coordinate M&E training needs within the DOSD 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 DOSD. The expected result of this activity is a sustainable M&E unit within the DOSD.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21160

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21160	21160.08	U.S. Agency for International Development	John Snow, Inc.	9225	9225.08		\$1,552,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9224.09

Mechanism: N/A

Prime Partner: PATH AIDSTAR

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 21254.23637.09

Planned Funds: \$1,650,538

Activity System ID: 23637

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

In partnership with the Department of Social Development (DOSD) PEPFAR funds will support the training of caregivers of orphans and vulnerable children (OVC) and child protection activities. Planned interventions include the development of the capacity of local community-based and faith-based organizations to provide support to OVC, thereby addressing the burden of care experienced in particular by elderly females, adolescents and male caregivers, each of whom has unique needs. As a result of training the quality of care provided to OVC will improve. In particular, household approaches that create linkages between OVC services and affected families will be prioritized.

BACKGROUND:

The project supports the PEPFAR goal of supporting care for 12 million people infected with and affected by HIV, including OVC. Among those most affected by the epidemic are children orphaned and made vulnerable by its impact. They experience heightened susceptibility to isolation, stigma, malnutrition, disrupted education, psychosocial issues and a generalized lack of physical and emotional care and support.

Over 3.3 million South African children have lost one or both parents. Over 250,000 have lost both parents and over 100,000 are estimated to be living in child-headed households. This translates into an increased burden of care experienced by family members, caregivers, volunteers and community and faith-based organizations. The personal needs of caregivers are often unmet. As a result their support to OVC is compromised, leading to an increased risk of neglect and abuse. This PEPFAR activity will focus on strengthening the capacity of caregivers by focusing on their own needs while simultaneously increasing the knowledge base and skills they require to support OVC.

Implementing organizations:

PATH has partnered with its AIDSTAR Sector I Consortium partners, Health and Development Africa (HDA) and The International HIV and AIDS Alliance (the Alliance) to deliver the Orphans and Vulnerable Children Caregiver Support and Child Protection Training in the nine provinces of South Africa.

In terms of the project management structure, PATH as prime contractor and recipient of the award, assumes accountability to USAID for project results, compliance and financial reporting. HDA takes the technical lead for project implementation and day-to-day management and will house the project. The Alliance leads the Caregiver support training component. Second tier partners will be added in FY 2008.

Gender:

The center of this activity will be child protection, and gender issues will be a major focus of this program. The three gender priorities that will be addressed are: increasing gender equity in HIV and AIDS programs; increasing women's legal rights; and reducing violence and coercion. All data will be segmented by gender. The importance of life skills and HIV prevention information for highly vulnerable girls will be built into the training program, thereby helping to educate youth and adults about the risks of cross-generational and informal transactional sex.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

Training will focus on the strengthening of the capacity of caregivers to provide adequate care to OVC. Caregiver capacity development will address personal health issues; family strengthening including relationship building, resource strengthening and resilience; psychosocial wellbeing; treatment literacy; knowledge of and ability to access resource networks; coping with bereavement and grief; parenting skills including household management, child nutrition, dealing with conflict, memory work, child development; and communication skills. Addressing the human resource inadequacies of caregivers and supporting organizations will enhance the quality of care provided to OVC.

The target of training is community-based caregivers active in the care and support of OVC. The caregiver support training curriculum will be supported by manuals and toolkits. Toolkits will provide resource information to raise awareness, build skills and strengthen problem-solving abilities. They will include a resource pack containing for example low-literacy information sheets and read aloud story books to facilitate child-caregiver communication about HIV/AIDS.

Training the Trainer (TOT) workshops will be offered to Master Trainers. Training of caregivers will take place over five-days divided into two- and three-day sessions to allow participants to assimilate learning over time.

Follow-up and support of trainees will take place through national and provincial convenings. Refresher trainings will be offered to trainees who have completed training. A quarterly newsletter will promote continuity of learning and enhanced networking between trainees. Training partners will conduct bi-annual site visits to monitor training implementation and assess further needs. A reporting form will facilitate collation of information. On-going training will be provided to trainee supervisors regarding their skills, roles and responsibilities and to discuss changes to reporting and monitoring data.

Sector Education and Training Authority (SETA) accreditation of training curricula will be finalized. 500 manuals will be printed and available on the project website. 2500 caregiver toolkits will be printed and disseminated.

Activity Narrative: Training sites will be identified in areas with highest prevalence of HIV and largest numbers of OVC in order to facilitate sustainable scale-up, with attention given to creating linkages with other HIV-related programs. Mapping processes will be employed to determine these greatest areas of need.

ACTIVITY 2: Improving collaboration and referral networks to promote sustainability

In order for caregivers to maintain a high standard of care, they must maintain their own health and psychosocial wellbeing. Referral networks will be established in the communities where South African PEPFAR OVC partners are working in to ensure that caregivers know where to access services for themselves. Specific focus will be put on psychosocial and health services, including ARV treatment.

Project activities will seek to embed the training into communities by creating child champions and strong referral and networking relationships between governmental and civil society organizations. In this way the project seeks to promote community responses to OVC and caregiver needs. Community participation will be encouraged in all project planning and implementation processes. For example caregiver and child participation will be built into conferences and evaluation processes.

Through its close collaboration with DOSD the project promotes long-term scale up in order to increase the number of OVC reached. The training program is replicable on a national level and takes into account the varying needs of different populations such as elderly and adolescent caregivers, under five year olds and persons with disabilities.

ACTIVITY 3: Dissemination of knowledge and better practices

This activity will focus on the identification and dissemination of better practices that strengthen households and improve child protection. In the process, promising practices will be benchmarked against criteria for "successful" practice. Ongoing discussions with PEPFAR partners and DOSD will provide information about as yet undocumented approaches. Local partner capacity to document case studies will be developed with a minimum of 30 individuals trained.

A targeted dissemination strategy will be developed. Promotional brochures will be distributed to 1000 organizations. Toolkits will be made available through public access networks and CD-Rom. Innovative ways to disseminate better practices dissemination will be facilitated by the quarterly newsletter and other ideas that will emerge in the strategy. At least three caregiver conferences will be held to share documentation of better practices, discuss innovative approaches and common challenges.

ACTIVITY 4: Child Protection

Training will focus on the early identification, prevention, treatment and follow up of child abuse and neglect. This continuum of care aims to create an effective and efficient response to high levels of child abuse prevalent in South Africa and to address the increased vulnerability of OVC. Training will be developed for NGOs, including FBOs, teachers, health professionals, mental health practitioners, social workers and caregivers. Efforts will be directed at the development of referral networks, quality assurance and supportive supervision to ensure follow up and mentoring of trained individuals.

Child champions will be identified in each geographical region where training takes place to provide mentoring to trained individuals, advocate for child protection and promote sustainability of the project. Meetings will be held locally and provincially to build awareness, increase networking and ensure implementation of training practices.

Training will be offered to PEPFAR partners and child forums as established partners involved in support to OVC. This will develop increased understanding of prevention, early intervention and treatment of child abuse and neglect and the appropriate institutional and legal responses to child abuse. An understanding of the roles, responsibilities and referral processes to and between child protection services, governmental and civil society will prevent children falling through the continuum of care. In addition the project will focus on the development of community-based safe spaces for children. This project will focus on introducing the special needs of OVC to the child protection professionals and also on introducing the child protection identification skills and support options for OVC caregivers. Both sides need to be sensitized.

SUMMARY:

In collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to support a caring for the caregivers intervention, with a major focus on the adolescent and female caregivers of OVC. These will include elderly female household heads with young children, large families with unrelated children (fostered or adopted), child-headed households, single parent/family member households, and formal or informal cluster foster care.

Funding will be used primarily in the emphasis area of training specifically in-service training with additional efforts in local organization capacity building. The primary target populations for the intervention is adults over 25 years, people living with HIV and AIDS and orphans and vulnerable children (OVC). A service provider to implement this activity will be selected in October 2007.

BACKGROUND:

Research has shown that families are absorbing the care of OVC but are doing so with great difficulty and at great cost to the caregiver. Adult caregivers of OVC have needs of their own that must be addressed in order to support and prolong their capacity to care for OVC. There are currently over 1 million OVC in South Africa, and the number continues to rise. Support structures need to be built to ensure the current model of community and family-based OVC care is able to be sustained. Issues and challenges that caregivers face

Activity Narrative: include burnout and personal health issues, depression, lack of adequate knowledge about HIV/AIDS, stigma, the lack of resources or the knowledge of how to access them, the lack of parenting skills and grief management. Trainings are needed that will increase the knowledge and skills of individuals providing care and support to children who have been orphaned or made vulnerable by HIV/AIDS.

The South Africa PEPFAR OVC Partners are trying to address this issue, but due to the large demand, have requested additional assistance in planning and implementing programs to address caring for the caregiver.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training

This activity will focus on developing and sharing a caregiver support model for South Africa. Activities will address the critical health needs of adult caregivers, including guardians, (grandmothers or aunts) and adolescent heads of households. Activities will improve adult-to-child communication and provide counseling on difficult issues including parental illness, death, how to deal with bereavement and grief, sex education, parenting skills, gender sensitivity training and HIV prevention messages. These interventions will prioritize the needs of the caregivers and will strengthen the caregivers parenting skills set to ensure that they are able to keep the new family together as a family unit and support the OVC in a stable environment. Workshops will be held and mentoring and support provided for caregivers to improve their ability to care for vulnerable children and maintain the family unit.

ACTIVITY 2: Linkages and Referrals

In order for caregivers to maintain a high standard of care, they must maintain their own health. Referral networks will be established in the communities that the South African PEPFAR OVC partners are working in to ensure that caregivers know where to access services for themselves. Specific focus will be put on psychosocial and health services, including ARV treatment. Issues around accessing these services will also be examined including transportation costs and temporary child care to see how partners could best address these issues.

ACTIVITY 3: Sharing Good Practices and Knowledge

This activity will focus on dissemination of valued practices for caregivers. The intervention will focus on collection and sharing of information and best practices for caregiver support programs among OVC organizations. Other interventions to reduce the burden of childcare on stressed caregivers will also be explored. For example; aftercare programs offering sports and recreation, including weekends, holidays and holiday camps. Better practices will be documented and then caregivers will be invited to workshop what practices they could use in their communities, households and families. This intervention will focus on supporting activities that avoid further destruction and degradation of the family unit. A caregiver tool kit will be developed to provide organizations with sustained guidance for ongoing support of caregivers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21254	21254.08	U.S. Agency for International Development	PATH AIDSTAR	9224	9224.08		\$900,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 10275.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HKID**Activity ID:** 23724.09**Activity System ID:** 23724**Mechanism:** TBD Salvation Army Follow On**USG Agency:** U.S. Agency for International
Development**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** ██████████

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Salvation Army has declined future PEPFAR funding for FY 2009. The USG will recruit a new partner to provide services to ensure that there is continuity in this activity in FY 2009.

In collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to support the provision of OVC with access to a comprehensive coordinated range of services that meet their needs. The new partner will implement interventions that provide care and protection services to OVC and will work to ensure access to a comprehensive coordinated range of services that meet their needs. Services will include psychosocial support, access to government grants and school fee exemption. The Partner is expected to facilitate access to food nutrition and educational support (including assistance with food parcels, uniforms and school materials). An emphasis area will be training and building the capacity of volunteer caregivers to respond to the needs of OVC.

BACKGROUND:

The Partner that is currently providing services to OVC will no longer be doing so as of September 2009. This COP represents a follow-on activity to identify another implementing partner to provide services to OVC and ensure that services are continued.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training of volunteer caregivers and establishing quality training programs that will provide and enhance skills of those providing care to OVC

The programs will be designed with appropriate curriculum, qualified trainers and have a mechanism in which to measure the quality and impact of the training on promoting the well being of OVC. This partner will ensure that capacity building is integral in providing quality comprehensive services to OVC and their families. Training of primary and secondary caregivers in child and youth care work, ensuring linkages to social security and child protection interventions as well as in the establishment of income generating activities such as vegetable gardens, poultry farming and tailoring will all be part of the activities implemented by this new partner.

ACTIVITY 2: Comprehensive OVC services

The partner will establish a program to deliver comprehensive and holistic support services to OVC and provide focused bereavement counseling for OVC, specifically young people heading households who struggle to cope with their own intense grief as well as the responsibilities of dealing with the grief of their siblings which often manifests in different ways (bedwetting, depression). A further group that will be focused on is the grannies heading households who struggle with intense grief related to the multiple losses of their children, coupled with the stress of the responsibilities of raising many grandchildren of varying ages in the context of poverty. In addition the care workers themselves may struggle with unresolved personal grief and often have great difficulty providing good psychosocial support. The new partner will use some funds to contract specialists in the area of bereavement and grief to strengthen the capacity of carers at all levels.

ACTIVITY 3: Establishment of a referral process

The partner will establish a referral process for services that employs the "household-centered approach" that links OVC families with other critical services that include PMTCT, care and support, treatment, palliative care, etc.

ACTIVITY 4: Gender mainstreaming

The partner will implement gender interventions that address the priority gender issues affecting OVC care in the target area.

The major components of this program are: a) capacity building in OVC program design and implementation; b) collaboration and coordination with government and other services/programs for the provision of quality care and support to OVC; 3) effective monitoring and evaluation 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. 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.

Activities will be aligned with the Department of Social Development's Policy Framework on OVC and the OVC National Plan of Action and the SAG's HIV & AIDS and STI National Strategic Plan (NSP) 2007-2011 and other government responses related to meeting the needs of children affected by HIV and AIDS. The new partner will also explore co-funding opportunities with DOSD, other donors and the private sector where possible.

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

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10550.09	Mechanism: N/A
Prime Partner: Woz'obona	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8256.23896.09	Planned Funds: \$266,999
Activity System ID: 23896	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1:

Woz'obona (formerly the Sekhukhune Educare Project) will strengthen the capacity of 933 family units to care for OVC through using household-centered approaches. This will be achieved through the introduction of Caregivers Support Groups (CGSG) in each village (1CGSG/Village) to reinforce the ability of families with OVC to improve, increase and enhance care provided by family members. This activity aims to further position the family as the unit of care for OVC, prioritizing its place within the continuum of care. Thus, Woz'obona will form support groups for carers that will serve as mechanisms to provide social support such as information, advice, material, and emotional support to carers. These support groups will also be a place where infected and affected parents and caregivers can be linked/referred to such services as palliative care, ART, PMTCT, and counseling and testing by child care workers. Emphasis will be placed on establishing a referral system, where referrals are tracked and monitored for completion.

Activity 1 will also be enhanced through strengthening existing child care forums (CCF) to improve the coordination of care among local HIV and AIDS-related service providers. To improve the functioning of these CCFs, Woz'obona will continue to provide administrative, logistical, program and technical support, to the CCFs. Woz'obona will encourage the CCF to identify and recruit more representatives of diverse community-based health and social services (family, community, schools, civil society, government and business sector) to participate in the CCF to improve formal referral networks within the Forum, promote coordination, and the provision of effective /comprehensive child centered services. Woz'obona will ensure that children are represented and actively participate in these CCFs.

ACTIVITY 4:

To improve the quality of psychosocial support services (PSS) provided to OVC, Woz'obona will receive training and support from the Sinomlando Centre for Oral History and Memory Work covering modules in memory work and psychosocial support for children, counseling, HIV and AIDS, Play Skills, Interview Skills and CBO Management.

The Sinomlando Memory Work model structures PSS provided to OVC in a systematic way. This evidence-based approach attempts to address the PSS needs of OVC thorough oral history. This will improve the participation of children in the decision making processes of households in relation to the children's care and inheritance.

Children residing in child and youth-headed households continue to be at a greater risk of HIV infection and negatively impacted by HIV and AIDS. Woz'obona will address this problem through the provision of PSS with a special focus on marginalized OVC sub-groups such as child and youth-headed households, and young girls vulnerable to early pregnancies and cross generational sex. Woz'obona will design and implement educational interventions specifically targeting this high-risk group. The ultimate goals are to empower young girls to delay sexual debut and reduce cross-generational sex, and positively influence male sexual behavior.

To further enhance this activity, referrals and linkages to other service providers will be promoted to afford young pregnant girls and their partners a comprehensive package of services. Woz'obona will focus on young pregnant girls who do not have support from their families and lack information on how to deal with unplanned/or unwanted pregnancies and absent or lack of support from their partner. To support these vulnerable children, Woz'obona will create an environment in which girls and boys will receive counseling, awareness and referral to various services available. The aim is to help these children cope with the prevailing situation.

ACTIVITY 6:

This activity will aim to reach disabled children who are marginalized due to their disabilities and often due to their vulnerability to HIV and AIDS as well. The goal is to address the material, emotional and social needs of disabled children and their caregivers residing in the program area. The use of Disability Resource Boxes is an innovative approach that has proved to be highly effective; this will be coupled with the provision of physiotherapy, by caregivers who have been trained by Woz'obona Child Care Workers, who will have received training from the National Alliance of Child Care Workers (NACCW).

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:

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13808

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13808	8256.08	U.S. Agency for International Development	Sekuhukune	6618	4758.08		\$250,000
8256	8256.07	U.S. Agency for International Development	Sekuhukune	4758	4758.07		\$230,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,284

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$4,229

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$11,514

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10281.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 23732.09

Activity System ID: 23732

Mechanism: TBD OVC Department of Social Development

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: ██████████

Activity Narrative: SUMMARY:

This is a new activity in FY 2009. In collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to co-fund activities that support the protection and care of OVC. This activity will focus co-funding and supporting programs that the DOSD would like to scale up as well as activities that encourage and entrench collaboration between partners across the entire spectrum of service areas.

A service provider to implement this activity will be selected in October 2009. USAID will expand its collaboration and partnering with the South Africa Department of Social Development in areas that promote the well-being of OVC in the country and will seek to co-fund activities that support the protection and care of OVC, with the goal being a defined area of cooperation and co-funding scale up activities in the OVC arena.

BACKGROUND:

In 2008, the USG has collaborated with the DOSD in providing assistance in the development of an effective monitoring plan to develop indicators to measure progress being made under the National Action Plan and to identify opportunities for improvement particularly related to the Children's Act and objectives related to OVC.

ACTIVITIES AND EXPECTED RESULTS:

PEPFAR support to the DOSD will include:

- Technical Assistance to update the five-year National Action Plan which will need to be updated in 2009 for the next five year period. Once the 2009-2014 National Action Plan is developed PEPFAR will review the activities that would be most appropriate for co-funding to scale up successful models of care for OVC.

- Exploring opportunities for co-funding programs and technical activities. Specifically PEPFAR and DOSD co-funded and review models of care and best practice programs for lessons learned and national endorsement of effective models of care that can be replicated or scaled up.

- Continuation of technical, training and consultative support in the areas of Monitoring and Evaluation of OVC programs and assistance to the DOSD to strengthen the DOSD OVC Strategic Plan and Child Protection issues.

- Providing TA and consultation on increasing the number of OVC receiving grants, benefits and social services at the local areas.

- Assist with assuring that appropriate information is available for OVC policy makers (e.g. studies, assessments, and research).

- Continuation of efforts to develop an OVC Quality Improvement Program for OVC service in South Africa. This support may include funding for stakeholders forums, workshops, etc. in an effort to obtain broad based participation, input and feedback for identifying the most effective action steps and interventions to develop National Quality Standards for the protection, care and support of orphans and vulnerable children.

- Human capacity development in the area of monitoring and evaluation of the National Action Plan of OVC. This will include providing skilled technical assistance for short and long term time periods to provide mentoring and on the job skills sharing for DOSD staff. This may also include providing support to ensure that sex-disaggregated targets for all reporting indicators on the National Action Plan are available.

- Assist the DOSD to develop a gender strategic planning process to ensure that gender considerations are integral to the OVC National Action Plan. Likely support may include a gender assessment of the national DOSD OVC programs, workshops to share results and resulting recommendations.

- Gender Integration workshop to provide OVC program managers with tools to integrate gender into their programs.

The activities are aligned with the improvement of the quality of the OVC programs in South Africa. In addition, the goal will be to strengthen of capacity of the DOSD staff. The activities will be in line with the harmonizing of support to the Department's Policy Framework on OVC and the National Action Plan for OVC and the South Africa Government's HIV & AIDS and STI National Strategic Plan (NSP) 2007-2011 and other government guidelines related to meeting the needs of children affected by HIV and AIDS. The proposed activities also support government's efforts to develop policies, strategies and programs on integrating services for orphan and vulnerable children. PEPFAR will support the DOSD to ensure that gender integration is central to the support provided to DOSD. The gender priorities that will be addressed are: increasing gender equity in HIV and AIDS programs and increasing women's legal rights.

This support will be aligned to achieve the objective of several South African policy frameworks, including the HIV&AIDS and STI National Strategic Plan 2007-2011, 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). This activity will contribute to the PEPFAR goal of providing care and support to 10 million HIV-affected individuals, including OVC. In addition it will contribute to the PEPFAR objective of strengthening local and national structures to provide long term responses to reaching the most vulnerable OVC with quality services and coordinated care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10468.09

Prime Partner: Population Council

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 24470.09

Activity System ID: 24470

Mechanism: Population Council

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$485,452

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Due to the lack of connectivity or access to internet it will be important to provide an alternative method of accessing the database for service providers who suffer such constraints. An SMS text service is proposed to enable specific choices to be identified for a specific area.

PC will continue to develop the database to its fullest extent and will work with key stakeholders such as the Department of Social Development (DOSD) and DOE to ensure that caregivers of OVC are informed about and given access to the database.

Monitoring and Evaluation:

The OVC policy and guidelines include indicators that should be collected to ensure that the implementation of relevant activities is effective. PC will review the project tools for monitoring the project indicators to ensure that the correct data is being captured and recorded correctly. Continued communication with key stakeholders will also ensure broader strategic use of the directory.

PC will conduct training to ensure the successful transfer of the database and its maintenance to a local partner. Documentation, models and manuals as well as appropriate instruction will be provided so that the partner is fully informed of regular input and maintenance activities and is aware of how to anticipate the scope of possible areas of concern. Specific areas of training would include, but not be limited to, the design of the database, physical data model, configuration management, database maintenance, and support utilities.

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

Activity Narrative: produce various maps.

This activity will contribute to the success of the following objectives of the SAG'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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10472.09

Prime Partner: Woord en Daad

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 24489.09

Activity System ID: 24489

Mechanism: NPI

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$0

Activity Narrative: SUMMARY:

Mfesane has a responding teams at two sites providing a comprehensive package of support and care for households with OVC and the children themselves. This has been in partnership with the nationally recognized National Association of Child Care Workers (NACCW) Isibindi program, which is PEPFAR South Africa-supported. This operates as a social franchise - NACCW trains, supports and monitors the childcare workers to receive an accredited national qualification; while Mfesane provides local coordination and management.

The child care workers each provide personal support to up to twenty specific children and their households, including counseling, life skills, guidance on household maintenance, assistance accessing social grants and acting as their advocate.

The delivery package of comprehensive services includes parenting and psychosocial care and support to guardians through counseling and bereavement, the social security needs of the children will be address, regarding their basic rights to be safe, assist in the applications of identity books and birth certificates and addressing their educational needs. Mfesane is currently caring for 250 OVC through the existing teams. According to NACCW guidelines, these teams should be able to increase the number of OVC they support to about 500. Together with the local authorities, Mfesane will establish an additional team in a different community at the start of the new programme. This will again be in partnership, with NACCW providing training, support and quality monitoring.

BACKGROUND:

Woord en Daad, a Dutch faith-based organization, will work through its long-standing South African partner organization, Mfesane, to provide quality prevention, counseling and testing, and care services to members of communities in two distinct municipalities: Saldanha Bay in the Western Cape, and Nelson Mandela Bay in the Eastern Cape. Mfesane will target informal settlements and other communities where people are at high risk of infection, socially dislocated and underserved by government services. The two programs will stand alone, but learn from each other, building upon Mfesane's engagement with communities and government, local structures including churches and schools and experience in responding to HIV/AIDS. In Saldanha Municipality Bay (SBM), Woord en Daad will support Mfesane to scale up the already existing programme through starting up additional programs - peer education in schools and mobilizing churches to complement its existing services providing counseling and testing, care for PLHIV, and care of OVC. In Nelson Mandela Bay (NMB), Mfesane has several years of experience. Previously Mfesane worked through coaching Thandi Youth Organisation for 3 years to consolidate its home-based care, and peer education. The Mfesane program will be set up to further scale up the response through directly providing services in Greenfield, a new informal settlement.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Recruit OVC Child and Youth Care Workers

There are 39 workers active and 13 others will be recruited. This will be done October - November 2009.

ACTIVITY 2: Human Capacity Development

The new Child and Youth Care Workers (CYCWs) will be trained by NACCW according to accredited course, in 14 modules over a period of 2 years. There are also specific courses e.g. on disability. Debriefing sessions are held every second month for the CYCWs, and there are 2 teambuilding sessions per year.

ACTIVITY 3: Implement Package of Comprehensive Care Services

When starting in the new area, Woord en Daad will have public meetings, distribute pamphlets, do radio talks etc. in order that the community may get to know them. It is particularly important that the schools, churches and other NGOs get to know them. The activity is done in addition to and cooperation with the local Government Social Services. Children are referred to the program by the Government Social Service and by other activities, e.g. HBC or schools. The child care workers also go into the communities, find the children on the streets or go door to door and identify the situation.

Woord en Daad's package consists of:

- psychosocial care and support (bereavement counseling, memory books)
- education support: (registering them in the schools, school uniforms, help them with grant, link to temporary nutrition program if needed, homework support)
- social security assistance: basic rights to be safe, assist with ID documents and birth certificates, immunization, link to clinics. Children who lost one or both parents are vulnerable, and also if parents abuse alcohol or if there is physical abuse.
- To decrease dependency, parenting and psychosocial care and support will be provided to guardians, single parents through counseling and bereavement support by a HIV trained counselor and or psychologist and or spiritual leaders. This will happen individually for the families who need this support and help. Sessions will be presented to parents/guardians to strengthen their parenting skills in rearing and supporting the children. This will take place in the community to groups of 15-20 parents times six sessions over a period of two months. St. John College is an existing service provider of Mfesane through them this service will be rendered.
- Referrals, networking and linkages: Training and monitoring is provided by NACCW. Department of Social Development will act as formal reference point for children who need this. There is a link with police stations because in case of abuse, Woord en Daad will report it to the police. Linkages will be there with churches to provide spiritual and deaconal support. If needed Woord en Daad will refer children to clinics for medical care. Link with local schools is important as they may refer to the partner and they may bring children to

Activity Narrative: them.
New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 10341.09

Prime Partner: CompreCare

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 3294.24068.09

Activity System ID: 24068

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$776,724

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Child Welfare Tshwane (CWT) will be expanding their services to reach more OVC (400 new direct, 100 supplementary and 100 indirect services) and will be improving the quality of services. They will be increasing the quality of their service by introducing the issues discussed below.

Education: CWT will be introducing structured homework classes with the assistance of local schools. CWT has identified that OVC are not passing in the grade one and two levels. Care workers, students from University of Pretoria and teachers will be involved in these classes and sandwiches will be provided for the children. The classes will be held at three local schools. The progress of the children will be assessed through the school reports and educational assessments developed with the educators involved in the project.

Child Survival Activities: The health card system that has been implemented to monitor routine immunization in cooperation with the various medical clinics will be expanded to include the treatment of life threatening childhood illnesses as well as improved infant and young child feeding to those OVC identified by the care workers. During the information days for parents/caregivers representatives from the clinics will be requested to place emphasis on the importance of the usage of safe water and hygiene. This issue will also be addressed during the holiday projects with OVC.

CWT will assess whether a savings and loans program for the members in this project is feasible and can be implemented so as to increase the women's access to income and productive resources.

CWT's OVC program is currently focused on the primary school aged child. However, in FY 2009, CWT will be looking to identify more adolescents (in secondary school) who are orphaned and vulnerable. CWT will work with local high schools in the identification of OVC in this age group with specific attention to girls. The care workers are well known and easily recognized in the community due to the identifying T-shirts they wear, and many children respond to them by asking for help and this assists CWT to identify the OVC in the community.

Vegetable gardens are established in the homes of OVC. The families are selected by the land available for a garden, the quality of the soil and the motivation of the family to sustain the garden. CWT develops the garden and trains a family member to maintain the garden. The care worker then includes the monitoring of the garden as part of her service to the family. A separate measuring tool has been developed to monitor the progress of the garden. These gardens can provide food for the family at a very low cost if they can sustain the garden. If there are excess vegetables these can be sold for an income. However, CWT's experience in the urban area is that there are no excess vegetables and the gardens are not seen as an economic strengthening opportunity. These gardens are the backbone to provide fresh, healthy food for the families.

Economic strengthening is a focus for the service to many families, mainly women and girls, that are affected by HIV and AIDS as well those infected with AIDS to prevent them becoming dependent on social security. CWT has an established beading project that has a detailed marketing plan and has been identified as a supplier to 2010 Soccer World Cup. This marketing plan ensures the sustainability of the project for the beneficiaries and where possible they bead by orders. The beneficiaries are selected from the OVC program and are PLHIV. They are trained how to bead and are paid for each item they complete. The profits from the sale of the items are placed back into the project to ensure sustainability. This provides an income for these families, however it develops the self esteem of the beaders - many of them have gone on to establish their own small business or find work on the open labor market. CWT will assess whether a savings and loans program for the members in this project is feasible and can be implemented.

CWT has established a plant propagation nursery that provides seedlings to commercial farmers. Project members were selected from the OVC families and PLHIV. They were trained in plant propagation. A shade cloth nursery was erected in an area provided to the project by the City Council of Tshwane, who also provides water and electricity to the nursery. The goal of this project is that the nursery should become a fully functioning independent business. Farmers have visited the project and committed themselves to buying plants from this project.

These activities have a proven track record and are essential to the success of the families CWT serve.

CWT makes a special effort to train their care workers to recognize signs of gender-based violence as well as sexual exploitation of women and children and in unsafe housing conditions and appropriate counseling and referral services are rendered. Male OVC are encouraged to act responsibly and respect female OVC and women and are encouraged to play a positive role in their community.

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.

Activity Narrative: 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

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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13759

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13759	3294.08	U.S. Agency for International Development	CompreCare	6597	2798.08		\$1,175,000
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

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$3,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Estimated amount of funding that is planned for Education \$20,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6155.09

Mechanism: UGM

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12514.22882.09

Planned Funds: \$1,883,555

Activity System ID: 22882

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Human Capacity Development:

Pact's primary focus in implementing the Umbrella Grant Management Program (UGM) is the development of human capacity in South African NGOs and CBOs to promote the establishment and strengthening of viable and sustainable civil society organizations. However, the COP guidance is very specific in terms of what can be included in Human Capacity Development (HCD) and for this reason Pact will only address the Leadership and Management development aspects of the UGM HCD activities.

Prior to the signing of grant agreements, Pact provides extensive assistance to partner 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 emphasizes to management staff during this process the importance of ensuring that program and finance units work as a team rather than in isolation. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of management to diversify their funding base and ensure sustainability.

Pact conducts organizational capacity assessments in collaboration with each partner. The core methodologies used in all of Pact's capacity building activities are as follows: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans (ISP). Several individuals from partner organizations participate in the assessments in order to ensure that feedback is obtained from staff at all levels. This process develops the skills of senior management to objectively assess organizational strengths and weaknesses and utilize the results to develop a realistic strategy that will ensure that organizational objectives are achieved (including retention strategies for staff) and identified gaps are addressed. The strategy also details what interventions and support will be provided, by whom, when and how organizational change will be measured.

Pact also conducts workshops that primarily target senior management and board members. A resource mobilization course is offered annually to provide information to partner organizations on sources and strategies for diversifying their funding base. One day of the three day-workshop is devoted to developing the skills of participants in writing proposals. Board training is also offered annually to address issues related to fiduciary, legal and ethical roles and responsibilities of board members. Although Pact's Monitoring and Evaluation course targets M&E and Program staff, senior management members of partners organizations are encouraged to attend in order to ensure that they understand how to utilize data to make organizational decisions.

Pact, in working with partner organizations over the course of the past four years has recognized that management skills among the leadership of many of the CSOs need to be further developed. For this reason, utilizing FY 2008 and 2009 funding, Pact will identify short term management courses in South Africa that will enhance leadership and management skills. Attendance to leadership courses will be made available to all partner organizations and their sub recipients but will primarily target the partners that have experienced great difficulty in transitioning to the increased funding levels or have new management staff and structures.

Alignment with South Africa's National Strategic Plan (NSP) or other SAG policies or plans:

In developing program descriptions with partners, Pact ensures that activities are aligned with District and Provincial business plans, the NSP and/or other SAG policies or plans.

Gender:

Pact ensures that gender-related activities are clearly articulated in partner's program descriptions and implementation plans. Programmatic and technical assistance provided to partners addresses gender issues as part of the assessments and recommendations for strengthening technical and organizational capacity.

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/AIDS.

Grants to OVC partners support a range of best practices for orphan 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. This scale up will require strong financial, monitoring & evaluation, and management systems to accommodate their 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

Activity Narrative: to all OVC partners through training and mentoring. In addition, Pact will facilitate the sharing of established systems between emerging and well-established partners to further support enhanced and expanded networks of care.

Pact supports 11 PEPFAR partners providing care and support services to over 60,000 orphans and vulnerable children (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.

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.

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14254

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14254	12514.08	U.S. Agency for International Development	Pact, Inc.	6755	6155.08	UGM	\$2,940,000
12514	12514.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		\$1,150,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$859,900

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 504.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3052.22879.09	Planned Funds: \$1,940,062
Activity System ID: 22879	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Noah (Nurturing Orphans of AIDS for Humanity) proposes to increase the number of funded Arks through PEPFAR from the original COP 08 number of 35 to 40 for FY 2009. An additional 28 Arks were incorporated into PEPFAR funding from May 2008 to September 2008 to boost their establishment process. These additional 28 sites offer basic activities to Orphans and Vulnerable Children (OVC), of which a large portion is nutritional support. Alternative donors able to support the full operating costs for the 28 Arks are being sourced.

Thus, in order to concentrate on delivery of quality care to OVC across the PEPFAR priority areas and in line with the Noah strategy of graduating Arks, the number of PEPFAR-funded Arks is proposed at 40 for October 2008-September 2009. These 40 Arks are selected based on major achievements, successes and challenges. In this way, PEPFAR funding will be matched with the Arks' operational capacity to more effectively mobilize and develop the Ark towards graduation.

ACTIVITY 1: Local Organization Capacity Building

While Noah will continue to support community mobilization in all 40 proposed PEPFAR-funded sites for FY 2009, primary emphasis will be placed on the quality of the service delivery at these Arks through effective implementation of the Noah model. This will enable Arks to become self-governing and to graduate into independent local CBOs. Thus, the activity will include more advanced capacity development activities to the Arks and their communities; to achieve compliance with government regulations and health and safety acts at Resource centers; securing local Non-Profit Organization (NPO) status as well as local fundraising and public-private partnerships (PPPs). These activities are deemed necessary to prepare the Arks to enter a graduation program to move towards independence as soon as measurable deliverables are attained.

ACTIVITY 2: Human Capacity Development

The changing demographic profile and needs of Noah volunteers has necessitated further training. So in addition to Bereavement Counseling and technical training in how to access social welfare benefits for the children, volunteers will be trained on how to establish and run peer support and debriefing groups to address secondary trauma and provide stress management skills.

In addition to the current volunteer training modules, volunteers will be trained on basic counseling and interviewing skills, parental guidance, identification of child protection issues and how to appropriately refer and follow up cases where children have been referred to relevant service providers as well as training on gender sensitization issues.

ACTIVITY 3: Care and Support

Noah believes that if children are provided with appropriate treatment, care and support, this can facilitate the process of reversing the effects of deprivation as well as supporting the development of the child's potential. An OVC Activities Department was established in January 2007 to implement a holistic age appropriate targeted program of care and support. Therefore, in addition to the current Early Childhood Development (ECD) training provided by external service providers, ECD training will now be rolled out through the OVC Activities Department as well as ECD curricula being integrated into the existing Clamber Club program for 2-6 year olds.

Furthermore, educational activities rolled out to the Arks will be expanded to include age appropriate life-skills programs and peer education. While gender equity is integrated across all Noah programs, children in this age group will be targeted to engage in gender equity promoting activities. Youth-headed households will also receive training in parental guidance in addition to basic life-skills training.

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.

Activity Narrative: 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 crche 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.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14251

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14251	3052.08	U.S. Agency for International Development	Nurturing Orphans of AIDS for Humanity, South Africa	6754	504.08		\$1,998,200
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$679,918

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$34,219

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4624.09

Mechanism: N/A

Prime Partner: Medical Care Development International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 21165.22918.09

Activity System ID: 22918

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$242,726

Activity Narrative: SUMMARY:

Medical Care Development South Africa (MCDI-SA) will carry out OVC 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.

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 proposed OVC activities are part of the new and expanded activities from the previously implemented by MCDI-SA in Ndwedwe sub-district and are in line with the PEPFAR and SAG objective of providing quality care and support programs for children affected, orphaned and left in vulnerable situations. The key program partner is the South African National Department of Social Development (DOSD), 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 DOSD has agreed to provide staff and financial support for project activities, as needed.

ACTIVITY 1: Expand Model Creche Framework

Based on the success of the Mavela Model Creche previously established by MCDI-SA in the Ndwedwe Sub-district of iLembe District, which has been functioning with very minimal support from MCDI funding for more than two years, MCDI-SA will use PEPFAR funds to expand this integrated approach to improve health, education and psychosocial well-being with input from the DOSD to four already identified creches (or day care centers) in iLembe District over a 2-year period. For the FY 2009 COP, MCDI will expand this activity to 2 creches in Maphumulo and Mandeni sub-districts. Working within this existing local capacity reduces initial investment and accelerates service delivery. To assure high quality and sustainable creches beyond the life of the project, minor improvements will be made to facilities, including minor upgrading of infrastructure and the planting of vegetable gardens as a food supply and an income-generating activity. Additionally, the model includes training creche teachers and principals to identify danger signs of need for urgent care per Community and Household Integrated Management of Childhood Illnesses (C/HH IMCI) guidelines, encourage parents to seek timely and appropriate care for their children, and use a health monitoring tool called the "Road to Health" card, which monitors growth and immunization status and ensures that any treatment regimens are adhered to. Support for good nutritional status will be provided through a balanced, calorie-dense lunch for each child using funds provided by the DOSD.

In addition, LifeStraw drinking water purifier units will be installed and creche staff trained on their use and maintenance. The majority of households in rural areas rely at least partially on local streams and rivers for drinking water, which are also used for sewage and other purposes that render them rich with disease-causing pathogens. Diarrhea remains one of the leading causes of illness and death among young children in iLembe, especially those who are HIV-infected.

As an additional public-private alliance, MCDI will partner with Vestergaard Frandsen, manufacturer of the innovative and inexpensive LifeStraw units, to place units in model creches and make additional LifeStraw units available to households of OVC as a means of reducing incidence of diarrhea and other life-threatening water-borne diseases. Creche staff will be trained on use and maintenance of the LifeStraw units so they in turn can train household caregivers. For the sustainability of the project, our strategy is to link the OVC sites with community, government, private and faith-based resources. MCDI-SA will also advocate with the Department of Health to purchase LifeStraw units for free or low-cost distribution to need-identified households.

ACTIVITY 2: Educational and Social Support for OVC

MCDI will partner with Training and Resources in Early Education (TREE) to provide children in model creche communities with educational and social supports through an established relationship with the network of Early Childhood Education (ECD) sites. Originally established by the KZN Department of Education, ECD sites are designed to support the needs of children in poverty and are currently active in most communities. Functioning ECD sites can become important resources for OVC and their caretakers by offering improved educational opportunities, an emotionally safe environment, and information and support for caretakers to access basic social services such as accessing social grant, and referrals to PMTCT and treatment sites as necessary.

ACTIVITY 3: Psychosocial Support for Caretakers and OVC

Activity Narrative: MCDI-SA will facilitate psychosocial support to OVC and their caretakers in collaboration with two partnership organizations using a variety of activities. While there are several programs addressing the material needs of OVC, there is less availability of psychosocial support services to help children cope with the trauma associated with the progressive deterioration and deaths of parents and other household members. The impact of this trauma begins even before children become orphans because of AIDS. MCDI-SA will partner with the KZN Interfaith Forum (eKhaya Project) and the Department of Psychology of University of KZN to provide support services to OVC and their caretakers under the direction of an MCDI-SA Social Worker and Social Work Assistant. Methods found to be successful include art, play, music therapy, narrative theatre, spiritual and psychosocial support groups, and individual counseling. The eKhaya Project provides age-appropriate support services to all household members. Successful activities have included after school groups and weekend activities for older siblings, including those who head child-headed households. MCDI will build on the experience of collaborating with the eKhaya Project on other projects to provide increased psychosocial support. Including caretakers in support activities helps ensure that vulnerable children maintain good mental health and are brought up in an emotionally safe home.

ACTIVITY 4: Legal Support for OVC and their Caretakers through Legal Desks

MCDI-SA 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. MCDI-SA will partner with the Campus Law Clinic at the University of KwaZulu-Natal to provide legal/paralegal services for OVC and their caretakers to protect the legal rights of OVC. The most critical issues include property grabbing, inheritance rights, government social grants and the preparation of wills. Two types of activities are needed.

Orphaned children and their caretakers will be assisted to access educational and government childcare grants. HIV-infected parents will be assisted in making end of life plans to ensure that the child is cared in the event of their death, including instructions for legal guardianship or adoption. Parents and other caregivers will also be assisted in creating a file for their child consisting of essential legal documents and including birth certificates, instructions for acquiring death certificates, an appointed guardian, a will, and information on property and asset transfer.

Moreover, parents and caregivers will be advised on their legal rights to combat employment discrimination and the available adjudication channels should their rights be violated. Legal desks will be established in the Municipal Office or Traditional Courts in each sub-district, which are already being provided some legal support related to other legal aspects of HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21165

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21165	21165.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$250,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$4,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$5,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7338.09

Mechanism: UGM

Prime Partner: Family Health International SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16089.22954.09

Planned Funds: \$820,267

Activity System ID: 22954

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FHI will work with the OVC partners when developing their project description documents to ensure that they include some form of skills training for OVC, Early Childhood Development (ECD) Initiatives, and support of continued education, screening for abuse and referral for appropriate intervention.

FHI will review project descriptions to include a strong emphasis around Prevention with Positives (PwP) which will include Counseling and Testing, and Sexually Transmitted Infections (STI) diagnosis and treatment for OVC. As an approach for sustainable scale up, linkages with family planning services will be strengthened through age-appropriate referral for family planning. This will ensure that the needs of older children affected by HIV and AIDS are addressed and teen pregnancies are prevented.

FHI will also work with the partners to develop and/or strengthen referral networks to other services in the same locations. Strong and functional referral networks are essential for OVC to ensure that they receive comprehensive care and that their needs are addressed.

FHI will work with the sub-partners to encourage that they reduce the caregiver to child ratio as recommended by PEPFAR to ensure quality care and effective relationship building.

FHI will pay particular attention to partners' selection criteria when recruiting peer educators for their OVC programs. FHI will request to see and review the selection criteria to avoid the selection of non-dedicated or poor role models/peer educators, which can do more harm.

FHI will work with those partners providing training as a service, to get their training accredited.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16089	16089.08	U.S. Agency for International Development	Family Health International SA	7338	7338.08	UGM	\$679,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$160,521

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 218.09

Mechanism: Track 1

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 2922.22946.09

Planned Funds: \$906,970

Activity System ID: 22946

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The bicycle project was not implemented in FY 2008 due to the high cost of procurement of bicycles.

Child care forums (CCFs): In collaboration with the Department of Social Development (DOSD), CCFs will be established in three provinces. The forums will support the program in identification of children in need, coordination of care and support for children and families affected by HIV/AIDS. They will also support the program's sustainability efforts by ensuring that community level structures are in place and functioning by the end of this program.

Peer education: In partnership with the Centre for Support of Peer Education (CSPE), the Vhutshilo peer education program will be piloted by the FABRIC program in North West and Gauteng. This program, piloted by other PEPFAR partners in FY 2008, has been found to be effective as a structured and rigorous peer education model. Peer educators will be trained to integrate and lead prevention education and psycho-social support activities. This activity will strengthen links between OVC programs and ART through linkages with RHRU's Echo program to encourage pediatric HIV testing and treatment in the North West province.

Household economic strengthening: The program will support group loan schemes, train youth-headed households in savings and budgeting and provide business skills training and support for older youth and their families. The Department of Labour will provide skills development training for children above the age of 16. Other networks will support job-creation, skills development and small business training and support.

CSI and OVC database: Child Status Index (CSI) tools will be implemented to identify care, support and prevention needs of families, refer them to other service providers as appropriate and track their progress. The program will also implement an electronic OVC database that will be linked to the CSI tools. The CSI and database initiative will strengthen quality assurance by providing a means of tracking services to each child against the identified needs.

Close-out Plan: In FY 2009, a close-out plan will be developed that will document strategies to build capacity of sub-recipients to implement and manage sustainable OVC programs after the end of the FABRIC program. Each sub-recipient will be assessed to identify any new areas for capacity building. Suitable service providers will provide customized training on resource mobilization, proposal writing and fund-raising. The close-out preparation and support will be done with all sub-recipients under FABRIC. Each sub-partner will be required to document exit plans for children above the age of 15. The plan will document past and current needs and services provided and develop a plan for tertiary education, skills development training or small business support. These children will be encouraged to get involved in the program activities as peer educators, secondary caregivers or after-school care facilitators.

Meeting the needs of OVC with Disabilities: In response to PEPFAR SA technical considerations and the National Strategic Plan's objective to increase proportion of people with disabilities in care, treatment and support programs, FABRIC will support OVC with disabilities in two sites in the Free State and Gauteng provinces. These projects have identified children with physical, intellectual and sensory impairments who are also orphaned or made vulnerable by HIV and AIDS due to chronic illness or loss of a parent/s. The program will support the current number of children with disabilities identified at the above mentioned two sites (approximately 40) and will ensure that these children have access to program site facilities such as drop-in centres, early childhood centres and after care facilities and also access to essential services. Special developmental and therapeutic programs to support these children will be initiated in collaboration with local experts in this field as well as civil society groups including Disabled Children Action Group South Africa. The program will facilitate identification and assessments of disabilities and will identify local resources for continued support and follow-up. Caregivers in these sites will be trained to identify and care for disabled children, to support applications for disability grants and to respond to cases of abuse.

Child Protection: The program will continue efforts to protect all children from abuse, stigma, discrimination and neglect. In collaboration with the DOSD, training will be provided to caregivers in identifying, reporting and preventing child abuse. Sub-partners will be linked to provincial Childline offices for support in handling of reported child abuse cases. Caregivers will also be trained on the provisions of the Child Care Act on Child Protection and Child Abuse. The program will continue to provide legal support including access to birth and ID documents and to support women and children on issues of inheritance.

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)

Activity Narrative: 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 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

Activity Narrative: (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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13737

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13737	2922.08	U.S. Agency for International Development	Family Health International	6588	218.08	Track 1	\$928,281
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$156,667

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$40,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7296.09	Mechanism: N/A
Prime Partner: Hands at Work in Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15934.22970.09	Planned Funds: \$1,019,450
Activity System ID: 22970	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 2: Human Capacity Development

Seventeen OVC Coordinators and 14 Youth Coordinators will be sponsored in the PEPFAR budget and identified through the CBOs with a guideline on qualities and skill required for that position. They will meet monthly for workshops to learn skills on dealing with children, in order to empower other care workers in their different areas.

ACTIVITY 3: Psychosocial Support

The OVC Coordinators and Youth Coordinators in the CBOs will be trained by Hands at Work to provide the psychosocial training for primary caregivers and child-headed households and in the development of support groups. There will be a larger focus on the training of child-headed households in the primary caregiver training.

This training was previously done by a training team within Hands at Work, but in line with sustainability and community ownership this will now be done by the CBOs themselves.

Hands at Work was identified by the South African government (SAG) to be fast tracked in the registration as an accredited training organization - however a breakdown between the SAG and the consultant has stopped the process at a national level. Hands at Work will still be handing in accreditation documentation for HBC training this year and will then work to extend this to other training areas.

ACTIVITY 4: Educational Support

Hands at Work will provide school stationary or school uniform packs to each of the schools serving OVC through PEPFAR funding.

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-Saharan 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. Its 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

Activity Narrative: 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 management, 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15934

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15934	15934.08	U.S. Agency for International Development	Hands at Work in Africa	7296	7296.08		\$1,000,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$149,085

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$42,857

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 513.09	Mechanism: N/A
Prime Partner: Starfish	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3061.22815.09	Planned Funds: \$970,905
Activity System ID: 22815	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Local Organizational Capacity Development

1.1 Improving Performance of CBOs and Expanding Their Reach: A total of 45 CBOs have been enrolled in the 18 month training program, with training on OVC care and organizational development (OD), supplemented with mentoring. There remains a high staff turn over in CBOs. To address this Starfish will provide a better environment for the care-givers. Starfish will provide recognition for all caregivers. After training, Starfish will provide a grant to each CBO in the range of US\$14,500 to US\$ 43,000 as support for OVC care. Starfish will become a resource provider and monitor the number of OVC reached and the number of services.

1.2 Reduce the Ratio of Caregiver to Children: The current ratio is an average of 25 per caregiver. Starfish is working to reduce this ratio to 10 to 1 by recruiting and training. This requires more funds and given the limitations of PEPFAR funding, Starfish will source the funds from alternative donors.

1.3 Increase Access to ART Services: One of the essential 47 services provided by Starfish supported CBOs to OVC and their extended families include access to ART and PMTCT. Many of the PEPFAR funded CBOs provide this essential service. Starfish will now require that all selected CBOs prioritize and include them among the list of services. Starfish Regional Program Managers (RPM) will assist CBOs to form linkages with local public hospitals and clinics to ensure that orphans and families living with HIV receive proper counseling and treatment. The RPMs will facilitate the assignment of a professional nurse from nearby clinics to each CBO in order to train caregivers on ART administration and to monitor adherence.

1.4 Strengthen the Consistency and Effectiveness of Services Provided to OVC: The CBOs submit a monthly report to Starfish on the number of services provided to each child. The names of children are also listed in the report form and thus it is possible to track from month to month the consistency and range of services received by each child. With this system of monitoring, CBO managers and Starfish RPMs will be able to identify gaps for each child and address the shortfall. The quality of services received by the OVC is not yet systematically monitored and is conducted on an ad-hoc basis through site visits.

ACTIVITY 2: Human Capacity Development

2.1 Address Human Resource Inadequacies: All CBOs under the PEPFAR funded M&T Program receive 18 months of mentoring. Mentors provide on-the-job training, technical support and advice to the management and staff of the CBOs through regular visits, residential workshops and onsite training. The mentoring serves effectively to reduce staff burn-out and ensures better service delivery for OVC. An external evaluation of the mentoring program will be conducted during 2008/09 with PEPFAR funding. Outcomes of this evaluation will determine the future direction of the mentoring program. Recognizing the limitations of a CBO in terms of the availability of qualified human resources and staff turn-over, Starfish RPMs will actively support CBOs to establish links with co-existing systems and structures. Once CBOs have established links with neighborhood schools and churches it will be easier to enroll the OVC into schools and ensure that they stay enrolled and attend classes regularly. Starfish will ensure that RPMs become members of CASNET a PEPFAR-funded initiative. This membership will enable Starfish to access schools that have special care and support programs for OVC.

2.2 Strengthen Adequate Supportive Supervision of Caregivers-Each CBO has a supervisor assigned to each of the programs they implement. The supervisors are trained in OVC care and are continuously exposed to symposia and forums for sharing of information. This enables the supervisor to provide on-going guidance to the caregivers to improve service delivery. To institutionalize effective supervision, Starfish will encourage all CBOs to have quality process management systems. A system of mapping and monitoring the providing services to OVC will clarify management systems. Starfish will seek technical assistance from University Research Council to guide the process. This initiative will be included in a series of regional and provincial workshops for the PEPFAR-funded CBOs as refresher training on OVC care.

2.3 Train Caregivers to Improve Service Delivery-The OVC care training is conducted by experienced training organizations specializing in OVC care. The topics are comprehensive includes essential support services areas that are critical to the wellbeing of OVC. The training is interactive with many sessions on role-play. For the PEPFAR-funded projects, Starfish currently partners with Heartbeat to provide the OVC care training. For future training requirements, Starfish will contract National Association for Child Care Workers (NACCW) an accredited trainer to provide this training.

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.

Activity Narrative: 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 CBO 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. These 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

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

Activity Narrative: 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 DSOD'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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13835

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13835	3061.08	U.S. Agency for International Development	Starfish	6627	513.08		\$1,000,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$163,562

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.13: Activities by Funding Mechanism**

Mechanism ID: 2312.09	Mechanism: N/A
Prime Partner: National Association of Childcare Workers	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3128.22993.09	Planned Funds: \$4,293,826
Activity System ID: 22993	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With the increasing number of Isibindi Projects particularly in KwaZulu-Natal with children in granny-headed households direct support to these aged and burdened caregivers is required to be strengthened in various ways. Beginning in FY 2008 COP, the National Association of Childcare Workers (NACCW) the program will be expanded to reach more grannies in FY 2009. There is a need for talking circles (a form of skills building through facilitated dialogue) to promote positive parenting skills especially related to work with teenagers and support for the active transfer of family and cultural tradition and rituals. A bereavement counseling and support program will support grandmothers in overcoming personal grief and coping with the grief of grandchildren.

This program will also provide OVC with bereavement support and counseling. A creative training/social program will be developed to respond to this need and include access to a micro-finance/economic empowerment programs designed especially for grannies. In addition the successful Isibindi Safe Park will design specific activities and programs to involve grannies in the safe park - to relax, engage in story telling activities and support the recreational activities of their grandchildren and other children (such as supporting sports tournaments). The NACCW will also partner with schools - linking child and youth care workers to support educators in work with OVC.

The program will include the establishment of the NACCW Safe Parks in schools where psychosocial services will be offered at the 'Safe School Parks' with child and youth care workers deployed after school hours in integrated multidisciplinary teams along with educators. In addition, in FY 2009 COP a partnership with the Early Childhood Development (ECD) sector will ensure the Safe Park is used creatively to provide easy access to ECD services - for all Isibindi and community children, but particularly for those from child-headed households. Safe parks will also be made available to disabled children who will be transported to the parks on a regular basis, increasing the social contact of disabled children, and destigmatizing disability in communities. Disabled children included in Safe Park activities will be those provided with services in the disability program as well as others in HIV/AIDS-affected communities where Isibindi projects are situated. Participation of this group of children will increase the spread of preventative work. The disabled children at the Safe Parks will have access to all the activities that occur at the Safe Park e.g. when there are talks/sessions of sex and sexuality, ARVs, HIV/AIDS, etc. They will be a part of these activities and thus a wider number of OVC will be reached with prevention messages.

The Women's Empowerment Program and Young Women's Empowerment Program will be enhanced to focus on more economic empowerment activities and relevant microfinance programs for the young women. This program will be documented in COP 08. It will also be reviewed and enhanced on recommendations made by the researcher in COP 09. Young women will be awarded scholarships to study further after completing school. Microfinance and income generation programs that were piloted in COP 08 will also be implemented in COP 09. In addition, a Life Center Model will be initiated and remain an ongoing program for young people (male and female) heading households where they will meet to discuss their challenges and coping strategies, as well have space and fun away from the daily parental responsibilities of associated with their roles as children heading households. This enhancement responds to the critical need for localized, regular social networking was expressed by the young women in the pilot Young Women's Empowerment Program. According to the Children's Act the development of cluster foster care programs is one way of responding to the needs of OVC. The NACCW will design and pilot three different cluster foster care models specifically responding to the needs of OVC in response to the expectations of the Children's Act. One model will target children 16 years and over who are heading households and can, according to the Act, live on their own without an adult. The second is a model for children under 16 years who are currently living on their own in child-headed households but should, according to the Children's Act, not be living in these circumstances - where a method of structuring adult supervision of such households will be piloted. The third model will focus on children living in child-headed families who have added difficulties, such as living with disability, and substance addiction. Other areas of services within the Isibindi Model that will be strengthened (some with the inclusion of other expert consultants) include grief work, succession planning, food security, Developmental Quality Assurance, planned Safe Park activities, and the Isibindi Partners Network.

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

Activity Narrative: 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 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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14032

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14032	3128.08	U.S. Agency for International Development	National Association of Childcare Workers	6689	2312.08		\$4,197,500
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

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

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,974,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$1,444,530

Education

Water

Estimated amount of funding that is planned for Water \$3,970

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2802.09	Mechanism: Track 1
Prime Partner: Olive Leaf Foundation	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3301.23149.09	Planned Funds: \$342,977
Activity System ID: 23149	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HOPE worldwide has been working on the Child Protection Policy (CPP) since last year. It has gone through five drafts and has had inputs throughout the process from two different legal advisors who have approved same. The board has also finally approved the policy and it is currently in the processes of being launched to all our sites.

Challenges and proposals to mitigate: Although the policy has been written in very user-friendly English it is an incredibly comprehensive policy and currently stands at approximately 80 pages. This means that it needs to be condensed in order for it to appeal to a broader scope of people. An organization has been identified to carry out this task.

Although the board and senior management have bought into the need for the policy there is a need to get buy-in from all levels which will require training and sensitization workshops. There is concern among staff that all staff including management and anyone who is working with children will need to now get police clearances. The sensitization workshops will give the staff a clearer idea as to the need for the clearances and the need for the policy.

A clause in the policy states that HOPE worldwide can only work with other organizations that have CPP policies. If they do not, then the organization will need to adopt the HOPE worldwide policy. This may initially be hard for organizations to accept as they may feel that they are being judged and may not understand the need for the policy. It would be highly beneficial for all partner organizations to undergo sensitization training as well as child protection policy training.

Proposed activities:

HOPE worldwide will hire an agency that specializes in reference checks to check every employee's criminal record in case they have committed a crime related to children. Sensitization training will be followed by policy training. HOPE worldwide will appoint Regional as well as a National Child Protection Officer. Translating the policy into different languages as well as condensing it. A law firm needs to be appointed to act a legal advisor in the event that legal advice is sought. The policy needs to be translated into a taking book in order to appeal to a wider market as well as to include people who are illiterate.

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

Activity Narrative: 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, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13967	3301.08	U.S. Agency for International Development	Olive Leaf Foundation	6670	2802.08	Track 1	\$450,000
7372	3301.07	U.S. Agency for International Development	Olive Leaf Foundation	4395	2802.07	Track 1	\$311,228
3301	3301.06	U.S. Agency for International Development	Olive Leaf Foundation	2802	2802.06	Track 1	\$217,497

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$20,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2803.09

Mechanism: N/A

Prime Partner: Olive Leaf Foundation

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3304.23153.09

Planned Funds: \$2,071,910

Activity System ID: 23153

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: The curricula on the Peer Education and Structured Group Therapy will include an Adolescent Sexual Reproductive Health component, which will address prevention messages, education on rights to access healthcare, and contraception options for the 14-18 year olds. HwwSA will review the best models of youth-friendly clinics and implement lessons learned at five pilot government clinics. HwwSA will facilitate training, work with clinics to strengthen the implementation of Youth Friendly Services guidelines and continued monitoring to ensure quality services.

ACTIVITY 2: HwwSA will pay attention to Food and Nutrition Policy informed by the Hearth Model and guidelines derived from the quality assurance program for child care centers. Upon the completion of the internal policy, HwwSA will engage communities to draw up guidelines which will inform the training curriculum. A toolkit will be developed in partnership with Save the Children who has implemented this model in reducing malnutrition in Asia. HwwSA aims to train 400 people on the implementation of Food & Nutrition guidelines.

ACTIVITY 3: HwwSA will change focus from sub-grant support to focus on capacity building, training and mentoring of other NGOs, and Community Child Care Forums (CCCCF). One of the tools that will be used in providing capacity building targeting these groups is the Community Capacity Enhancement Program (CCEP). The aim of the CCEP is to ensure that ownership is successfully transferred from the implementing partner to the community. HwwSA will implement this by enhancing existing CCCC to be equipped to form new CCCC in the community through training in governance, fundraising, event organizing and mapping to examine areas of need. This will ensure sustainability by capacitating the communities to replicate the CCCC models without external support. The goal is to train 649 people from the above mentioned groups.

ACTIVITY 4: HwwSA will link older OVC (15-18yrs) to vocational skills training programs and gender sensitization. Activities will include:

(A) Introduction of the 'Umzi Wethu' Model, which links OVC to industry specific vocational skills training and mentoring. The program is sponsored by the Department of Tourism and has links to other PEPFAR partners. Corporate partnerships will be pursued to ensure sustainability. The pilot program will be duplicated in all 5 provinces to benefit an estimated 200 OVC.

(B) Refinement of the current strategy to include an exit plan for older OVC by replicating the Youth Empowerment Project (YEP), which was initiated by an 18-year old OVC who exited the program in the KwaZulu-Natal province. HwwSA will strengthen networks with other NGOs that have young adult specific interventions. These OVC will be linked to career guidance/counseling, training on grant/loan applications for tertiary education, how to access services for grants and housing, political involvement and community leadership.

HwwSA plans to integrate training on Youth Adult Partnership, which encourages greater involvement of OVC in decision making. 400 OVC will benefit from this activity.

ACTIVITY 5: Introduction of training sessions targeting pregnant OVC in: the Prevention of Mother to Child Transmission, parenting, health, food/nutrition education. Findings from the field indicated that pregnancy among OVC is escalating and this necessitates a need to encourage behavior change which can be facilitated by using tools such as the Hearth Model for the OVC "mothers" and mentors. The synergy between OVC and Abalingani Gender Program focuses on addressing the harmful impact of gender imbalance on the implementation of OVC-centered interventions. Enhancements to the secondary cross-cutting budget attributions are as follows: HwwSA will develop human capacity through 3 levels (child, family and community) that will ensure quality service delivery through training and mentoring. Food and nutrition policy tools and delivery will be addressed through the development of an internal food security policy, a consultative process with all stakeholders to develop guidelines that will inform the training curricula. For Food and Nutrition commodities, HwwSA will establish food gardens to augment food items handed out at Kids Clubs to assist OVC and their families with nutritional supplements. This will be done in partnership with the Rock Angel foundation, Nestle and Tiger Brands.

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

Activity Narrative: 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 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. HWSA 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13962

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13962	3304.08	U.S. Agency for International Development	Olive Leaf Foundation	6669	2803.08		\$2,667,500
7609	3304.07	U.S. Agency for International Development	Olive Leaf Foundation	4485	2803.07		\$1,860,000
3304	3304.06	U.S. Agency for International Development	Olive Leaf Foundation	2803	2803.06		\$1,260,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$21,340

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$100,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 2990.23079.09

Planned Funds: \$485,452

Activity System ID: 23079

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Direct Support to OVC

The Turntable Trust (TTT), based in KwaZulu-Natal province in the Sisonke District, works with clinical staff, peer educators and community outreach workers to reach community members in schools, at workplaces, including farms, at the TTT youth drop-in center, at health facilities and at community gatherings. TTT will work with OVC to provide direct support to OVC identified through the schooling system and other community structures. TTT will train caregivers who will provide a package of direct support, including psychosocial support, to identified OVC in the Sisonke District.

The Lighthouse Foundation (LF), working in the rural, underserved area of Jericho, North West province, will work with community facilitators to provide a package of care to identified OVC in the area. LF will train community-based caregivers to provide a package of care to addressing the needs of identified OVC in the area.

DramAidE will no longer provide direct OVC services, but will focus on building the capacity of identified PEPFAR partners to deliver psychosocial support to OVC serviced by their programs. DramAidE will also continue to work with community facilitators in KwaZulu-Natal province who will be trained to work in communities to assist OVC to gain access to basic material needs and ongoing psychosocial support activities.

The OVC program of the Anglican Church is being managed by another PEPFAR implementing partner.

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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13955

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13955	2990.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$485,000
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

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

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7298.09	Mechanism: N/A
Prime Partner: Heartbeat	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15936.23068.09	Planned Funds: \$800,996
Activity System ID: 23068	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

Heartbeat has set a strategic objective in 2007 to reach 50,000 children by end of 2010. In addition to the number of children Heartbeat would like to reach, the organization will also expand geographically to include all nine provinces of South Africa. The targets set for PEPFAR COP 2008 and COP 2009 have this expansion in mind. Heartbeat will establish a Learning Centre in each province to implement the following four major strategies:

1. Mentoring and training of other NGOs, CBOs and FBOs to implement Heartbeat's model of care.
2. Training of primary caregivers and heads of households on relevant topics.
3. The expansion and enhancement of Heartbeat's current projects to offer better quality of service.
4. Securing grants for eligible OVC and their households.

These strategies speak to the technical considerations provided by USAID. Heartbeat will scale-up by improving performance and the expansion of current programs. With the expansion of Heartbeat into all provinces of South Africa, special care will be taken to identify communities with the greatest prevalence. The scale-up will assist Heartbeat in reaching more children as will be reflected by the targets that are set.

ACTIVITY 2: Human Capacity Development

In addition to childcare workers and children, Heartbeat will also reach primary caregivers of orphaned and vulnerable children through training. Training will include topics like succession planning, discipline, access of basic services and care for the carers.

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

Activity Narrative: 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 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

Activity Narrative: sources.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15936

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15936	15936.08	U.S. Agency for International Development	Heartbeat	7298	7298.08		\$750,000

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

Estimated amount of funding that is planned for Human Capacity Development \$74,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$52,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7297.09	Mechanism: N/A
Prime Partner: Health and Development Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 15935.23061.09	Planned Funds: \$679,633
Activity System ID: 23061	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 2009 activities will have a greater focus on reaching out-of-school youth, and encouraging these children back to school. Emphasis will be placed on reaching the siblings of the in-school OVC that might be too old or young to be in school. This group will include, for example, children under five years old and those who have completed Matric (12th grade) and are neither pursuing further education nor employed.

Youth participation will also be an enhancement to the 2009 activities, as children who have been supported through the project are now able to support younger children themselves, and have the confidence and self-esteem to offer their own opinions on project activities - so enhancing the project model itself. The quality of the project model will be further enhanced as constant monitoring and evaluation during 2008 will expose any project challenges and gaps. Internal evaluation will allow Health and Development Africa (HDA) to implement project improvements to overcome challenges faced in FY 2008, as well as build on those activities that are proving successful. The refresher trainings that will take place in 2009 will strengthen the knowledge and skills of the twelve facilitators, 18 Child Care Forums (CCFs) and 90 School-based support Teams (SBSTs), which will ultimately improve the quality of service delivery.

HDA will conduct three types of training in FY 2009, which will be to refresh the knowledge and skills transfer that took place during 2008 and highlight main issues that will be addressed in 2009, such as gender equity and reaching out-of-school youth. The first training is for the project's six Circles of Support Facilitators (COS) and Learner Facilitators, who are Lejweleputswa community members capacitated and employed to train and guide the CCF members and SBSTs on how to identify and support OVC and ensure they access quality health and social services. Training will also focus on improving the COS Facilitators and Learner Facilitators' growing management and future leadership skills. All six COS Facilitators are paid by the project and Learner Facilitators are Department of Education employees and are paid by the department.

CCFs and SBSTs (18 and 90, respectively) will receive their own set of trainings. Their training will focus on identifying OVC, developing an action plan to address the needs identified, establishing networks with relevant stakeholders and monitoring and reporting. These will address their specific area of focus and skills needs to support OVC, to establish links to health and social wraparound services, and to sustain this support even once the project has exited the area.

A district workshop will be held with relevant stakeholders, who will include government departments, local businesses, local NGOs and community stakeholders. The workshop participants will receive basic project-based skills training to build up their capacity to also support the OVC beneficiaries in their own initiatives and to network these initiatives. The objectives of the Circles of Support project are closely aligned to that of South Africa's National Strategic Plan (NSP) 2007-2011. The project works towards all four Key Priority Areas of the NSP.

The project will work with the South African Department of Health's Training Manual (Operational Plan for comprehensive HIV and AIDS care, management and treatment for South Africa) and the OVC National Plan of Action to adapt the COS training material to suit the South African and Free State contexts. Project staff will work closely with the district Department of Social Development (DOSD), which will allow the project to be closely aligned to the DOSD's Policy Framework on Orphans and Vulnerable Children and its six key strategies.

A Gender Analysis Tool will be adapted at the start of the project from existing tools developed by other OVC organizations. This adaptation also will be based heavily upon the gender issues identified by the beneficiary communities. This tool will guide gender issues of the project. It will be managed by the M&E officer. The M&E tools and procedures also will disaggregate data and M&E information according to all four gender groups (men, women, girls, and boys).

Monitoring and Evaluation: The project's M&E officer and technical support will create and manage relevant M&E tools and procedures whereby project staff record relevant information on how current OVC support in the Free State district stands and how it is developing. The project's M&E system will add to South Africa's collection of valid OVC data as well as build M&E skills and understanding of the local project staff.

SUMMARY:

This project is being initiated by the Department of Education in the Free State province, managed and supported by Health and Development Africa. 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 community Child Care Forums. 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 population is orphans and vulnerable children.

BACKGROUND:

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 also the project also ensures that they stay in school and continue with 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 Department of Education that are already underway in the Free State province. It will also build on the Circles of Support (COS) project developed by

Activity Narrative: HDA, and implemented in Swaziland, Botswana and Namibia between 2003 and 2005. While the project aims to target all 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: We will carry out 5 main activities in FY 2008.

ACTIVITY 1: Training & Assessment

The first activity will be to review and adapt the materials that have previously been used for similar projects in Botswana, Namibia, Swaziland and the Eastern Cape. 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) the above topics. We will recruit the 6 facilitators in this period, and conduct training workshops that will 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. Also it will ensure that the facilitation manuals and awareness materials are sensitive to the school environment and address key capacity gaps.

ACTIVITY 2:

The second activity will be the facilitation and development of 18 community forums. These structures are being set 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 identify 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 3 Child Care Forums (CCF). 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. HDA will orient and train the CCF members, using a similar curriculum to that used for the School-based Support Teams (SBSTs) (see above). After this the COS facilitators will ensure that these community forums meet at least monthly, and also that any problems that are being experienced by the SBSTs are being raised and solutions discussed at these meetings.

ACTIVITY 3: Strengthening School-based Support

HDA will partner with 90 schools in the Lejweleputswa district to establish Schools-based Support Teams (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 4:

Care and Support HDA and the Department of Education will ensure that all children who are identified through this project are provided with a package of services 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, 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 home work. 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 Department of Social Development, 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

Activity Narrative: over representation of women), adequate involvement of men in COS structures. This means all monitoring data will be disaggregated by gender, including all workshop data. 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. This may include the purchase of food, transport of children and carers to places of safety etc.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15935

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15935	15935.08	U.S. Agency for International Development	Health and Development Africa	7297	7297.08		\$700,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$61,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 478.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12479.23157.09

Planned Funds: \$1,334,994

Activity System ID: 23157

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

After the success of the pilot project, with increased funding the program will be expanded to forty sites, within all provinces, with a long term view to having a children's hospice program within each health district and sub-district which make up the district.

A National OVC Officer will be appointed to assist in the support of the forty sites and other development sites, as well as with training.

For the St. Nicholas Bana Pele Children's Network, specific staff will be appointed to develop and manage the network and provide training and mentorship to other network partners and to ensure effective liaison with government departments regarding children.

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

Activity Narrative: 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, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13799

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13799	12479.08	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	6613	478.08		\$1,250,000
12479	12479.07	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	4487	478.07		\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2813.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 13974.23161.09

Planned Funds: \$0

Activity System ID: 23161

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Human Science Research Council (HSRC) requested FY 2008 funding to conduct a situational analysis of orphans and vulnerable children and HIV service delivery in South Africa. This activity will be completed with the allocation of FY 2008 funding. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13974

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13974	13974.08	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	6671	2813.08	HSRC	\$200,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4749.09	Mechanism: N/A
Prime Partner: Ingwavuma Orphan Care	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8245.23170.09	Planned Funds: \$582,543
Activity System ID: 23170	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1:

In addition to the continuation of all of the activities listed above for FY 2008, in FY 2009 Ingwavuma Orphan Care (IOC) will be improving the quality of its services through further staff training, developing and documenting training material with clear learning outcomes for staff, volunteers and caregivers. It will strengthen the monitoring and evaluation of its programs. It will consult the community on what services they require through focus group discussion and this information will feedback into strategic plans. Having excellent community links, the strategy is highly community and beneficiary directed and at this stage. IOC's strategy involves working closely with local churches so that the congregations are actively involved with caring for their own community and that pastors are working together providing education and support for 4000 OVC. Although the particular ways that this will happen depend upon the community. IOC has 120 churches that are on board and are willing to participate in OVC support. A church liaison officer will be appointed to work with these churches. This is in addition to the orphan coordinators who work directly with about 20 volunteers each, supporting them with training and referral pathways.

ACTIVITY 2:

The database will be used by all sub-grantees for data collection. Sub-grantees will be mentored and training needs identified and met where possible. Training curricula developed for caregivers will be shared and disseminated.

ACTIVITY 3:

A foster care supervisor (a trained auxiliary social worker) will provide follow-up supervision of families receiving foster care grants. She will hold support groups for foster parents where she can provide additional information e.g. on money management as well as facilitating sharing between the foster parents. She will also do home visits and spot checks to make sure that the children are being cared for adequately. Families are encouraged to aim for self-sustainability rather than becoming dependent on the foster care grants, which will in any case cease when the children reach 18. They are taught about income generating projects as well as how to save money.

ACTIVITIES 4-6:

These activities will continue with a focus on improving the quality of services through better monitoring and evaluation, implementing quality improvement systems, further training of caregivers and staff and improving support for primary caregivers. Coordination of care with other service providers will be improved through the local Child Care Forum.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13984

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13984	8245.08	U.S. Agency for International Development	Ingwavuma Orphan Care	6676	4749.08		\$600,000
8245	8245.07	U.S. Agency for International Development	Ingwavuma Orphan Care	4749	4749.07	New APS 2006	\$375,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$123,871

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4755.09	Mechanism: N/A
Prime Partner: Mpilonhle	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8246.22987.09	Planned Funds: \$524,289
Activity System ID: 22987	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: School-based health screening

This activity now assures that all HIV-infected learners get CD4 counts, which allows Mpilonhle to screen them to see if they require ART. This is done as follows. Persons tested for HIV by Mpilonhle staff who are HIV-positive are offered the opportunity for having blood taken by Mpilonhle staff if they desire to know their CD4 count and need it for ART therapy. For those persons who agree and desire CD4 counts, the Mpilonhle nurse obtains a blood sample. This blood sample is then taken to the appropriate (by geographic region) KwaZulu-Natal Department of Health (KZN-DOH) clinic. From there it is sent by KZN-DOH staff to the KZN-DOH district hospital where the CD4 test is performed. Mpilonhle staff follow up to assure that the specimen makes it to the District Hospital, and then assure that the result is available to Mpilonhle staff. Mpilonhle staff then arrange for the client to be seen in the Mpilonhle mobile clinic and the results of the test result is communicated to the client. If need be, Mpilonhle staff visit the home of the client to provide the result. They also involve family members in this process if required. At this time Mpilonhle staff discuss with the client the management of their HIV infection, including the need, if required, for ART. Currently, Mpilonhle staff does not provide the same service for community members determined to be HIV-infected. With the PEPFAR-funded units now deployed, we are exploring having the units return to communities on a regular basis. If this is successful Mpilonhle would be able to provide community members with the same service described above for school learners.

Mpilonhle continues providing referral services for all PLHIV to KZN-DOH community-based health facilities for further management. This includes referral for ART services, TB services, STI services, pregnancy services, services for diarrhea and skin problems, and for a variety of other problems. Mpilonhle has an established referral system for this process.

Mpilonhle shall increase its efforts in the following areas:

1. During Mpilonhle's Health Screening and Health Education activities described, its health counselors and health educators will emphasize the value of reducing multiple and concurrent partnerships, as well as cross-generational and transactional sex. These issues are already addressed in Mpilonhle's current activities, but it shall be emphasized more strongly in line with the FY 2009 COP Technical considerations.
2. Mpilonhle shall encourage the participation of school governing boards and parents in its training sessions on HIV prevention, promotion of reproductive and general health, and care and support for PLHIV and OVC. Mpilonhle shall also encourage the participation of members of other CBOs and FBOs in its training activities.
3. Mpilonhle shall improve its referral systems for linking up participants in its programs with community-based health facilities, support services, and support groups, particularly to access reproductive health services including family planning, and services for substance abuse issues. Mpilonhle shall also strengthen its relationships with other CBOs and FBOs in the community involved in care activities for PLHIV and OVC.

Mpilonhle clarifies that its Health Screening activity promotes HIV preventive behaviors among young boys and men; that its Health Education sessions promote positive roles for members of both genders; and that its Health Screening activity by a Primary Health Care Nurse involves treatments for symptomatic STIs, for pains, and for simple skin conditions. Its Health Screening service also involves referrals to an on-site staff social worker who helps OVC and PLHIV access grants, and obtain legal and social support for issues of sexual violence and abuse. All these services are offered to all program participants, including all PLHIV and OVC.

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 units 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 Umkhanyakude 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 Umkhanyakude 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

Activity Narrative: 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 Mphilohle 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 Mphilohle 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. Mphilohle 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 scarce professional health workers like nurses and doctors. Mphilohle will build the technical expertise and capacities of lay health 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14029

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14029	8246.08	U.S. Agency for International Development	Mpilonhle	6688	4755.08		\$540,000
8246	8246.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	\$440,000

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

Estimated amount of funding that is planned for Human Capacity Development \$9,471

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$19,664

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$234,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4745.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8182.22598.09	Planned Funds: \$1,048,577
Activity System ID: 22598	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Building community capacity to care for OVC

Recognizing community structures and resources, the men and women that volunteer their time to support fellow members is an underpinning factor of the support that protects and promotes healthy child development and creates an enabling environment where OVC can thrive and grow. This activity is a capacity building initiative that will strengthen these structures, in order to better reach and support its children. Training of community Child Care Workers (CCWs) will be increased to improve quality. The program will invest more on the CCWs by training them to improve service and to build their capacity to respond to OVC needs. Additional training will be done to build the capacity of child care workers to systematically integrate gender into all their services. Specifically, a total of 336 CCWs and 12 Diocesan OVC Coordinators (DOVC) will be trained in gender and gender-related issues, in gender mainstreaming and trained in abstinence and behavior change interventions, reproductive, sexual health and life skills.

ACTIVITY 2: Community engagement workshops

This will be enhanced to reflect its purpose more specifically as an activity that is aimed at a coordinating effort at community level to promote "non-exploitive community norms that value the child as a contributing member of society". Workshop approaches will be used that create opportunities for Anglican AIDS Healthcare Trust (AAHT) partners and for other organizations with similar interests including local municipalities to share relevant information and seek to influence policies and norms that engender disempowering practice among communities and within households.

ACTIVITY 3: Partnerships

This will be modified to take out the training of CCWs in Prevention strategies - which is now reflected under Activity 1. Activity 3 remains with the life skills and sexuality, HIV and AIDS education and awareness component, which targets school children 12-18 years old, with special attention given to adolescent OVC, who may fall victim to early sex including cross-generational sex. Support groups as part of psychosocial support groups will be used to reach these children as well as workshops in the 12 Anglican Church dioceses.

ACTIVITY 4: Care and counseling of children, caregivers and parents

Sustainability strategies will be initiated through building the capacity of dioceses and assisting them to register as NPOs with the Department of Social Development. Registration as not-for-profit organizations will afford them the status of being fully fledged organizations that can raise funds and become prime partners for funding and service delivery.

Also, the inclusion of schools into the coordinated effort to bring care and support services to OVC is at the center of this activity. Because children spend a considerable amount of time in school, this avenue provides a prime opportunity to reach and support them.

ACTIVITY 5: Linkages with Faith-based Organizations (FBOs) and Community-based Organizations (CBOs):

AAHT will undertake a profile study of organizations implementing OVC projects, in order to better coordinate care and support services to OVC. This feasibility study in the new dioceses will determine what the programmatic gaps are to avoid a duplication of services and to work towards effective collaboration to strengthen service delivery. The sustainability of the program will be ensured by empowering local communities with the knowledge and experience of working with OVC, partner organizations and the Anglican Church. Continued technical support and mentoring at parish level will ensure the long-term viability of the project. AAHT is in the process of sourcing funding to commission the research.

In addition, supporting the greater involvement of FBOs into the mix of OVC service providers widens the network of care and support that children and young people so desperately need, as they grow into adulthood--the need for spiritual and psychosocial support. There is no better resource that communities can tap into to provide such support than from the faith-based community, as they are uniquely positioned to offer this type of support. This activity will strengthen their involvement and better position them to play a greater service delivery role.

ACTIVITY 6: Advocacy

This activity will focus on building caregiver capacity (within AAHT and externally) to advocate on behalf of OVC. This activity focuses on building of OVC skills and on actual implementation of advocacy on behalf of OVC. Building of local partnerships with FBOs and CBOs and with government departments will be focused on advocacy within this activity.

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:

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13383

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13383	8182.08	U.S. Agency for International Development	Anglican Church of the Province of Southern Africa	6458	4745.08		\$1,200,000
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

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

Estimated amount of funding that is planned for Human Capacity Development \$43,333

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 274.09	Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 2980.22786.09	Planned Funds: \$145,636
Activity System ID: 22786	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It is unfortunate that the OVC program was not implemented as planned due to human resource shortage and other reasons. However the OVC program remains a priority and the new Director of HIV at the South African Department of Defense (SADOD) has planned to address this with particular focus.

When a Defense Force member is deceased in the SADOD, the Human Resource Office through a process identifies the Orphans and then hand over these cases to the Chaplains and Social Workers who will identify needs and provide the necessary support to this identified group. While this is a current practice it is not as structured and organized as the DoD would like to be. Once these identification mechanisms have been strengthened it is envisaged that these children will be taken care of for an interim period within the SADOD before referral to appropriate community structures. The interim care will include support for schooling, clothing, nutrition and recreation.

In order to ensure that all vulnerable children are efficiently identified, a coordinated approach will be taken to link all programs where infected parents/guardians are receiving treatment e.g. hospice, roll-out sites, infectious diseases clinics and the PMTCT sites.

A pilot project on care and support for vulnerable children is being explored. The idea is to adopt a school which caters for predominantly military children so that programs on substance abuse, sexual health education and first aid are conducted in the school. Teachers and identified learners will be trained and supported to conduct these programs. Nutritional support in the form of a soup kitchen will also be explored.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17435

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29803	29803.09	U.S. Agency for International Development	To Be Determined	12236	12236.09		
29802	29802.09	U.S. Agency for International Development	US Agency for International Development	12235	12235.09		\$50,000
17435	2980.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$150,000
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

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 227.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 2933.22601.09

Planned Funds: \$0

Activity System ID: 22601

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to the Association of Schools of Public Health (ASPH) and sub-contracted to the Harvard School of Public Health and the Centre for the Support of Peer Education to support a coherent national inter-sectoral system of rigorous peer education. Funding for ASPH will not continue under its current agreement in FY 2009 because the contract ends in September 2009. Instead, the agreement will be re-competed through a Funding Opportunity Announcement. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13386

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29339	29339.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$505,042
29338	29338.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	12004	12004.08	Umbrella	\$44,981
29337	29337.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	11999	11999.08	Prisons Project	\$50,000
29335	29335.08	U.S. Agency for International Development	To Be Determined	11995	11995.08	TBD Civil Society	
29334	29334.08	HHS/Centers for Disease Control & Prevention	To Be Determined	11993	11993.08		
29333	29333.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11994	11994.08		\$50,000
29332	29332.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11994	11994.08		\$38,313
29331	29331.08	HHS/Centers for Disease Control & Prevention	IntraHealth International, Inc	11994	11994.08		\$70,000
29330	29330.08	HHS/Centers for Disease Control & Prevention	To Be Determined	11993	11993.08		
13386	2933.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	6459	227.08	ASPH Cooperative Agreement	\$400,000
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

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11941.09

Mechanism: New FY09 PHE - Evaluating the Impact of Multi-Faceted Programs for Adolescent OVC

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 29241.09

Planned Funds: [REDACTED]

Activity System ID: 29241

Activity Narrative: This is a new PHE for FY09 that has been approved for \$460,420.

PHE tracking number: ZA.09.0257

Title: Evaluating the impact of multi-faceted programs for adolescent OVC

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation [REDACTED]

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4763.09

Mechanism: N/A

Prime Partner: Xstrata Coal SA & Re-Action!

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 22742.09

Planned Funds: \$194,181

Activity System ID: 22742

Activity Narrative: SUMMARY AND BACKGROUND:

Re-Action! Consulting will work in partnership with the District Management Teams (DMTs) in the provinces of Mpumalanga, Limpopo, North West and Northern Cape to develop and establish a task mix for Pediatric Treatment service delivery.

In partnership with the DMTs Re-Action! will support the DoH with the sourcing, recruitment, training and supervision of critical health care professionals. Re-Action! will also focus on the re-training of existing personnel, not only in HIV concerns, but also on-the-job training such as the collection of treatment data and reporting, advanced counseling and program management skills.

At a strategic level the Re-Action! program team will undertake a joint assessment for each service provider site/group of competencies development needs (behavioral, skills, systems). Re-Action! will establish these partnerships with the aim of strengthening existing HIV treatment programs in these provinces, training of and providing supportive supervision to health care professionals and facilitating behavior change interventions focused on individual households and OVC households in the community.

In partnership with the DoH the Re-Action! program team will identify and engage available service sites and providers (public sector and non-state, including private GPs, CBOs, Traditional Healers). Re-Action! facilitated the accreditation of the Bernice Sameul site as a ART initiation site and another 3 sites have been established as down-referral sites from the Witbank Hospital Wellness Clinic. As part of Health Systems Strengthening (HSS) relating to Adult Treatment Re-Action! will facilitate the accreditation of the existing down-referral sites to initiation sites for HIV treatment, as well as facilitate the process of three new sites being developed as either down-referral or initiation sites for HIV treatment, as per the national accreditation guidelines and the National Strategic Plan (NSP).

ACTIVITIES AND EXPECTED RESULTS:

Based on the district-based health service/ response improvements plans and Re-Action!'s experience in five existing sites, the model of door-to-door VCT, OVC and pediatric identification and referral will be rolled out into three additional sites. This community-based approach focuses on the family and the early identification of and enrollment of children into treatment programmes. Re-Action! aims to increase the number of children identified and enrolled on treatment. At all of the eight clinics, emphasis will be placed on the integration of TB/HIV services and Re-Action! will ensure that all services are implemented as per the relevant guidelines.

The OVC program is a direct entry point for HIV-infected children to access home-based care, referral, treatment and support groups. This is initiated by the "I know! the way to live" campaign whereby individuals have the opportunity to test for HIV at home. In addition, the Outreach Workers (OWs) conduct follow-up visits identifying potential health risks in the households, as well as the tracking and tracing of defaulters.

Re-Action! will source, recruit and train an additional 40 OWs, as they are regarded as an important link between the community and district health facilities and are directly involved in developing OVC intervention strategies.

The quality and clinical management of OVC underscores the Re-Action! program and the OWs are thereby supervised by a professional nurse, thus ensuring the quality and clinical accuracy of palliative care services rendered at household level. The expansion of the program into three additional sites in Mpumalanga will require the recruitment of two professional nurses and one social worker as shared program resources.

Nutritional assessments are key to the clinical management of HIV-infected individuals and especially OVC. Re-Action! will recruit a dietician as a shared program resource across all program areas.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$130,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$30,000

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$40,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7313.09

Mechanism: N/A

Prime Partner: Childline Mpumalanga

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 16016.22744.09

Planned Funds: \$592,252

Activity System ID: 22744

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 4: Specialized psychosocial support for children, ACTIVITY 5: Psychosocial support to caregivers, ACTIVITY 6: Life Skills development

All the activities outlined in activity 1-6 are in line with the NSP and SAG policies.

- Priority area 1 of the NSP: Prevention will be emphasized in Activity 1 (Strengthening of community care for OVC) and Activity 2 (Human Capacity Development).
- Priority area 2: treatment care and support will be done through Activity 3 (Facilitating access to social security grants and OVC services), Activity 4 (Specialized psychosocial supports for children) and Activity 5 (psychosocial supports to caregivers).
- Priority area 4 human rights and access to justice will be aligned though Activity 3 (Facilitating access to social security grants and OVC services) and Activity 6 (Life Skills development).

These activities will be enhanced by Childline Mpumalanga signing a sub-partner agreement with Childline SA. Childline SA manages the national Childline toll-free line to which children can call in should they experience abuse or seek guidance on children issues.

The occurrence of sexual abuse of the boy child has in recent studies been identified to be as high as sexual abuse of the girl child. Through the psychosocial support to OVC and caregivers, the program will address violence and coercion, enabling vulnerable girl and boy children to have access to counseling, legal resource and refer these children to services in their vicinity. Vulnerable children will also be referred to the well established Crisis line referral system of Childline SA which has a network of service providers focusing on child protection and safety, at its disposal.

The life skills program as presented in schools by all provincial Childline offices in South Africa will raise awareness on children's safety and will facilitate the development of a balanced self image and healthy role modeling for both the boy and girl child and women in the community. Involving boys and girls in inclusive activities where the girls can be involved in sports such as soccer and boys playing handball will deal with stereotyping and create a safe environment for the children to express their views on gender roles. Celebration of national days will include cultural and traditional activities linked to gender and addressing stereotyping. There will be a focus on children rights and reducing violence, specifically child abuse. This will reaffirm the children belonging to their roots and also the respect for the community in its unique differentiation of roles and responsibilities to different genders.

Engaging Childline SA will ensure that children across all nine provinces can be provided with immediate assistance by Crisis line counselors, and assure referral of vulnerable children to services close to them. Psychosocial support to caregivers is already an activity that is currently operating in the National network of Childline and would ensure that care workers of children do not burn out. Life skills development is an activity that is incorporated in the Childline SA activities through the school awareness program, and focus on empowering vulnerable children to be safe, and get help when in danger. Through expanding the activities to the national network of Childline SA, OVC will be able to receive specific services from Childline staff. Often children are removed from their home and placed with relatives in another province, and through the services and network within Childline, these children can be included into programs aimed at children by Childline Social workers. Prevention and early intervention in child abuse issues is one of the core functions of this program and will benefit all children and adults with concerns about children who call the toll free number in South Africa.

Focus on building human capacity to enable implementation of these activities will include specific training on the counseling of children, a ten-day child counseling training that Childline South Africa is currently in process to have accredited through the Health and Welfare Setas and also limited training in economic strengthening. Since this is a new program CL Mpumalanga needs to strengthen the M&E systems by ensuring that staff is trained on data collection/ tools for M&E and collation of data. Childline Mpumalanga staff will attend Pact training offerings on M&E, financial management and grant management throughout the year. These trainings will have high priority with staff of Childline Mpumalanga as well as in the National Network of Childline SA.

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

Activity Narrative: 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 field 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 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.

Activity Narrative: Quality of services rendered by volunteer counselors will be monitored through 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 basis 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16016

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16016	16016.08	U.S. Agency for International Development	Childline Mpumalanga	7313	7313.08		\$935,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$66,714

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$3,571

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4619.09	Mechanism: CINDI
Prime Partner: Children in Distress	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 7958.22745.09	Planned Funds: \$970,905

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Community Care Project Trust (CCPT) will replace Project Gateway (PG). CCPT was the implementing agency within PG and is now autonomous. Activities in schools will be carried out by all four sub-partners. In FY 2008, three partners worked directly with the schools. LifeLine received children for CT through referrals from the other partners, by actively motivating for CT in schools and organizing transport to bring them in groups to the CT site on Saturdays. Children 12 years or older are legally allowed to consent for CT. Younger children are accompanied by their parent/guardian who sign consent. To reach the numbers requiring CT in FY 2009 & 2010 a mobile unit will be used. This will make CT available during the week at a location close to where the children live. Life skills training and psychosocial support services will also be offered by means of the mobile service unit, thus avoiding stigmatization.

Sinani will add a module on age appropriate HIV prevention education for older learners in primary schools, as requested by schools.

CCPT & Youth for Christ (YFC) will scale up to reach more children in schools and will extend the services offered to OVC and caregivers in households, and the siblings of school children, including access to social grants, food gardens, school fee exemption and assistance in obtaining birth certificates and ID documents. LifeLine will run a support group for children who are HIV-infected.

Psychosocial support in the form of gender-sensitive life skills training, counseling and support groups will also be offered by CCPT, YFC and LL (in addition to Sinani).

ALIGNMENT WITH NSP & OTHER SAG POLICIES:

Children in Distress (CINDI) is on the advisory committee of the children's sector representative group to the South African National AIDS Council. CINDI has aligned its program activities in accordance with the priorities identified at the sector's national summit in June 2008. In particular, the sub-partners prioritize: food security and access to grants; CT for children and parents; human resource development including stipends, training and increased competency of caregivers; psychosocial support (community and OVC); implementation of comprehensive M&E systems; information dissemination; human and children's rights-information, dissemination and access. The director of CINDI is a member of the Provincial AIDS Council.

GENDER RELATED ACTIVITIES:

Gender considerations are integrated throughout all services to increase gender equity, address male norms and behaviors, increase girl's legal rights, access to education and social grants and reduce violence and coercion, including:

- Age appropriate school-based HIV prevention education that encourages boys to be responsible in their sexual behavior and to respect women - including the reduction of sexual violence and coercion, number of sexual partners, and cross-generational and transactional sex;
- Project database and M&E tools collect sex-disaggregated service delivery data which is used to improve the quality of program services;
- Ongoing evaluation of marginalized and missing gender balance, and strategizing to redress the balance;
- Sponsorship of transport to increase access of girls to treatment and testing;
- Life skills programs target young men and boys and encourage their participation and responsibility in caregiving and household functions, their support for female caregivers and their recognition of the burden of care and reduction of gender-based violence in the household;
- Individual counseling, group work and structured group therapy sessions focus on the unique needs of girls including sexual abuse, assault, rape and the empowering of girls in interpersonal situations;
- Encouraging young men and boys to access CT and other health services;
- Adopting a family-centered approach to care and treatment services;
- Programs to ensure that girls are given equal opportunity to attend school and increase access to education by supporting school fee exemptions and school uniforms as identified per OVC in need;
- Caregiver training to recognize signs of gender-based violence and to provide appropriate counseling and referral services to social, legal, and community-based support groups;
- Programs address societal and community norms to reduce stigma, protect women from violence, promote gender equality, and build conflict resolution skills; and
- Survivors of sexual violence are linked to the provision of post-exposure prophylaxis.

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;

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13729

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13729	7958.08	U.S. Agency for International Development	Children in Distress	6585	4619.08	CINDI	\$1,175,000
7958	7958.07	U.S. Agency for International Development	Children in Distress	4619	4619.07	CINDI	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$578,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 519.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 6421.22737.09	Planned Funds: \$29,127
Activity System ID: 22737	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Nelson Mandela School of Medicine will monitor the following parameters to measure the impact of traditional healer involvement in improving the health and wellbeing of OVC:

1. Numbers of OVC and household 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; and,
6. Access to preventative and curative health care services, including antiretrovirals, immunization, growth and nutrition monitoring.

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.

ACTIVITY 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. Advice 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

Activity Narrative: 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.

ACTIVITY 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13855

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13855	6421.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$50,000
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

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$7,011

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3462.09	Mechanism: DoE
Prime Partner: National Department of Education	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 14042.23011.09	Planned Funds: \$282,533
Activity System ID: 23011	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities in targeted schools located in KwaZulu-Natal (KZN) will support orphans and vulnerable children (OVC) and provide training for their caregivers to improve the lives of the OVC. Support will extend to primary schools which serve as feeder schools for the high schools in the peer education program. Activities will offer services to OVC in schools and train caregivers to mentor and support OVC. Primary areas of emphasis will be human capacity development, psychosocial support, education and training to support OVC. The program will support the Department of Education (DOE) strategy to use schools as full service centers for learning, teaching, prevention care and support. The target population will be OVC ages 5 - 17 in grades 0-12, and caregivers servicing the focus schools. Program focus will be on strengthening families, households and communities to meet the needs of orphans and other vulnerable children affected by HIV and AIDS. The program will also support community-based activities that offer responses to help children and adolescents to meet their own needs through meaningful youth participation, and create a supportive environment where children can grow and develop into productive members of society.

Support for OVC will be linked with other DOE programs to ensure that the students can gain access to available services such as "no fee schools", school nutritional programs, life skills and peer education programs and link OVC programs with other USG programs to access full scale services and sustain the support. The USAID-supported OVC program in KZN schools will also support full service schools to strengthen and sustain the continuity of care and support through the training of the district and school level officials. USAID will support the establishment of at least six full service schools in the Umzimkulu area.

Full service schools will be structured to provide psychosocial support to students and teachers by making available qualified social workers and psychologists (linking with the social welfare services); professional nurses and medical services (linking with health); protection services for OVC cases that need (linking with police and legal services) interventions and support; and educational and vocational training services (linking with education) for OVC that need mentoring, scholarships and career guidance.

The KZN provincial DOE has established full service schools in some of the districts and there are none in the Umzimkulu area due to the recent provincial border demarcations that led to Umzimkulu being moved from the Eastern Cape to KZN.

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 on 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 policies 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14042

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14042	14042.08	U.S. Agency for International Development	National Department of Education	6692	3462.08	DoE	\$291,000

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$100,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4757.09

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: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 8251.23042.09

Planned Funds: \$339,817

Activity System ID: 23042

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Project Support Association - Southern Africa (PSASA) will fully integrate OVC programs into existing HBC programs. Once trained, the child care workers (CCWs) will be working with the 14 existing PSASA HBC programs.

PSASA will provide support to establish food gardens with child carers at the homes of children by obtaining assistance from farmers and the Department of Agriculture.

Training on fruit tree planting by local farmers for children at their homes. (PSASA will obtain fruit trees from farmers for this purpose.)

Community child care forums have been implemented by Government. They need to be followed up and training will be done for these forums so that they contribute to the safety and security of children, and child rights. PSASA will continue to support OVC in the following services - assistance with access to health care, education, economic support, food and nutrition support, legal assistance, psychosocial support, palliative care, and training related to OVC.

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. PSASA 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13786	8251.08	U.S. Agency for International Development	Project Support Association of Southern Africa	6610	4757.08		\$350,000
8251	8251.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	\$200,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$132,925

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 2787.09

Mechanism: N/A

Prime Partner: Absolute Return for Kids

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 7886.22556.09

Planned Funds: \$0

Activity System ID: 22556

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. This program area was discontinued in FY 2009 as the costs for this activity were transferred to another donor who was keen to assist with OVC services. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13346

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13346	7886.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$970,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 6151.09

Mechanism: UGM

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 12512.22564.09

Planned Funds: \$567,979

Activity System ID: 22564

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Umbrella Grants Management partner, Academy for Education Development (AED-UGM) will continue providing TA and capacity building to new and ongoing sub-partners using the same strategy as FY 2008.

OVC constitutes the largest program area for the AED-UGM, with 6 sub-partners working in this area: 1) Anglican AIDS and Healthcare Trust (AAHT), 2) Hospice and Palliative Care Association of South Africa (HPCA), 3) Ingwavuma Orphan Care (IOC), 4) Senzakwenzeke, 5) Woz'obona, and 6) Care. Core group training and follow-on technical support will primarily focus on organizational development and institutional strengthening, whereas customized training, TA and twinning activities will build technical capacity in OVC programming. Yearly capacity building plans for each sub-partner will be developed, building on prior year's plans and will articulate the individual CB needs of each sub-partner. Where possible, cohort/cluster trainings will be organized for sub-partners, to maximum resources and facilitate cross-sharing of best practices.

The AED-UGM has established an Educational Training Fund (ETF) to support the HCD needs of sub-partners through the provision of resources that include: funding for such things as the development of job aides, handbooks and educational materials; and sponsorship for attending courses, technical meetings, etc. The ETF is a mechanism whereby the staff and volunteers working for sub-partners can apply for, and receive, funding to improve skills and enhance service delivery. Sub-partners engaged in OVC programs will tap the ETF for sponsorship to attend short courses and technical meetings in such areas as: financial management, computer training, and report writing; and technical OVC subjects including memory box, child abuse case management, child and youth care development, etc. Additionally, the AED-UGM will adapt/develop and disseminate standard tools, protocols and manuals for use by sub-partners to improve operational systems and expand service delivery. Examples from year one CB plans illustrate the types of training, TA and twinning activities that OVC sub-partners will participate in:

- 1) Woz'obona and Senzakwenzeke exchange visit/twinning on Household Gardening
- 2) Senzakwenzeke and AAHT exchange visit/twinning on Child Care Forums
- 3) Woz'obona and Senzakwenzeke exchange visit/twinning on CINDI Database
- 4) Sponsorship for IOC staff to participate in paralegal, child abuse case management, and child and youth care development courses
- 5) Training of trainers for Woz'obona staff in facilitation and training skills

AED-UGM is a capacity building program which ensures that sub-partner organizations collaborate and coordinate with SAG. AED-UGM seeks to ensure that all sub-partner service delivery strategies are aligned with the four priority areas in the NSP, namely: (i) Prevention; (ii) Treatment, Care and Support; (iii) Research, Monitoring and Surveillance; and (iv) Human Rights and Access to Justice.

AED-UGM is committed to gender equality and has established systems, procedures and monitoring and evaluation instruments to ensure sub-partners are sensitive to this issue. Since gender equality and gender equity are concerned with ensuring that the needs of women, men, girls and boys are addressed in all phases of program planning, AED-UGM monitors the integration of gender concerns in situation analyses, the formulation of objectives, program activities and MER plans. Thus, AED-UGM goes beyond the mere counting of the number of females and males attending training courses by actively promoting gender equality and gender equity, and providing support to sub-partners to enable them to address this issue effectively. As part of this process, sub-partners are required to report on gender-related activities in their quarterly monitoring reports. Gender equality consultants will also be engaged to strengthen the expertise of AED-UGM in this area.

Sub-partner organizations sign MOUs with provincial and district departments. Details concerning the status of MOUs in different provinces will be provided in sub-partner COPs. AED-UGM ensures that sub-partners report progress on SAG collaboration efforts and MOU status on a quarterly basis.

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 PEPFAR 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13363

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13363	12512.08	U.S. Agency for International Development	Academy for Educational Development	6451	6151.08		\$485,000
12512	12512.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$285,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4626.09

Prime Partner: African Medical and Research
Foundation

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 6562.22574.09

Activity System ID: 22574

Mechanism: AMREF

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$1,941,809

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Gender Programming:

The program will seek to increase women's access to income and productive resources through the formation of women's associations. Women from the project areas will group themselves and be advanced a loan that will belong to the group. Each group will develop a code of conduct on how the group will function including the interest that will be charged on borrowed funds and defaulters. Individual members from the group will then borrow from the group at a nominal interest. At the year end profits are shared among the group members with the initial seed money being returned to the pot for use again the following year. It is envisaged that these associations will present opportunities for income generation for community health workers and children from disadvantaged families. These income generating activities will be developed following locally focused operational research on niches in the local market conditions that could be exploited. Also leveraged will be the experience generated by other PEPFAR partners. The African Medical and Research Foundation (AMREF) will seek to replicate the voluntary savings and loan scheme being implemented by Care.

Economic Strengthening:

In addition, AMREF will pilot an income generating initiative for OVC, partnering with Project Concern International; a US-based NGO with experience in the implementation of income generating activities. The primary aim is to develop agricultural income generating activities including food production and animal husbandry. Children who have graduated will form associations who will then be provided entrepreneurial training and skills on how to implement and manage an income generation activity. Each group will then be asked to develop a proposal and then access funds from the project. It is anticipated that such initiatives would lead to economic development of the area as it creates employment opportunities for children and their families. It is planned that the income generation is targeted at OVC who have graduated. The initial pilot seeks to benefit 50 children (25 per district).

Human Capacity Development:

Human capacity development activities will focus on training of community health workers (CHWs), and project and management staff. For CHWs training will aim at equipping them with skills to enhance service delivery. CHWs will be trained on how to identify, refer, support and monitor children. The scope of training includes basic home-based care, counseling, support to home-based care, tuberculosis and ART clients, as well as provision of nutritional support.

AMREF will focus on training of CHWs to improve service delivery. The use of job aids in rural communities will be promoted. Job aids are materials that help a CHW perform the required tasks while providing a sense of affiliation and enhancing the CHW's authority. Appropriate job aids also strengthen skills and are invaluable in increasing confidence. Job aids that AMREF will pilot among community health workers are on health education for children and community members:

Alignment with the NSP or other SAG policies:

AMREF's OVC project seeks to improve children's access to comprehensive services being provided by civil society and government through the identification of children at the local level and referring them to the relevant service providers that include Health, Education, Department of Social Development (DOSD) and the South African Social Security Agency (SASSA). In situations where services cannot be obtained from government, children are referred to other CBOs and NGOs for the relevant service. This is in line with the National Strategic Plans (NSP) goal of developing and operationalizing mechanisms to identify, track and link child-headed households to grants and other social services.

The project promotes the development of community structures that enhance the communities' response to the plight of OVC. This is done through the creation of child care forums at the district and ward levels to ensure that each ward in which the project is being implemented has a platform to identify children and address their needs.

The project also seeks to increase the number of children accessing services from government departments. Through activities with the different agencies above, the project is working towards the NSP's objectives of increasing the number of children accessing grants and essential registration. Referrals by service providers will also increase children's access.

In addition, the program's reliance on community home-based care workers also ensures that capacity at the local level is developed and community care workers develop career paths. This program approach is aligned to the NSP's goal of expanding community home-based care as part of the expanded public works program.

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 Page 1318

Activity Narrative: 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, governmental 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

Activity Narrative: 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 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 will be 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, gender-based violence recognition and prevention, male/female norms and behaviors in OVC identification, referral, care and support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13373

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13373	6562.08	U.S. Agency for International Development	African Medical and Research Foundation	6454	4626.08		\$2,231,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$50,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$100,000

Education

Estimated amount of funding that is planned for Education \$50,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 167.09

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 6559.22579.09

Planned Funds: \$0

Activity System ID: 22579

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13378

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13378	6559.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$1,073,000
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

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 9372.09	Mechanism: N/A
Prime Partner: CARE South Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 21638.22641.09	Planned Funds: \$2,184,535
Activity System ID: 22641	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

CARE South Africa's Deepening and Expanding Local Links Project (DELL) is a follow-on activity to CARE's Local Links Project funded through Track 1. The two projects will be implemented concurrently in FY 2009 with funding separately managed. In FY 2010 Local Links programming will be integrated into DELL, thus the implementation and funding will operate as one project, through 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 affected. DELL will also work in tandem with CARE's LETSEMA program funded through the Centers of Disease Control. 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. Proposed technical partners are: CHOICE Health Care Trust, Bethlehem Child Welfare; Civil Society Development Initiative and Dihlabeng Development Initiative; a fifth technical partner is yet to be identified. 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 CSO and improve the coordination function of relevant government -civil society structures.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Package of Services

Community-based organizations 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. CBOs will develop these plans and the monitoring tools collaboratively within a municipality or district;
- 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 CSOs. Implementing partners will develop reliable referral protocols with at least one local service provider to extend the range and effectiveness of services to OVC.

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 and in establishing linkages with government and the private sector to ensure work opportunities. Older OVC access to HIV/AIDS related services will be strengthened through placing 3 youth counselors in strategic clinics (to be funded through Track 1).

ACTIVITY 2: Economic Security of OVC

- Households with OVC will have more diversified and sustainable livelihoods through
- a) using their income grants productively through engaging in the CARE's savings and lending model (VSL), and supported to develop income generating activities (IGA);
 - b) developing the regulatory mechanism to ensure compliance with the South African Financial Service Act and provide beneficiaries 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 in areas of health care, parenting skills, sexuality and reproductive health care for adolescents and youth; 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.

ACTIVITY 3: Policy

Local government policy and implementation environment is enhanced to further benefit of OVC and their caregivers. CARE will place 4 OVC Focal persons in 4 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 Child Care Forums and AIDS council 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 address bottlenecks in government service delivery. CARE will document at least one promising practice.

ACTIVITY 4: Organizational Capacity

Organizational capacity of Implementing partners is strengthened, to ensure long term sustainability, self

Activity Narrative: reliance and maximize project impact. CARE will contract 9 new partners (5 large and 4 smaller NGOs). DELL will focus on institutional strengthening of implementing partners to ensure a) enhanced strategic leadership; b) improved institutional planning and monitoring thereof ;c) stronger governance and human resource management capacity; and d) 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. The network functions like financial management, fund raising, monitoring etc will be undertaken by the established CBOs. These established CBO's are usually larger or medium sized non-governmental organizations that will be supported to improve their own internal functioning and to better serve the institutional and service delivery needs of CBOs in the network.

Partners will participate in a national Project Steering Committee and capacity development initiatives as required. The Project Steering Committee of 9-12 people will be drawn from a mix of Implementing and Technical Partners, government officials and other related stakeholders to increasingly take strategic oversight of the project.

ACTIVITY 5: Cross Cutting Issues

CARE will undertake a baseline study of OVC needs and service satisfaction. CARE will migrate to using an electronic data base system. 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 build in a systematic approach to care for the caregiver and access to services for themselves and their family members. CARE recognizes that the volunteer caregivers, predominantly women, are themselves infected or at risk for HIV /AIDS infection because of their economic vulnerability.

SUMMARY:

This follow-on activity will provide support to orphans and vulnerable children (OVC) and strengthen families affected by HIV and AIDS. The follow-on activity will work 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. The emphasis is on building the capacity of local organizations to strengthen direct service delivery to OVC and their caregivers. The targeted populations are OVC and people living with HIV and AIDS (PLHIV).

BACKGROUND:

This activity was supported by CARE USA in FY 2006 and FY 2007. The CARE Track One activities will be recompeted in FY 2007 and it is anticipated that the same partner will continue these activities in FY 2008. The follow-on activities will include: 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.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Economic Strengthening

The follow-on will continue to focus on women's (caregivers) access to income and productive resources through Voluntary Savings and Loan (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 the saving group as a social safety net to help them cope with family stresses including death and other related stresses, and to set up Income Generating Activities (IGA). The follow-on will focus on improving the qualitative aspect of the economic empowerment component of the female caregivers. VSL activities seem to induce a demand by the caregivers for IGA training. The follow-on activity will enhance the capacity of sub-partners to scale-up IGA training and support, tracking the qualitative relationship between the economic activities and the well being of OVC and their households and documenting the VSL model and lessons learned.

Small qualitative studies will be done to assess the impact of the economic component in improving the wellbeing of Caregivers and OVC. These studies will be done in different in areas in order to compare the impacts of the VSL and IGA activities on OVC and their households.

The follow-on activity will scale up the usage of VSL groups as one of the entry points to reach caregivers and OVC with other services such as psychosocial support, education and assistance in accessing birth certificates. Lessons learned will be documented that link VSL with the provision of other services to caregivers and OVC. The lessons will be replicated and used as models on how to use economic activities to enhance care and support of OVC.

ACTIVITY 2: Local Capacity Building

The follow-on activity will strengthen and improve the quality of services offered to OVC and their caregivers by focusing on institutional capacity building and program support to strengthen the partnership model. The follow-on 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. Activities with the support groups for OVC and caregivers who are both infected and affected by HIV and AIDS will continue. Activities will focus on reaching the most vulnerable children especially the under-five age group, the disabled and young girls.

In order to improve capacity of sub-partners to provide better services, the follow-on activity will appoint

Activity Narrative: Social Workers to work closely with sub-partners to use the training modules adapted from Hands at Work to train caregivers, especially grandmothers who are having difficulties of raising OVC, particularly adolescent OVC. Training will also focus on caregivers' communication skills with OVC will be integrated within sub-partners programs. The social worker will train, support and disseminate information on how sub-partners could improve OVC access to legal documentation, state social grants, and educational support to ensure that OVC stay in school and to assist in finding ways for volunteers to get regular stipends.

Sub-partners will be trained using the Sexual Health Reproduction manual to enhance the capacity of caregivers to communicate with OVC about issues of sexual health and reproduction.

The follow-on will focus on enhancing the capacity of sub-partners to provide support to caregivers to build coping mechanisms to deal with stresses raising OVC through a caregiver program that is based on group debriefing and sharing. This model will also be used to educate infected and affected people to form support groups.

The follow-on will develop an organizational development (OD) process with sub-partners. The OD processes will focus on enhancing the programmatic capacity of sub-partners to ensure organizational sustainability and to improve the quality of services delivered to OVC and their caregivers.

ACTIVITY 3: Advocacy

The follow-on sub-partners will be trained and supported to identify advocacy issues using the advocacy strategy developed in years three and four. This activity will strengthen sub-partners ability to advocate on and behalf of OVC and to enhance their ability to provide better quality services to OVC and their caregivers with improved to access government services and the creation of linkages with the private sector for economic support activities. Participatory Educational Theatre (PET) will continue to be used to deal with issues of stigma and discrimination and other rights-based issues, for preventative messaging and training of youth counselors. Cooperation with other PEFAR partners will be explored to strengthen and broaden this theatre activity to include storytelling. The CARE follow-on will work with sub-partners to introduce trained youth counselors to increase the reach of young people with services targeted at the youth.

The follow-on will continue to participate in the Government's National Plan of Action through the National Action Committee for Children affected by HIV and AIDS (NACCA) and on the NACCA sub-committee for food security. This program is consistent with the Department of Social Development (DOSD) Plan of Action for OVC. In addition, other relevant Departments will be supported to influence the improvement of OVC services, especially the Departments of Health, Agriculture and Education and participation in the police forum to assist the police with appropriate responses to issues of child and women abuse.

The CARE follow-on activities will contribute to PEPFAR 2-7-10 goals by improving access to quality care for 10 million people, including OVC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21638

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21638	21638.08	U.S. Agency for International Development	CARE South Africa	9372	9372.08		\$0

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$216,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$440,000

Education

Estimated amount of funding that is planned for Education \$260,000

Water**Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 418.09**Prime Partner:** CARE USA**Funding Source:** Central GHCS (State)**Budget Code:** HKID**Activity ID:** 7542.22642.09**Activity System ID:** 22642**Mechanism:** Track 1**USG Agency:** U.S. Agency for International Development**Program Area:** Care: OVC**Program Budget Code:** 13**Planned Funds:** \$825,500

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

(a) The FY 2008 COP original targets were based on the last 9 months of the project, until 31 May 2009. Since Local Links programming has been extended to September 2009, all orphaned and vulnerable children targets have been maintained at 100%. Training targets have been reduced to 500 as the focus will be on supporting partners to implement all the training provided in the previous years.

(b) Voluntary Saving and Loans (VSL) Qualitative and Quantitative studies have been added in order to measure impact of VSL using one new village in Limpopo and one village/urban setting in the Free State province. This will track the impact of VSL and how the economic interventions directly contribute to the improvement of the lives of OVC.

(c) In response to VSL studies findings, regulation of VSL groups will be explored in the coming year so that the groups collectively are enabled to benefit from other private and government financial or health services targeting the poor.

(d) Local Links will work closely with Letsema project and Local Links follow-on (DELL) in strengthening partners' health component such as referral systems for positive children, pediatric care, etc.

(e) 3 Youth counselors post to be based at the local clinics will be created and supported in order to increase the use of related HIV/AIDS services by youth OVC.

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 its 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

Activity Narrative: USA has developed a Sexual Health Reproduction manual targeted at caregivers and OVC with one of the sub-partners in the Free State 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13708	7542.08	U.S. Agency for International Development	CARE USA	6578	418.08	Track 1	\$446,068

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$79,420

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$206,250

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1235.09	Mechanism: Community Grants
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3118.22668.09	Planned Funds: \$1,100,000
Activity System ID: 22668	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Community Grants will 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 strategic direction of Community Grants is evolving with an increasing focus on economic strengthening. Community Grant Coordinators will help facilitate economic strengthening by continuing to link community and faith-based organizations funded through Community Grants with larger PEPFAR partners and South African government departments to build capacity and ensure project sustainability.

As the Community Grants strategy evolves, a significant emphasis will also be placed on income generation activities, such as training Grantees on grant writing and fund raising, thus enabling the programs to benefit from multiple sponsors. Another focus area for funding will be program-sponsored, self-sustainable income generation businesses, such as bakeries, sewing projects, gardens, brick and bead making. This advancement will allow Coordinators to remain responsive in the ever-changing nature of the HIV/AIDS pandemic and encourage the projects to become self-sufficient.

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

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Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13922

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13922	3118.08	Department of State / African Affairs	US Department of State	6653	1235.08	Small Grants Fund	\$1,000,000
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

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 512.09

Mechanism: N/A

Prime Partner: Child Welfare South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 3060.22651.09

Planned Funds: \$1,697,141

Activity System ID: 22651

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 2: Human Capacity Development

In FY 2009, ten new sites will be developed. Focus will be placed on improved performance, expansion of service delivery and enhanced capacity development of communities to intervene and assist vulnerable children. Focus will be placed on training in two key areas; PMTCT and Psychosocial Care and Support. Child Welfare South Africa (CWSA) has an established partnership with the Regional Psychosocial Support Initiative (REPSSI) who will provide training to CWSA personnel and volunteers in the field of psychosocial care and support. Improved training for volunteers will enhance service delivery to children.

ACTIVITY 2: Human Capacity Development and ACTIVITY 6: Referrals and Linkages

To enhance the prevention program additional training of volunteers in PMTCT and treatment options will be conducted. Training will be undertaken at community level and partners within each individual community served will be sort. This will also guarantee effective networking ensuring families are linked with the most appropriate care options at community level.

ACTIVITY 3: Community Campaign

Awareness raising activities taking special cognizance of gender inequalities and the need to promote abstinence particularly among adolescents will be developed. Community volunteers will impart information through talks at community centers, clinics and school and distribute pamphlets. Partnerships with relevant service providers will be established to obtain awareness raising materials focusing on this specific group. CWSA will consult PEPFAR partners including Love Life and Soul Buddies in developing these campaigns.

ACTIVITY 4: Outreach Services

Scale-up of service delivery will be improved through the aforementioned trainings as volunteers will have the necessary knowledge to broaden the services provided to a larger group. They will be able to assist pregnant women deal with the issues of HIV transmission to children in a more sensitive and informative manner. Quality of care will be enhanced by reducing the volunteer to child ratio, from one volunteer to 12 children to one to ten, by training at least 30 volunteers per site. Volunteers will provide additional assistance to caregivers through basic counseling and by providing inputs and guidance on caring for children. Support groups will be run for caregivers. M&E systems will be updated to ensure that services rendered to adults and caregivers are also recorded. A volunteer nurturing program will be developed and implemented to address volunteer retention. This will include training of social workers and other volunteer supervision staff to address the emotional needs of community volunteers, reflect empathy and aid them in coping with stress and burnout related to their activities. In FY 2009, CWSA will carry out a community-based situational analysis with the purpose of identifying especially vulnerable children, marginalised communities and specific difficulties facing each community. This will provide insight into the most pressing concerns facing communities and mark the foundation upon which interventions can be developed. Findings will be site-specific. Specific needs of disabled children, children under the age of five, gender inequalities, adolescence as well as food security and income generation will be some of the issues raised.

Human Capacity Building:

Training focuses on pre-service training for CWSA personnel and social workers who are to implement the program at site level, and train volunteers. Volunteers at the onset of the program attend a 10-day training workshop. The training focuses on key support services areas needed by OVC e.g. social grants, bereavement, rights, community awareness, child protection, resilience, and HIV/AIDS. The training is in the process of being accredited with the assistance of Department of Social Development. Once volunteers are deployed they will continue to receive training bi-monthly. These one day sessions focus on key area of need identified by the volunteers. In addition, volunteers will attend bi-weekly group supervision sessions with social workers to assist them in service provision to children and families.

Economic Strengthening:

Community-based situational analyses will be conducted at all sites to identify the most pressing difficulties. When needs relating to material difficulties are identified sites will be assisted to design economic strengthening activities, including microfinance and microenterprise. Volunteers and identified families will participate in the development of business plan and budget, including profit sharing agreements. CWSA will work with vendors in linking them to relevant markets.

Gender Issues:

CWSA will recruit more men to the program by drawing in the participation of community leaders and local chiefs so to encourage and motivate men to participate, in order to challenge gender norms and beliefs. CWSA interventions have resulted in men attending anger management counseling and redressing past behaviors. Best practices in addressing violence against children will be shared among sites.

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:

Activity Narrative: 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 fourth 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 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,

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13726

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13726	3060.08	U.S. Agency for International Development	Child Welfare South Africa	6584	512.08		\$1,840,000
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

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$384,372

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$27,143

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1071.09

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 3107.22662.09

Activity System ID: 22662

Mechanism: N/A

USG Agency: Peace Corps

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$265,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under BACKGROUND, added: In FY 2009 Peace Corps will contract with individuals and organizations with specialization in delivering training and conducting outreach in OVC activities. Priority will be given to contracting with those individuals and organizations that have already received PEPFAR capacity development support. This will (a) strengthen and build upon previous PEPFAR investment and (b) provide training and outreach in the communities where Peace Corps Volunteers (PCVs) live and work, allowing the Volunteers to provide follow-up and document results.

Changes in ACTIVITY 1: In FY 2009, approximately 30 PCVs and 30 counterparts will receive training in meeting the physical and psychosocial needs of OVC, using internationally and locally produced materials.

Changes in ACTIVITY 2: Approximately 30 PCVs and 30 counterparts will train 50 service providers (e.g. teachers, OVC peer educators, CSO employees, HBC volunteer workers and OVC caretakers) in topics addressed in Activity 1. This will result in improved care provided to 3,000 OVC. PCVs and counterparts will also directly provide outreach to OVC.

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 SCRП 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 mechanism, these PCVs and their counterparts will train OVC caretakers, CSO employees and OVC volunteer workers. SCRП 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 SCRП 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 SCRП 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 SCRП 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13927

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13927	3107.08	Peace Corps	US Peace Corps	6655	1071.08		\$290,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4105.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 6563.22868.09	Planned Funds: \$2,451,534
Activity System ID: 22868	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Linking with the Southern African Catholic Bishops' Conference AIDS Office (SACBC)/Catholic Relief Services (CRS) treatment program will mean that the OVC program will benefit from the experience, M&E expertise and good practices in this program. These treatment sites will focus on identifying HIV-exposed children in the communities they serve. Early identification, screening and referral will be emphasized. Every community health care worker will identify vulnerable children in the households they visit. Children will be identified and registered. Parents will be counseled and motivated to have children tested. PCR testing will be offered from 6 weeks of the infant's life for the first year. Thereafter rapid testing will be used.

The SACBC will continue with the FY 2008 activities and emphasis will be put on the following:

ACTIVITY 1: Support to Parents

SACBC will increase the number of surviving parents and guardians receiving care. Surviving parents and guardians will be equipped with relevant training to enhance their economic opportunities. Advocacy on prevention and VCT will be conducted at site level. Surviving parents and guardians will be trained in linking nutrition with treatment, with an emphasis on healthy living.

ACTIVITY 2: Community Mobilization

SACBC will continue to give the sites relevant support to create new links and networks and strengthen existing ones. The sites will be given training on formation of child care forums to enhance them with the capacity to deal with the needs of OVC. Awareness campaigns will be conducted to promote responsibility shifting within the communities. Communities will be educated on treatment literacy and the importance of adherence.

ACTIVITY 3: Access to Services

The Education for Life program will continue at the site level, with emphasis on sexuality, morality, psychosocial support, and spirituality. OVC will be educated on life skills training to help them make decisive choices and not fall prey to situations. This will also reduce teenage pregnancy, street children, drug and alcohol abuse and prostitution. Further, there will be scaling up of children accessing ARV. This will require the improvement of transport services, and ART sites improved to be more child-friendly. More referrals will be made on children with serious social problems as to reduce the rate of OVC dropouts from school.

ACTIVITY 4: Gender, Stigma and HIV Prevention

Programs will be implemented to target cultural issues, especially the role of women in society. Advocacy on behavior change and positive living will be at the core of gender mainstreaming program. Within the OVC sites attention will be paid to addressing the needs of girl children and boys independently. The sites will continue to provide HIV and AIDS education to combat stigma and encourage voluntary counseling and testing. Activities and approaches to address gender issues will include involvement of men in the program as decision-makers, family-centered care, couple counseling and testing links with treatment programs. The program will involve partners (through increased partner testing, male support, prevention and interventions with regard to gender-based violence), including support groups for HIV-infected patients, more so, the OVC.

Partners of pregnant women will also be targeted and providing information to men on PMTCT, CT, prevention and other health issues and encouraging couples counseling and testing in an attempt to increase men's involvement in HIV and AIDS treatment and care programs and to reduce stigma and violence against women. The approaches will include couple counseling and testing at CT and PMTCT sites with the view of promoting testing of men as well as building their support for their female partners, where possible. Efforts will be made to include health worker trainings to recognize signs of gender-based violence, to provide appropriate counseling and referral services to social, legal, and community-based support groups, as well as training and employment of women as health care providers to increase the confidentiality and comfort of women and girls seeking treatment for HIV.

ACTIVITY 5: Exit Strategies for OVC

Through the assistance of the Department of Labour, with which the SACBC has working relationship, the OVC will be equipped with skills development training that will assist them to fend for themselves when they can no longer benefit from the project. The OVC would be assisted through career camps on the availability of funding opportunities for their further studies and vocational training.

ACTIVITY 6: Training Secondary Caregivers

Surviving parents and guardians of caregivers would be trained in parenting skills, where they would be assisted to deal with teenagers' development and how to handle their behavior. The guardians would also be advised and trained on how to deal with children with disabilities and addressing their needs.

The goal is to mitigate the impact of HIV and AIDS and create an enabling social environment for care, treatment and support. The objective is to strengthen the implementation of OVC policy and programs. Another is to increase the proportion of children obtaining vital documents such as birth and death registration to 90%.

SUMMARY:

The Southern African Catholic Bishops' Conference AIDS Office (SACBC) provides comprehensive care for South Africa Page 1338

Activity Narrative: 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

Activity Narrative: provide positive engagement and open discussion around sexuality, sexual behavior, teenage pregnancies 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 in FY 2008 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. 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 be transitioned all to the SACBC (as a prime partner) program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13816

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13816	6563.08	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	6623	4105.08	SACBC	\$1,940,000
7398	6563.07	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	4401	4105.07	SACBC	\$1,500,000
6563	6563.06	HHS/Centers for Disease Control & Prevention	South African Catholic Bishops Conference AIDS Office	4105	4105.06	SACBC	\$1,300,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$950,600

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$200,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$394,700

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$394,700

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4761.09	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: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8269.22832.09	Planned Funds: \$155,345
Activity System ID: 22832	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

OVC identification, registration, needs assessments, information and referral for services will be incorporated in the AB Prevention program. OVC requiring medical attention, psychosocial counseling, access to economic support services like social grants, legal services like birth certificates and assistance with school needs will be referred to the Government clinic and social worker. However, the AB facilitator will have a follow-up check list to ensure that the OVC needs identified are met. A tool for reporting the achievement of results will be developed and used to feed information to the OVC program coordinator.

Subpartners will be a key role player since they are assigned more than two-thirds of the targets. The involvement of AB facilitators will help to increase the numbers of OVC that will be receiving PEPFAR supplementary direct services. It is anticipated that the integrated approach will increase the OVC target by 20%.

Human Capacity Development Activities:

TIPHC intends to consolidate the quality of its services by ensuring that the knowledge and skills of caregivers are standardized to ensure quality improvement. Sustainability will be achieved through imparting the knowledge and skills in care giving to OVC caregivers, families of OVC and community members through home visits and local ward and information sharing meetings.

Management and leadership development: OVC Project staff will be capacitated on project management and supervision which will include data collection system for tracking caregivers training, managing caregivers deployment, performance and attrition information for planning and modeling long-term caregiver needs.

Retention strategies for OVC Caregivers: OVC Caregivers will be retained through incentives, training, respite care and psychosocial support such as counseling and bereavement care for caregivers as well as adequate supervision by professional Social Workers.

Five caregivers with suitable qualifications will be identified and selected to attend a twelve months training as Auxiliary Social Workers. This will be an incentive for career pathing and will cost US\$ 125.00 per caregiver. This amount will cover tuition fee, books, uniform and per diem.

An independent psychologist will be identified to attend to caregivers' needs in counseling and debriefing.

Economic Strengthening Activities:

Family strengthening is a key component to the OVC program. Households with OVC will be targeted with income generating activities like the Coca Cola Shanduka new movable Tuckshops initiative which is being discussed with the Coca Cola company which will supply initial stock. Child-headed households above the age of 18 or elderly guardians will qualify to operate Tuckshops and earn an income from the profits. This is an income generating project that has potential to benefit OVC and care clients in a family. This project is aimed at 18 years olds or elder guardians in order to let the school-going children attend school without interruptions.

Alignment with NSP and SAG policies:

The OVC program is aligned with National Department of Health HIV & AIDS and STI National Strategic Plan (NSP) for South Africa 2008 -2011. Priority Area 2 of the Strategic Plan which covers Treatment, Care and Support target is to "provide an appropriate package of treatment, care and support services to 80% of people living with HIV and their families by 2011 in order to reduce morbidity and mortality as well as other impacts of HIV and AIDS". Goal 8 under Priority Area 2 is to "mitigate the impact of HIV and AIDS and create an enabling social environment for care treatment and support". Objective 8.1 is to "strengthen the implementation of OVC policy and programs. TIPHC program is contributing to this objective by implementing activities which enable access to social grants (child support, foster care and care dependency), exemption from school and health service fees and obtaining of vital documents such as birth and death registration in collaboration with Departments of Social Development, Education, Local Government, Home Affairs, and NGOs/CBOs in the area and communities.

The Local Economic Development (LED) Plan for Nkangala District Municipality of December 2004 highlights Human Resources and Community Development as one of its seven pillars for LED with HIV and AIDS caregiver training as one of its priority activities. The plan is to construct a facility for training "personnel providing care for HIV and AIDS sufferers". Human capacity development is one of the emphasis areas for PEPFAR. Therefore, TIPHC caregiver training is aligned with the LED Plan in that its goal is to enhance the skills and expertise of caregivers in an effort to improve the quality of service delivery.

Gender Programming:

The OVC program will endeavor to strengthen links with the palliative care program through a family-centered approach. Child-headed households and households where the adult is sick and incapacitated will be prioritized to ensure that the conditions of the girl-child in terms of household responsibility are assessed for appropriate intervention. The burden of providing for the home and caring for sick members of the family is mostly on the girl child.

Both girl and boy child-headed household will be empowered with life skills, income generating means and information on prevention of teenage pregnancy, alcohol and substance abuse, education on HIV and parenting skills. But the main focus will be on the girl-headed household due to the fact that they are most vulnerable.

Activity Narrative: The OVC program will also have strong links with the AB prevention program. The schools to which the OVC on the register go to will be on the database. The schools will all be included on the school-based AB program to ensure that the OVC have access to the curriculum-based information and education on HIV and AIDS, risky sexual behavior, life skills, male norms and sexual behavior and peer-outreach that motivates for delayed sexual debut.

Follow-up to OVC especially referrals to other service providers will be a mandatory. A check-list system will be put in place which will enable a follow-up to ensure provision of referral services to OVC. This is critical especially for OVC reporting cases of sexual abuse and domestic violence which require decisive intervention by the child protection unit of the SAPS. Reports from schools in the current AB program indicate increasing numbers of young girls that are sexually abused in the home. Hence, schools and drop-in centers are an important focal point for targeting OVC and linking them to the home where a comprehensive and coordinated support service system for the OVC can be devised.

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 Emalaheni 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13845	8269.08	U.S. Agency for International Development	Training Institute for Primary Health Care	6631	4761.08		\$200,000
8269	8269.07	U.S. Agency for International Development	Training Institute for Primary Health Care	4761	4761.07	New APS 2006	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$1,100

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8681.09	Mechanism: N/A
Prime Partner: South African Democratic Teachers Union	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 19452.22841.09	Planned Funds: \$288,844
Activity System ID: 22841	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The OVC school committee will be elected to give better insight into identifying and meeting the needs of OVC.

Two caregivers will be trained per school since there are 50 OVC to be cared for in each.

On school wellness days, parents, teachers and learners will provide health assessments and counseling including VCT and HIV Prevention knowledge sharing.

Infected guardians will be referred to health services (PMTCT, treatment including TB), social support services and Peer education support groups in the area.

Lastly, debriefing sessions will be held for caregivers. The partner will carry out mentoring, support and monitoring of project implementation and review of OVC policy and implementation in OVC schools.

SUMMARY:

The 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 OVC

In collaboration with the Department of Social Development (DOSD), 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 DOSD. 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 DOSD. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19452

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19452	19452.08	HHS/Centers for Disease Control & Prevention	South African Democratic Teachers Union	8681	8681.08		\$350,000

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$43,910

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$24,286

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4762.09	Mechanism: N/A
Prime Partner: Ubuntu Education Fund	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8272.22807.09	Planned Funds: \$242,726
Activity System ID: 22807	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Ubuntu provides orphans and vulnerable children (OVC) and their caretakers with comprehensive services firmly rooted in the Department of Social Development's Policy Framework for Orphans and Other Children Made Vulnerable by HIV and AIDS, and the Department of Health's HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. Ubuntu will continue to provide services described in COP 2008, but several enhancements have been made.

Ubuntu will train community members in caregiving skills and on HIV and AIDS. A group of 12 community members, the OVC Volunteer Core, will be trained continuously in caregiving, food preparation and hygiene. These volunteers will cook for the daily school feeding program, and will serve as the childcare forum, which identifies vulnerable children who need additional assistance and oversight. They will be established as leaders and known as "people who can help" in their communities.

School-based day camps will be enhanced by leadership training, and by using leaders to assist at camps. In addition, career guidance and counseling sessions will be offered, and more community leaders will be used as role models. In FY 2009, Ubuntu will reduce the staff to participant ratio to 1 adult per 10 children. This will allow individualized attention that builds the quality of care. Ubuntu's camps will also continue to address gender inequities through small group discussions. Ubuntu staff will facilitate age-appropriate dialogues with boys and girls on gender inequality, stereotyping, and gender-based violence, girl-headed households, HIV, teenage pregnancy, and rape.

After-school programs offering care for 100 OVC in grades seven and eight will be established. Ubuntu will link this program with the abstinence and being faithful program by offering life skills education. Some OVC will be enrolled in a four-year academic track to equip them with essential skills so that they can benefit from Ubuntu bursaries. An academic specialist will work with a psychologist and a care worker to ensure comprehensive services.

Ubuntu's nurse will initiate a growth monitoring strategy for OVC to ensure that all children are immunized, that those needing essential services are referred to the clinic. Ubuntu's nurse has developed strong relationships with local clinics to ensure that malnourished or children with other health issues are assisted by the clinic.

Ubuntu will continue to facilitate weekly support groups for OVC. Ubuntu's OVC program will wrap around with prevention programs. Ubuntu will collaborate with Men as Partners (MAP) to include elements of their program in the training and support groups. All support groups will be linked to Ubuntu's career and higher education program that builds skills and facilitates access to tertiary education.

Ubuntu OVC program will use a "memory box" therapy approach to support the OVC. This therapy will enable children and their families to work through the issues they have faced with loss, bereavement, stigma, denial and trauma.

Ubuntu will address domestic violence and coercion of women through the family-centered OVC program. OVC and their families will be screened for violence in the home. Vulnerable children will be enrolled in ongoing psychosocial support sessions. A suitably qualified staff member works on these cases. Ubuntu staff will work closely with the Department of Social Development to ensure that social workers are assigned to domestic violence cases. In addition, staff will accompany OVC and their family court and assist them in court preparation. Ubuntu will remove children and women from unsafe home environments and will provide them with safe havens. MAP trainers will also assist these families, as they provide a level of confidence in the children and their mothers, and help children regain trust in male role models.

The program will continue feeding disadvantaged children. Ubuntu will not scale up the number of recipients, but instead, will scale up the quality of the feeding program. The enhancements will focus on the meal's nutritional value and growth monitoring. Ubuntu will source vegetables from the feeding program through Ubuntu's six school gardens. Ubuntu will integrate the gardens into programming for OVC through using the gardens for environmental education and skill building.

Ubuntu will continue to identify child-headed households (CHH) affected by HIV and AIDS. Ubuntu will continue providing safety and security measures and basic household essentials to CHH in need. A team leader will be dedicated to identifying and developing interventions for CHH. Each household will be assessed provided with ongoing psychosocial, social and nutritional support. CHH that do not qualify for social grants will be provided with monthly nutritional food parcels.

Ubuntu's OVC program will link directly with Ubuntu's adult care and support program. The Ubuntu Centre, due to be completed in 2010 will ensure comprehensive services under one roof.

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

Activity Narrative: 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13849

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13849	8272.08	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	6632	4762.08		\$250,000
8272	8272.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	\$125,000

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

Health-related Wraparound Programs

- * Child Survival Activities
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,323

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$40,950

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$11,667

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 509.09	Mechanism: N/A
Prime Partner: Save the Children UK	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 3054.22903.09	Planned Funds: \$3,296,221
Activity System ID: 22903	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This program was designed to support implementation of the National Strategic Plan (NSP), National Action Plan for OVC and Department of Education (DOE) policies - implementing Child Care Forums (CCFs), local coordination and caring schools.

ACTIVITY 1: Establishing and strengthening community structures

Save the Children UK (SC), in partnership with The Center for Positive Care (CPC), will develop CCFs in farms, work with DOSD and other government departments to develop a referral system for OVC from CCFs and schools, and ensure that CCF members receive supportive supervision as an extension of the social development system. SC and the DOE will develop training for School-based Support Teams (SBSTs) including the role of the SBST in supportive supervision for Youth Facilitators (YF).

ACTIVITY 2: Human Capacity Development

Emphasize child protection and participation in all training; develop materials and training of teachers and school management to ensure sustainability of caring schools and support for YFs; develop materials, training and mentoring of local government (LG) officials for LG to play the key coordination role in local responses to OVC including data collection and analysis; training for CASNET (Caring Schools Network) to increase the number of organizations providing quality support to schools that care for OVC.

ACTIVITY 3: Care Services

SC and CPC will emphasize after school and holiday activities including sports, arts, games; opportunities to learn practical skills such as sewing, budgeting and caring for ill people and children. Some groups will provide play skills support to encourage children to communicate about difficult subjects such as grief and loss.

SC will introduce programming for very young children including support groups for primary caregivers who will bring the young children with them for stimulation, a nutritious meal and play while caregivers interact; the establishment of community-based toy libraries where children can play and caregivers borrow toys to take home and encouraging groups of school age children to play with small numbers of young children at or close to their homes. Selected CCF members will be trained in the care and development of very young children to incorporate a focus on young children into their home visits

The peer educator program will be extended to three further schools. Recommendations of the action research on the situation of adolescents will inform the establishment of programs to work with youth.

The Child Wellbeing assessment will be rolled out to CCFs and schools to track the wellbeing of children and inform implementers of cases that require attention before they become urgent.

SC and CPC will use cost share funding to support schools and resource centres to establish gardens to enhance school feeding programs. Feeding will be extended to younger children with a particular emphasis on 0 to 2 year olds.

With cost share funding SC is establishing vocational training opportunities. This will include training in welding, carpentry and catering to establish a small business in the local community. FY 2009 funds will extend this program to additional schools, mentor the schools and liaise with organizations such as Umsobomvu to provide additional support including credit to young people to establish their own enterprises.

SC and CPC counter the stereotype that only women care for children by appointing male staff and ensure that there are equal numbers of male and female YFs. To counter the impoverishment of women that results from volunteering, SC and CPC are advocating with the DOSD about stipends and provide some stipends for CCFs. Male and female children are included in all program elements and data for different services will be disaggregated by gender.

Training for the YFs, FBOs and CBOs will have an explicit gender focus.

ACTIVITY 4: Advocacy

Training and mentoring municipalities to use data collected at ward level to advocate with line ministries for effective service delivery to OVC. SC and CPC will advocate for improved coordination of action for children at all levels. SC will advocate for provision of feeding in high schools. Results of the program components to focus on young children, children on farms and migrant children will be shared with partners to inform their programs to provide more comprehensive service.

ACTIVITY 5: Improved Coordination

SC and CPC will promote and support coordination of action for children at provincial level. SC and CPC will mentor local government officials that are trained in coordination. SC will share the results of efforts to improve coordination with other partners. CASNET will encourage its members to coordinate with government and others at local and provincial level and will promote coordination through provincial chapters.

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

Activity Narrative: (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

Activity Narrative: 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 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 local government bodies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13806	3054.08	U.S. Agency for International Development	Save the Children UK	6616	509.08		\$3,395,000
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

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$750,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening**

Estimated amount of funding that is planned for Economic Strengthening \$40,000

Education

Estimated amount of funding that is planned for Education \$267,000

Water**Table 3.3.13: Activities by Funding Mechanism**

Mechanism ID: 335.09 **Mechanism:** N/A
Prime Partner: Salvation Army **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 2994.22906.09 **Planned Funds:** \$0
Activity System ID: 22906

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP for Salvation Army (SA). No FY 2009 COP funding is requested. Salvation Army (SA) withdrew from continuing activities of its FY 2008 COP for FY 2009 therefore no FY 2009 funding is needed for SA. The OVC activity was approved in SA's FY 2008 COP and funded with FY 2008 PEPFAR funds. FY 2008 funds were allocated to provide OVC with a comprehensive range of support services. Continued PEPFAR support for OVC activities in FY 2009 will be done through a new partner that will be determined in FY 2008. For FY 2008 SA will implement and complete the activities according to the schedule outlined in the FY 2008 COP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13805

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13805	2994.08	U.S. Agency for International Development	Salvation Army	6615	335.08		\$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

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4759.09	Mechanism: N/A
Prime Partner: Senzakwenzeke	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 8259.22899.09	Planned Funds: \$242,726
Activity System ID: 22899	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1:

Senzakwenzeke (SEKA) will provide support and monitor the already established Child Care Forums (CCFs). CCFs are community-based structures focusing on meeting the needs of OVC. Through collaboration with the Department of Social Development (DOSD) at the District level, SEKA will identify one care worker to undergo Training (Master Trainer in the CCFs) by the DOSD. The Trainer will come and do the train the trainee session in the organization, and at the municipality level SEKA will have 12 CCFs each led by a Supervisor.

The Guidelines for mentoring are in line with the DOSD Policy Framework and National Plan of Action. The role of the CCF is to ensure the identification of OVC, to be aware of the initiatives involving child care and support, to create awareness of OVC issues, to assess OVC needs and ensure that the needs of OVC are holistically addressed.

ACTIVITY 2:

In terms of workforce planning SEKA is planning to increase the numbers of care workers by adding 16 care workers to the 63 to total at 79 Child Care Workers (CCWs) and 5 supervisors to the 12 for SEKA to reach a total of 17 supervisors. This will help the organization to render a quality service to children. All Care workers will be trained on how to address the special needs of the girl and boy child.

Promotion and retention strategy - SEKA selects supervisors from existing CCWs creating opportunities for upward movement from within. Although SEKA is facing negative competition from local organizations that offer better incentives in the form of stipends and attract most of the organization's trained care workers. For example, the KwaZulu-Natal (KZN) Department of Health is paying the Community Health workers not less than \$142.90 compared to SEKA care workers who earn \$114.3. To address this challenge, SEKA will increase stipends by 10%.

Mentorship - SEKA will utilize induction activities to orientate new CCWs on job expectations and procedures to ensure easy integration into the communities. Existing CCWs and Supervisors will assist new ones. A refresher course for existing care workers will be focused on psycho-social support and counseling using Regional Psychosocial Support Initiative (REPPSI) curriculum. New care workers will also be trained with the REPPSI psycho-social support and counseling modules. Already trained SEKA in-house facilitators will conduct the training.

Support of Caregivers: attention will be given to caring for care workers- an approach which also contributes to the SEKA retention strategies. The University of KZN (Psychology and Humanities) will provide debriefing sessions for 15 care workers per session, after an initial assessment by the University. This will be both one-on-one and a group intervention.

ACTIVITY 3

This activity will reach especially vulnerable children - disabled children. CCWs will pay special attention to identifying disabled children. SEKA will strengthen activities that meet the needs of OVC with disabilities and their caregivers, providing special training to care workers to work with disabled children. The training will be undertaken by CREATE.

ACTIVITY 6:

This activity utilizes a household-centered approach and prioritizes family and household care and reaches especially vulnerable children aimed at making a measurable difference in their lives. SEKA care workers will provide support to 105 OVC, from 15 child-headed households, teaching food gardening skills to generate food for subsistence purposes. The food gardens are established at their homes and on protected allocated community land. A once-off donation of seedlings is received from the Department of Agriculture. SEKA has to supplement the donation with its own seedlings putting emphasis on producing a variety of vegetables to provide for OVC nutritional needs. Food gardening is one of core activities that largely contributes to OVC care and support; to enable scale up and create sustainable food gardening, care workers who have undergone vegetable production training will transfer their skills to the OVC, especially those from child-headed households. Using this approach, SEKA equips OVC with necessary skills to enable them to sustain their lives after graduating from the PEPFAR program (above 18 years). This also increases meaningful participation and ownership of the gardens among of the children; they are involved in looking after the crops. Additionally, post-harvest food processing and storage activities will be included in FY 2009. This will improve food security and equip caregiver with skills to store enough food.

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 South Africa Page 1356

Activity Narrative: 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 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 Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13809	8259.08	U.S. Agency for International Development	Senzakwenzeke	6619	4759.08		\$250,000
8259	8259.07	U.S. Agency for International Development	Senzakwenzeke	4759	4759.07		\$230,000

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

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,760

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$857

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 4103.09

Prime Partner: World Vision South Africa

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 6561.22724.09

Activity System ID: 22724

Mechanism: World Vision

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$3,824,393

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Expanded community-led response to provide care and support for OVC:

World Vision's (WV) Community Care Coalitions (CCC) model is similar to the Department of Social Development's (DOSD) Child Care Forum structure and is based on global best practice. In line with the goals of multi-sectoral and holistic support for children, CCCs draw their membership from an array of stakeholders at local level to include churches and other FBOs, CBOs, local government, traditional leaders, associations of PLHIV and OVC. The CCC is responsible for coordinating OVC activities in the community, and for recruiting and supervising Home Visitors (HVs) who are then trained by WV to visit OVC and PLHIV.

The identification of OVC will take place at the same time, to link support provided to individuals in the same household.

The project will work with existing CCCs in the eight Area Development Programs (ADP); a new intake of 600 HVs will be needed to reach the additional 10,000 OVC that the project will target. HVs will be trained on the full range of child care and support topics.

The menu of services include the following: child monitoring, HIV prevention education, psychological support, succession planning, health care support (referrals, transport), nutrition support (in the form of food, e-pap, chickens), education assistance (uniforms, materials, vocational training), child protection (birth registration), economic strengthening, agricultural support and shelter support.

Additional Activity: Mobilized and strengthened community-led response to care for PLHIV and their families

Networks of Hope (NoH) will work through the same CCC structure to introduce home-based care into project areas, by training HVs in the DoH proposed new 72-credit minimum skill set (MSS), to become accredited Community Care Supporters (CCS). These CCSs with stipends will expand their duties to provide a comprehensive and quality package of essential services to a total 9,915 PLHIV/chronically ill.

Using the Health and Welfare Sector Education and Training Authority (HWSETA) Accreditation Toolkit, WV will pursue accreditation as a provider of the MSS. WV will employ its own accredited trainers. WV will receive guidance from the DoH regarding the finalization of the approved unit standard-based skills programs that will form the MSS, and will use this accredited program in its trainings.

The eight CCC Coordinators will be trained to accreditation in the MSS and will, in turn, train the 600 existing HVs to accreditation as CCSs in line with DoH requirements. CCSs may begin visiting PLHIV in their homes and providing basic care and support as part of the practical component of the training, prior to receiving full accreditation.

Human Capacity Development:

WV will continue to mainstream Channels of Hope training for faith-based organizations through a two-day workshop. WV will work with each local 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 working closely with CCCs.

WV through its Organizational Capacity Building (OCB) process will work with community care groups and community care coalitions in high prevalence regions to provide care and support to orphans and other vulnerable children, home-based and palliative care, prevention activities, care and support.

WV will strengthen the already established resource centers in each ADP. Each ADP will be trained on how to source and utilize resources. The resource centers will be used by the CCCs and community assisting them in the development of an adequate response to the OVC issues.

The South African government's (SAG)'s HIV & AIDS and STI National Strategic Plan for South Africa 2007-2011 (NSP) calls for: 1) reduction of HIV incidence by 50%; and 2) expanding access to appropriate treatment, care and support to 80% of all HIV-infected people and their families by 2011. Through its NoH project, WV fully endorses these objectives in collaboration with the SAG at various district levels is essential for an active, effective and sustainable response.

Gender:

Peer support groups and Youth AIDS clubs will be targeted toward adolescents through schools and churches. Training in Youth prevention strategies will target boys and girls. OVC will identify role models to serve as the peer support leaders. 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.

Holistic Soul Body Institute will be responsible for delivering gender-related trainings for home visitors, adolescents and relevant community members and key stakeholders.

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 will expand to the KwaZulu-Natal province. The major emphasis area is human capacity development

Activity Narrative: (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 delivery 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.

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.

ACTIVITY 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.

ACTIVITY 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13908

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13908	6561.08	U.S. Agency for International Development	World Vision South Africa	6647	4103.08	World Vision	\$3,939,000
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

counselors and professional nurses and provision of technical assistance and mentoring. The SA USG team conducted an internal paper-based partner evaluation with all partners this year. Partners submitted an early modified COP, which probed in areas that needed clarification in various aspects such as improved service delivery and gaps for each program area. The data from the partner evaluation provided a broad review of the PEPFAR CT partners, which is outlined below. The South African USG/CT team is actively responding to the need for improvements in areas such as TB screening for all CT partners and utilization of multiple CT models per partner and site.

Models

Partners utilize a wide variety of CT models across the country, and all are in line with NDOH guidance. An increasing number of partners are offering mobile, stand-alone, and traditional VCT services. In addition, there has been evidence of a steady increase of partners providing ROTC, known as provider-initiated testing and counselling. A considerable number of partners have started providing home-based CT, a new model in South Africa, but one that South African partners have embraced. In all nine provinces, there is at least one partner proposing to implement home-based CT. Home based CT is mainly proposed in rural areas where services are not easily accessible. Workplace CT is another important model that is being implemented by several partners in South Africa. Finally, couple HIV counseling and testing is being implemented on a large scale in the country. The biggest challenge in South Africa, however, is attracting clients to come as couples for CT. Partners have therefore proposed interesting and innovative ways of attracting couples, such as opening for longer hours and partnering with churches and other organizations where people go as couples. Partners aim to attract both married and cohabitating couples.

Geographic coverage

The 2008 COP indicated that there was a large gap in geographical distribution of services, particularly in the provinces of Free State, Northern Cape and the North West. This year, however, partners are distributed more evenly, and all the provinces have some coverage, with a variety of models. Each province has more than five partners providing CT services. Provinces such as KwaZulu-Natal and the Eastern Cape, which have a higher disease burden, have more partners working in the area. Models such as home-based and mobile CT are largely used to serve the rural populations.

Targets

The FY 2007 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 three 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, recent data show that only 2% of persons who need to be tested undergo testing. This means that while testing services are accessible in most parts of the country, only a few people in the target population utilize the services. One of the target populations for CT services is men and partners have proposed methods of attracting men to test for HIV. 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 NSP recommends provision of ROTC in health facilities. It sets a target of 75% of all public health facilities using this model by 2011. The ROTC model is used in addition to the standard VCT and other CT models.

Cost per target

The South African government provides test kits to public health facilities as well as to selected stand-alone and mobile CT facilities. Independent CT services, however, need to purchase their own supplies. This makes it difficult to calculate average cost per target, and in an attempt to remedy this, partners have been asked to provide an explanatory narrative in their COP entries to explain costs related to CT services. Given all the different circumstances, the average cost per target for South Africa in the 2009 COP is \$22.50 USD.

Training

All partners described their training activities in COP FY 2009. This year's PEPFAR guidance discouraged training on traditional VCT. Instead, partners were encouraged to identify gaps and provide more training on ROTC, couple counseling, and quality assurance. The South Africa USG team will review partner training activities in 2009 to ensure that multiple aspects of training and evaluation are taking place.

Challenges

As more people become willing to undergo HIV testing and counseling, the need for quality assurance increases. In addition to increased demand for CT services, the NDOH approved five test kits to be used on tender last year. This meant that each province was assigned different combinations of test kits, which may have led to a lack of standardized procedures and thus decreased quality of testing. The USG is currently working with the NDOH and the National Institute for Communicable Diseases to strengthen quality management systems and particularly, quality assurance and quality improvement.

The amended Children's Act that allows children aged 12 and upwards to consent to HIV testing, has also affected CT service providers. Many counselors are not comfortable discussing sexual issues with children and adolescents as they have not received any training on these target populations as yet. There is an urgent need for more training on counseling children and adolescents.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4746.09

Prime Partner: University of Stellenbosch,
South Africa

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 13866.22711.09

Activity System ID: 22711

Mechanism: Desmond Tutu TB Centre

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$858,811

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In response to the slow start of activities set out in FY 2007, a budget redirect was requested and approved to enable the two community voluntary counseling and testing (VCT) centers planned for FY 2008 to be initiated with FY 2007 funds. Eight community VCT centers are now fully operational and these will continue in FY 2009.

All centers will be closely monitored to ensure that quality standards are maintained and that targets are achieved. Although the activities described will broadly remain unchanged, activities have been modified as detailed below.

Special attention will be paid to problems currently experienced at community VCT centers, including:

1. Improved tuberculosis (TB) screening of clients, especially during outreach VCT activities when sputum collection poses a challenge.
2. Improved systems to follow-up clients diagnosed HIV-infected or those diagnosed with TB both at clinics to which clients have been referred and in the community for clients who fail to access care.
3. Infection control plans will be implemented in all community VCT sites to protect both staff and clients in the facility.

The support provided to health facilities has been substantially increased for a wide range of activities, with a total of 24 facilities receiving support. An estimated 44,550 clients will receive counseling and testing and receive their results at these facilities. Facilities will be supported to make VCT services more accessible to clients attending the clinic with a targeted increase in the number of clients accessing services by 5% above the previous years figures and to increase acceptance rates by 1% (to 92%).

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13866	13866.08	HHS/Centers for Disease Control & Prevention	University of Stellenbosch, South Africa	6636	4746.08	Desmond Tutu TB Centre	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$10,959

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 257.09	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: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3141.22924.09	Planned Funds: \$1,695,200
Activity System ID: 22924	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Drugs and HIV

The Medical Research Council (MRC) will continue to work with the existing non-governmental organizations (NGOs) to ensure voluntary counseling and testing (VCT) services are implemented for high risk groups. Challenges identified in the midterm evaluation report will be addressed in FY 2009 to ensure improved implementation. NGOs will continue to implement activities in accordance with FY 2008 funds. In November 2008, MRC will conduct a stakeholders consultation to review methods used to achieve project targets in FY 2007. Where modifications can be made to practices in FY 2008, they will be implemented. For those that cannot be implemented in FY 2008, modifications will be considered in the methodology to be applied in FY 2009. In addition FY 2009 funds will be used to expand services geographically to other parts of the Western Cape, Gauteng, KwaZulu-Natal and Mpumalanga by moving into other areas not covered in FY20 07 and FY 2008. In addition services will be expanded to Limpopo province.

SUMMARY:

The Medical Research Council's (MRC) findings from the International Rapid Assessment Response and Evaluation (I-RARE) of drug use and HIV risk behaviors among vulnerable drug using populations, including injection drug users (IDUs), sex workers and men who have sex with men (MSM), in Cape Town, Durban, and Pretoria point to: (1) high prevalence of overlapping drug and sexual risk behaviors; (2) high prevalence of HIV in these populations; and (3) barriers to access and utilization of risk reduction, substance abuse and HIV services. Activities of this project build upon FY 2005 and 2006 PEPFAR investments to strengthen programs serving IDUs, sex workers, and MSM by developing the capacity of organizations in Cape Town, Durban, and Pretoria to deliver services that enable these populations to reduce their 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, and 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. The major emphasis area for these activities is the development of networks, linkages, and referral systems between outreach workers, NGO/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 IDUs, sex workers, and 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. Legislative interests include: (1) gender, by increasing gender equity in HIV and AIDS program; 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.

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 NGO/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

Activity Narrative: 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 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 Centres. The MRC will establish a system for collecting data on targets on an on-going 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. Future 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. Also, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14021

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14021	3141.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,746,000
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

Emphasis Areas

Gender

- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 271.09

Prime Partner: Right To Care, South Africa

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 2972.22939.09

Activity System ID: 22939

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$2,046,401

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY: Right to Care (RTC) is one of the most successful counseling and testing (CT) partners of the South African PEPFAR program, using leveraged funds to provide access to the Proudly Tested program. In FY 2009, PEPFAR funds will emphasize provider initiated HIV testing at all antiretroviral treatment (ART) sites, and, through direct community-based access to CT in all nine provinces of South Africa.

BACKGROUND: RTCs CT services are a continuation of ongoing activities. The point of care testing is conducted using an opt-in policy of the Department of Health (DOH) and is provided with streamlined post-test counseling for risk reduction. Couples CT and improving the testing of males and home-based HIV testing have been successfully implemented by RTC. Sexually transmitted infection (STI) assessments and tuberculosis (TB) symptom screenings are included in CT activities. The CT activities of RTC now exceed 100,000 clients annually from predominantly vulnerable populations.

RTC implements workplace programs and collaborates with employers to extend the HIV testing funded by the employer to the temporary or contractors workers and/or community. This workplace program is currently contracted to 130,000 employees of 38 companies. After three years of the program, >80% of employees volunteer to go for CT. All RTC CT initiatives are coordinated through the Proudly Tested campaign. This campaign, a registered trademark under RTC, is intended to create a brand that promotes regular CT for individuals and groups in all social levels. RTC has implemented a unique mobile data system, encompassing biometric consent, to enable both the collection of data and improved transition to care through reporting and referral. The data systems have been developed on an open-source code platform and can be made available to other CT partners.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Scaling of access to CT through provider initiated CT

FY 2009 funds will support the continuation of assistance to government sites, non-governmental and faith-based organization (NGO), and faith-based organization (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, (d) providing direct CT support to all TB sites supported by RTC to ensure that all TB patients are tested for HIV, and (e) scaling up the PMTCT testing of pregnant women, their partners through the use of rapid testing methods for point of care diagnosis of HIV, and infant PCR diagnosis for children born of HIV-infected mothers. 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.

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 counseling and testing (PICT) as recommended in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011.

ACTIVITY 3: 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, Direct AIDS Intervention (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.

ACTIVITY 4: Prevention and Behavior Change

In FY 2009, RTC will support a partnership with Cell-life to develop a cell phone program focused on the provision of prevention education messaging using mobile technologies. This program will be a public private partnership with the Vodacom Foundation (committed to providing 1:1 funding to Cell-life) for the expansion of the use of mobile platforms for HIV prevention and transition to care. Content for messaging has already been developed. This same platform will be used to manage all appointments scheduling for patients who are found to be HIV-infected at the time of CT, and through TxtAlert provide patient reminders for medical appointments.

ACTIVITY 5: Strengthening Expansion of Referral Networks and Increasing Initiation to Treatment

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 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.

ACTIVITY 6: Large Scale Mass Media CT Promotion

In collaboration with other CT providers, RTC is participating in the annual national HIV testing week promoted through Khomanani and will include enhanced testing at mobile and facility-based sites and other

Activity Narrative: non-traditional testing sites. The entire network of RTC nurses will be available at treatment sites.

INTEGRATED ACTIVITY FLAG:

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 sector 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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13795

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13795	2972.08	U.S. Agency for International Development	Right To Care, South Africa	6612	271.08		\$1,616,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,997,027

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$60,893

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4762.09

Prime Partner: Ubuntu Education Fund

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8265.22808.09

Activity System ID: 22808

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$72,818

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Ubuntu Education Fund will hire a nurse and utilize a recently purchased a mobile testing van. With these resources, Ubuntu will scale up community members reached with voluntary counseling and testing (VCT) as the offices are in the middle of the township and testing hours will be scheduled to offer various testing opportunities to the community.

To reduce potential stigma Ubuntu will strategically place the mobile VCT van behind its offices to create a private space and enhance confidentiality.

Ubuntu will further link its counseling and testing services to antiretroviral treatment (ART) provided at Kwazakhele Day Hospital (KDH). With PEPFAR support, Ubuntu will be fully supporting ART provision at KDH. This linkage will allow for a more efficient flow of clients that test positive to be entered into the system for ART provision. When Ubuntu opens the Ubuntu Center in 2010, the two facilities will refer patients and become a strong part of the Port Elizabeth health system.

Previously, Ubuntu has hired nurses from within community institutions to assist with VCT drives. By hiring a full time VCT specialist, management and organization will be improved. Further improvements will be made by training additional members of our staff on family and child counseling. Our care workers already have this training; however, the demand is so great that additional training is necessary. This will create a more effective referral system to our orphan and vulnerable children (OVC) program. The staff that is on site at VCT drives will be able to better identify OVC issues before referring into Ubuntu's OVC program.

Clients accessing counseling and testing services will be referred to on-site care services if they test seropositive. As mentioned above, by providing on site VCT, Ubuntu will improve its ability to provide a holistic service to community members.

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-infected. 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.

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13850

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13850	8265.08	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	6632	4762.08		\$75,000
8265	8265.07	HHS/Centers for Disease Control & Prevention	Ubuntu Education Fund	4762	4762.07	New APS 2006	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8711.09	Mechanism: N/A
Prime Partner: Tshepang Trust	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 19515.22821.09	Planned Funds: \$161,044
Activity System ID: 22821	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a follow-on activity to year one of the Workplace Intervention Program.

BACKGROUND:

The Tshepang Trust (Tshepang), a non-profit organisation, is the South African Medical Association (SAMA)'s HIV/AIDS program. Its mission is to utilize private general practitioners (GPs) to increase HIV testing and treatment access to individuals dependent on the public health care system in a public private partnership model with the SA government. It focuses on providing doctor human resource by mobilizing HIV clinical management trained GPs using two models of care, a sessional model where GPs are placed on a sessional basis in public antiretroviral treatment (ART) clinics and a private GP model where (ideally) the same GPs are utilized to test and treat patients in their rooms in order to alleviate the burden of care and treatment associated with shortage of infra structure e.g. consulting rooms, long cues and stigma currently experienced in public healthcare facilities.

The GP model was formulated out of a need by individuals to access treatment services in areas of close proximity to their places of abode for several important reasons:

Patients can access their treatment and medical care outside of working hours without having to miss work because they have had to stand in cues for long periods of time in a crowded healthcare setting. Patients do not have to worry about stigma, e.g. being seen by people they know queuing at an HIV clinic.

The GP model is simply a means to complement government services because it addresses two fundamental challenges that currently face the Department of Health, infrastructure and medical human resources which are currently lacking in public health facilities. Both the sessional and GP models are an effective short and immediate way for South Africa to reach its HIV & AIDS and STI National Strategic Plan, 2007-2011 targets. This is because 70% of the medical resources including HIV Clinical Management skills are in the private sector in the form of GPs versus 80% of South Africa's population that is dependent on the poorly resourced public health care system.

Long term sustainability depends on all HIV/AIDS patients being cared for by the state and when the public health care system is stronger and stable enough with systems in place to take on the challenges of care and treatment, Tshepang will in cooperation with government find ways of returning the patients currently seen at GPs rooms back to state facilities. Looking at the already mentioned challenges, this can realistically take place in another three to four years. To take patients back to state facilities now would create more of a burden for the public health system rather than assist in ensuring that the country reaches its NPS treatment goals of ensuring that 80% of all individuals needing ART receive it by 2011.

All Tshepang contracted GPs are skilled professionals who have been trained in HIV clinical management that acknowledges SA government standards and procedures for HIV care and management. Further more Tshepang protocols on HIV disease management are based on the SA national guidelines and the Tshepang model ideally (although not always possible) has been to utilise GPs who would also assist at local public sites in order to ensure that they understand clinic procedures and work according to national guidelines.

Tshepang started off as a sub-grantee of American Center for International Labor Solidarity (Solidarity Center) commissioned as a treatment partner in the Prevention Care and Treatment Access to South African Teachers (PCTA) program. The partners within the PCTA consisted of four South African teacher unions, the United States-based Academy for Educational Development (AED), the Federation of American Teachers (AFT) and the Solidarity Center being the prime recipient of funding from PEPFAR for all these partners. Within this partnership teacher unions would refer their colleagues for HIV/AIDS treatment to Tshepang and later as the program evolved also referred them for testing. The funding cycle for the Solidarity Center grant came to and end in March 2007 but the Center gave Tshepang a no cost extension to continue with testing and treatment services until December 2007.

In the meantime a request for proposals was issued by PEPFAR via the Centers for Disease Control and Prevention (CDC) for a five-year cooperative agreement for a workplace intervention program (WIP) to run from FY 2007 until FY 2012 and Tshepang applied. The organization was awarded the grant and can now receive direct funding from PEPFAR through CDC to provide counseling, care and ART treatment to individuals in the workplace in order to continue with the treatment of teachers from the PCTA program but also extend the program to include healthcare workers and workers from the Small Medium Micro Enterprises (SMMEs), their spouses and immediate family dependents. WIP is based on the GP model.

The funding cycle for WIP started in October 2007 but because Tshepang had been given a no cost extension, as mentioned earlier, the organization only started using its grant funds with effect from January 2008.

In the past when Tshepang conducted counseling and testing services for teachers through the PCTA program under the Solidarity Center, Enzyme-Linked Immunosorbent Assay (ELISA) tests were used because people receiving results in an environment where their colleagues are would have been counterproductive. However this model did not work because even though the people that had gone forward for testing had given their contact details for follow-up and referral where they could receive their results in GP rooms and then get enrolled into HIV care, most of them never got their results. There were various factors why this was the case: cell phone numbers were wrong or not working, those that were reached and asked to go and get their results refused and did not want to be contacted again or said they would go but never went etc.

SUMMARY:

Activity Narrative: Tshepang recognises the need for a holistic approach to HIV management and the need to work in collaboration with other partners to ensure the delivery of a comprehensive healthcare package to HIV-infected individuals. To this effect the Tshepang has had a long standing relationship with the Treatment Action Campaign (TAC) utilising its counselors at grassroots level to bring the required psychosocial care and adherence support in some areas of operation within the program. In other areas the Trust has trained nurses for voluntary counseling testing (VCT) and adherence counseling with the purpose of aligning them with the GPs to further take care of the psychosocial needs of patients and their loved ones within the program. It has been Tshepang's experience that some patients, (particularly the relatively elite ones) like teachers and nurses might not want to be assigned counselors due to fear of stigma, however these services will continue to be made available to them as well as the telephone line counseling offered by Tshepang patient managers on a monthly basis.

Tshepang acknowledges that the program has been heavily treatment focused up to now, but it is progressing to be more comprehensive. With effect from October 1, 2008, all HIV infected patients enrolled for HIV palliative care but not eligible for ART will be seen by GPs more regularly. This will involve patient monthly visits for cotrimoxazole prophylaxis to restore and maintain the individuals' immune system and delay the need for ART, TB screening and TB prophylaxis, cervical cancer screening and general patient clinical assessment. Tshepang's approach has also evolved to include prevention and in depth adherence counseling for patients on treatment. Currently Tshepang is doing VCT for early detection and positive prevention, encouraging routine family counseling including couples and children, prevention education that incorporates abstinence, being faithful and condom use (ABC) messages i.e. abstinence including delaying sexual debut, being faithful, female empowerment, male reaffirmation and condomising (as a last resort) through the "stick to one partner" campaign to be launched at the beginning of 2009.

Tshepang has done well in providing CT services even in the light of a late start and the initial start up challenges, because GPs rose to the occasion and encouraged routine testing in their rooms. The partnership with Eskom, South Africa's energy supplier, has also done very well now that it is building up power stations to increase the nations' electricity capacity and there are a lot of sub-contractors that are receiving counseling and testing services through Tshepang.

The need for CT services is huge and Tshepang realizes that CT cannot only be limited to GPs rooms and a couple of workplace events here and there, particularly because South Africa is a vast country with vast needs in the remotest of areas where sometimes GPs cannot reach. As an enhancement to FY 2008 and an ongoing activity in FY 2009, Tshepang has forged partnerships with various VCT organizations and pathology laboratories as sub-contractors who are assisting Tshepang to increase counseling and testing access. The main emphasis in these partnerships is that HIV infected individuals must translate to HIV care enrollments through Tshepang GPs. All HIV-infected individuals from campaigns are immediately contacted and referred to GPs in areas where they live and enrolled into the workplace intervention program (WIP). The Trust has maintained its partnership with the PCTA Education Labour Relations Council teacher union group. It is important to note that the numbers of testing done for this group are part of Tshepang's overall testing figures although the unions may have them as targets for their CT program area.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008 a revision of testing target was made where 10,000 individuals will be tested versus the 15,000 that was originally targeted, the numbers will be maintained at 10,000 in the FY 2009 COP. The reason for decreasing the target is for the Trust to be able to effectively cater for care and treatment services. If targets were kept at 15,000, presumably 1,500 individuals who need to be enrolled for care if one considers that 10% of all individuals tested are likely to be HIV infected, however the target for new HIV enrollments is a 1,000. If the target was not reduced to 10,000, the funds allocated for care and treatment would not be able to cater for the 500 extra individuals that would need it.

GPs will be trained and equipped through the Foundation for Professional Development (FPD) on routine counseling and testing in order for them to make this activity an integral part of routine medical care.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19515

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19515	19515.08	HHS/Centers for Disease Control & Prevention	Tshepang Trust	8711	8711.08		\$386,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4763.09

Mechanism: N/A

Prime Partner: Xstrata Coal SA & Re-Action!

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8258.22730.09

Planned Funds: \$485,452

Activity System ID: 22730

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13910

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13910	8258.08	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	6648	4763.08		\$832,000
8258	8258.07	HHS/Centers for Disease Control & Prevention	Xstrata Coal SA & Re-Action!	4763	4763.07	New APS 2006	\$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$425,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4760.09

Mechanism: N/A

Prime Partner: St. Mary's Hospital

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 13834.22800.09

Planned Funds: \$145,636

Activity System ID: 22800

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Modification Plans to Activity One in FY 2009:

In FY 2009 it will be emphasized to all healthcare workers that at any interaction with patients at all levels of care, counseling and testing (CT) will be initiated by the healthcare worker and offered to the patient in the consultation room. The hospital will work towards ensuring that healthcare workers strive to make HIV testing an essential component of the diagnostic process, rather than a separate event which occurs in a different location. The tuberculosis (TB) service delivery site will be a focus for FY 2009. HIV-negative patients will be briefly counseled on preventative measures and additional in-depth counseling will be provided by lay counselors as well as referral to the care and treatment within the Hospital to HIV-infected patients. In depth preventative counseling remains a concern and the referral of HIV-negative patients to counselors and therapeutic counselors (TCs) post testing will be addressed.

Couple CT will be a focus at the prevention of mother-to-child (PMTCT), antenatal care (ANC) settings and within the home if possible. Training in couple counseling and testing will be provided to health care workers, therapeutic counselors (TCs) and counselors.

Disclosure of HIV status to sexual partners will be stressed and encouraged, if the couple is not tested together and various approaches will be explored that will address partner notification.

Modification Plans to Activity 2 in FY 2009:

There will be an increased focus on CT using mobile clinics to support designated down-referral clinics by not only being used as a point for care and treatment but also offering PICT at these clinics and in the communities. There will be a link with the local schools and community outreach programs to intensify HIV testing. An increased focus will be on the referral of HIV-infected patients to the clinics, and hospital for follow-up services. Once CD4 counts are provided to the patient the need for additional support via support groups or treatment facilities will be advised. Follow-up on patients receiving CT will be a key element to ensuring that patients receive antiretroviral (ARV) treatment when required. Patient tracking systems will be implemented at the clinic level, within St. Mary's Hospital and within the mobile clinics. Referral to support groups with a similar tracking system will be key to ensuring that patients who require future treatment are not lost to follow-up.

Rapid tests will be used as a diagnostic tool and will be used in parallel to minimize the time in CT settings.

The quality assurance (QA) or rapid testing services are as follows:

- i) Regular on-site audits conducted by the senior counselors, which includes record-keeping, and observation of staff performance.
- ii) Blinded re-checking will also be implemented where a selected sample of specimens will be retested in a laboratory using patient samples. St Mary's has a high volume through put, so this is a good measure for quality
- iii) Once the National Health Laboratory Services have a QA standard operating procedure (SOP) approved, St. Mary's Hospital will adhere to the policy.

Modification Plans to Activity 2 in FY 2009:

Ongoing training is being provided to new TCs, counselors and health care workers, but any new training will focus on supervision and the management of CT services, as well as couple, child and family counseling as the CT services are being extended rapidly into the community via the mobile clinics as well as through the community clinics.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13834

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13834	13834.08	HHS/Centers for Disease Control & Prevention	St. Mary's Hospital	6626	4760.08		\$194,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$11,471

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 8681.09**Mechanism:** N/A**Prime Partner:** South African Democratic
Teachers Union**USG Agency:** HHS/Centers for Disease
Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Prevention: Counseling and
Testing**Budget Code:** HVCT**Program Budget Code:** 14**Activity ID:** 19517.22842.09**Planned Funds:** \$436,907**Activity System ID:** 22842

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

- Couple counseling and testing at community support group family wellness days will be organized to encourage knowledge of spouse and children status, as the first step in HIV prevention and treatment.
- School-based family wellness days will be carried out to provide health assessments of a range of diseases including blood sugar levels and HIV testing for learners, parents, guardians and educators.

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-infected 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-infected at union events.

ACTIVITIES 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19517

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19517	19517.08	HHS/Centers for Disease Control & Prevention	South African Democratic Teachers Union	8681	8681.08		\$450,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

* Increasing women's legal rights

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 193.09

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 22826.09

Activity System ID: 22826

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$397,585

Activity Narrative: SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will make concerted efforts to improve counseling and testing (CT) uptake and ensure good quality CT services at all possible entry points i.e. prevention of mother to child (PMTCT), integrated management of childhood illnesses (IMCI), expanded program of immunization (EPI), tuberculosis (TB), out-patients department (OPD) and in the wards. EGPAF will use FY 2009 PEPFAR funds to support its existing CT activities and programs which include National Department of Health (NDOH) and provincial DOHs in Kwazulu-Natal (KZN), Free State, North West and Gauteng provinces, as well as McCord Hospital and the AIDS Healthcare Foundation (AHF) in KZN. The primary emphasis area is human capacity development and expansion of services through training and provision of additional staff. EGPAF will train and provide supportive supervision to counselors thus ensuring good quality CT services.

BACKGROUND:

The long-term goal of the EGPAF Project HEART CT program in South Africa is to ensure that CT is offered at all possible entry points, including medical settings and non-medical CT service points. All CT methods will be explored i.e. provider initiated testing and counseling (PITC), couple CT, home-based CT and prevention CT. Support for disclosure will be strengthened through support groups and the family centered approach will be used. EGPAF will continue to support national and provincial DOHs by providing CT technical assistance and human capacity development.

Priority areas include: (a) PITC will be encouraged at all entry points; (b) couples CT; (c) home-based CT; (d) psychological, social, spiritual and prevention services provision; (e) ongoing supportive supervision and mentoring of counselors; (f) developing advanced CT skills i.e. couple, family and child counseling; (g) strengthening referral systems to ensure HIV infected patients are linked to care and treatment services as well as other prevention services; (h) ensuring adequate support for disclosure; and (i) ensuring that DOH supported sites have adequate systems in place for quality assurance of testing services.

ACTIVITIES AND EXPECTED RESULTS:

EGPAF will carry out the following five activities in this program area.

ACTIVITY 1: Human Capacity Development

CT is an entry point into the continuum of care. Therefore, EGPAF will prioritize human capacity building to improve CT uptake. EGPAF will train various categories of staff on CT and continue promote PITC at all possible entry points. Where required, EGPAF will provide additional counselors and provide ongoing supportive supervision, mentoring and coaching at sites.

EGPAF will continue to train staff on CT policies and protocols, provide onsite mentoring and coaching to ensure didactic training translates to good quality CT practices. EGPAF will second staff to various service points in-order to strengthen CT capacity. Non-medical CT e.g. home-based CT, voluntary counseling and testing (VCT) campaigns with community-based organizations (CBOs) and faith-based organizations (FBOs) will be implemented by capacitating CBOs and FBOs to offer CT in homes and communities, and refer HIV infected patients to care and treatment services. Advanced CT skills i.e. couple, family and child counseling training will be conducted.

ACTIVITY 2: Community Linkages

EGPAF will establish linkages and provide technical assistance to CBOs, in an effort to scale-up CT. Community-based CT services will be linked to care and treatment sites and effective referral systems will be implemented. Ongoing supportive supervision, mentoring and coaching will be provided to CBOs to ensure good quality CT services. CT integration into other programs e.g. community integrated management of childhood illnesses (IMCI), TB and directly observed therapy short-course (DOTS), TB/HIV and functional referrals will be strengthened.

ACTIVITY 3: Quality Improvement

Facility and community-based multidisciplinary improvement teams will be established for ongoing CT quality improvement activities. QI activities will assist in integrating CT in the medical and non-medical settings. Compliance with CT policies will be monitored to ensure quality CT services.

ACTIVITY 4: Monitoring and Evaluation

EGPAF will assist facilities and districts in setting up CT targets in line with the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 goal of increasing CT coverage. Staff will be trained on data collection tools, indicators and reporting to ensure good quality data. Program sustainability; based on programs staffing needs and funding availability, DOH seconded staff will be absorbed into the DOH payroll system. Training, mentoring and coaching will result in the much needed skills transfer. Community awareness, buy-in and ownership of CT services will be promoted in an effort to reduce stigma and ensure sustainability of community-based CT services.

ACTIVITY 5: Couple Counseling and Testing

Couple CT will be promoted to reduce HIV transmission in discordant couples, and may encourage faithfulness in concordant negative couples. Couple CT will be implemented through VCT, PMTCT, family planning and home-based CT and active male participation will be promoted. Programs that reduce gender-based violence and promote human rights will be implemented. In light of women vulnerability and financial dependency on men, disclosure counseling should be routine part of CT services. Different approaches to

Activity Narrative: support partner disclosure e.g. couple CT, partner referrals will be encouraged. Specific needs of women will be addressed.

EGPAF overall CT support is in line with NDOH CT policies and guidelines as well as the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 Priority Area 1, Prevention, goals 1, 2, 3, and 4, aimed at reducing new HIV new infections by 50% by 2011. EGPAF support to DOH CT program aims to increase testing uptake by ensuring CT services are offered at all possible medical and non-medical entry points. Effective referral to care and treatment and other prevention services will be of priority.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$409,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8683.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19514.22875.09

Planned Funds: \$357,293

Activity System ID: 22875

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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 through 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-infected 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19514

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19514	19514.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$368,000

Emphasis Areas

Workplace Programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 4653.09**Prime Partner:** University Research Corporation, LLC**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 7991.22837.09**Activity System ID:** 22837**Mechanism:** CDC VCT**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$1,601,022

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

University Research Co., LLC (URC) is currently in discussions to expand its support to Northern Cape, if they are invited to do so by the province's Department of Health. This may result in URC supporting up to six provinces. URC will focus on enhancing the quality of support provided and as a result the accelerated growth of the project will be slower in FY 2009, with a maximum number of sites supported being 130. Facilities will be assisted to improve their referrals to tuberculosis (TB) screening of clients who are HIV-infected. URC will assist this process by ensuring that job aids are available to health care providers. In FY 2009, URC will focus on increasing social mobilisation with a focus on men to promote counseling and testing. This will be done in collaboration with non-governmental and community-based organisations in order to create the demand for counseling and testing services in health facilities. URC will also place emphasis on development of information, education and communications materials for clients.

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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13906

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13906	7991.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	6646	4653.08	CDC VCT	\$2,940,000
7991	7991.07	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	4653	4653.07		\$1,400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,083,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 500.09**Prime Partner:** National Department of Health,
South Africa**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 3046.22850.09**Activity System ID:** 22850**Mechanism:** In Support - CDC**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Prevention: Counseling and
Testing**Program Budget Code:** 14**Planned Funds:** \$1,522,692

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2008, the South African Parliament enacted the some sections on the new Children's Act. This included bringing down the age of consent to an HIV test to 12 years. The challenge is that most health providers in public health facilities are not trained in discussing HIV issues with children as young as 12 years and so although the Act stipulates that children should be allowed to consent for an HIV test on their own without parental consent, in reality they are not offered the service due to lack of training on the side of health workers. The Centers for Disease Control and Prevention (CDC) will work closely with National Department of Health and the provincial departments of health to train health workers in HIV counseling and testing services for children and adolescents.

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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14060

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14060	3046.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$1,847,540
7366	3046.07	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	4393	500.07	CDC Support	\$1,275,000
3046	3046.06	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	2680	500.06	CDC Support	\$2,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1071.09	Mechanism: N/A
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3798.22663.09	Planned Funds: \$20,000
Activity System ID: 22663	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009 Peace Corps will contract with individuals and organizations with specialization in delivering training and conducting outreach in counseling and testing (CT) activities. Priority will be given to contracting with those individuals and organizations that have already received PEPFAR-capacity development support. This will strengthen and build upon previous PEPFAR investment and provide training and outreach in the communities where volunteers live and work, allowing them to provide follow-up and document results.

In FY 2009 approximately 80 Peace Corps Volunteers and 80 counterparts will receive training in HIV/AIDS prevention and will deliver life skills sessions in schools and the community, using and developing peer educators in the process.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13928

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13928	3798.08	Peace Corps	US Peace Corps	6655	1071.08		\$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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 9630.09**Prime Partner:** Catholic Medical Mission Board**Funding Source:** GHCS (State)**Budget Code:** HVCT**Activity ID:** 22317.22643.09**Activity System ID:** 22643**Mechanism:** N/A**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** Prevention: Counseling and Testing**Program Budget Code:** 14**Planned Funds:** \$485,452

Activity Narrative: SUMMARY:

This activity was awarded funding in September 2008 as part of the August 2008 reprogramming.

During year two of Men Taking Action (FY 2009), Catholic Medical Mission Board (CMMB) will introduce its male-focused program in the communities surrounding three main sites of the Diocese of Port Elizabeth (Eastern Cape Province) currently providing home-based care (HBC) services. The project will offer counseling and testing services in a two-pronged approach to over 10,040 men-of whom 2,040 men will be offered testing and counseling through the home and 8,000 men from parish-based networks will be offered testing and counseling. Of the total number of men offered counseling and testing or pre-test counseled, 4,840 men minimum will be fully counseled and tested with their results delivered, and confirmation testing and referrals carried out, as necessary.

BACKGROUND:

This project focuses on testing men, a vulnerable part of the population that has been underserved, or has not been reached, through traditional CT services. However, as a core function of its programs, it aims to reach a sizeable number from the community who will benefit from the CT services through raising the awareness and eliminating destigmatization in the community, using "knowing one's status" as a vehicle.

The Men Taking Action utilizes lay community workers who will be trained in counseling and nurses will be employed to perform the HIV testing. At a secondary and related level, men will be trained to be engaged 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, we expect that testing men through this program will increase overall uptake of services for counseling and testing in families and communities.

Prevention and awareness education will be integrated into sensitization around counseling and testing and continued "talking-up" of knowing one's status, which would be routinized in the home-based care visits conducted by the home-based care worker to the families of the men and the community. The injection of counseling and testing in the already established system of HBC is what makes this model unique in getting the men in the community to gradually get tested and keep them informed about how to use their status to remain healthy. The men will also be educated on disclosure and encouraged to take up voluntary disclosure with their partners.

ACTIVITIES AND EXPECTED RESULTS:

CMMB will carry out five separate activities in this program area.

ACTIVITY 1:

For the home-based counseling and testing of men, CMMB will roll out the program through its established partner home-based care services in the Eastern Cape Province in the following dioceses: Port Elizabeth (Care Ministries), Grahamstown (Assumptions Sisters), and King Williams Town and its surrounding villages (King Williams Town AIDS Office). The home-based care worker, who already enjoys an established relationship with the household, will recruit (at a minimum) four men from each household (and their extended families) over the first year of the program and administer pre-test counseling to them. In modification to the protocols discussed in the previous narrative, a nurse will accompany the home-based care worker (or parish leader, as discussed in the next paragraph) to conduct the actual testing, using a "finger-prick" rapid test method, as well as draw blood for confirmation testing, as necessary.

Similarly, CMMB will work with local parishes and parish mobilizer networks "Ududana" to incorporate male testing and counseling and HIV and AIDS education surrounding testing and counseling into parish meetings. The parish meetings that are referred to in the program are the regular weekly meetings of the community members of the parishes (all men) that are conducted by the Ududana parish leaders (all men), which mainly concern issues of faith, responsibility of the parish, and involvement in the community. They are usually attended by anywhere between 20-40 men (at least) and last a couple of hours on a Sunday afternoon. Traditionally, it will be followed-up by other parish activities or community activities in the community, hence giving the opportunity to make the testing and counseling a part of a holistic community awareness program (at no extra cost) around HIV and AIDS and importance of knowing one's status and keeping health.

Due to start-up logistical and acceptance challenges, CMMB expects to test only 2,040 men from 1,020 households targeted. Similarly, it is expected that 35% of the men offered testing in the parish-based testing will accept testing, thereby testing 2,800 men out of 8,000 men reached through parish-based events. Therefore, the number of men tested and counseled will be 4,840. A total of six (6) nurses minimum and thirty (30) home-based care workers and Ududana men will be trained and working with the program.

ACTIVITY 2:

CMMB, in partnership with the Diocesan HIV/AIDS Offices, has already established strong formal linkages between the home-based care worker networks and the District Health Clinics. These linkages and referral systems ensure proper referral mechanisms within the community, enrollment, and monitoring and adherence for all HIV-infected persons to get treatment through the Ministry of Health programs. Other Dioceses or areas that may not have as strong a link will be assisted in establishing referral protocols with the District Health Clinics as a part of the program. The Men Taking Action program will also work with established local community-based organizations and parish-based systems and Ududana networks to introduce men on treatment to care and support and adherence groups. Through the home-based care worker, the program will also create new groups and follow-up with monitoring and targeted messages and

Activity Narrative: training. Similarly, Men Taking Action will create support groups amongst the rest of the communities' men to bolster empowerment around HIV and AIDS prevention and regular counseling and testing (themselves and family members).

ACTIVITY 3:

A core characteristic of the program is that it will link negative clients to prevention services in the community that will be assessed and interlinked with our program. Similarly, through the strong relationship and referral network structures of the Diocesan AIDS Offices and the District of Health Clinics, all those who test (confirmed) positive for HIV/AIDS will be referred to care and treatment and support groups. Those who are tested will also be educated in risk assessment around counseling and testing (i.e. continued primary prevention and appropriate timeline for re-testing, or uptake and adherence to secondary prevention and treatment and monitoring of immune system strength).

ACTIVITY 4:

Per Ministry of Health/South Africa guidelines, all men and affiliate family members will be offered an 'individual information session' before being tested. All persons testing positive will have their status confirmed with a second rapid finger prick with a different test kit. Post-test counseling will be offered to both positive and negative tested individuals emphasizing modes of transmission and the availability of specific care, treatment and support services specific to their community/parish.

ACTIVITY 5:

Quality prevention and requisite counseling and testing messages will be developed based on baseline, mid-term and final evaluation surveys. Mid-term and final evaluations will also include questions of clients related to the accuracy and thoroughness of HIV-related information and related psychosocial support provided by counseling staff and care providers.

MTA will abide by all standard universal precautions in management of any and all blood products.

Scale-up phase for FY2010 - FY2013 (pending continued and scaled-up support from PEPFAR):

During year three of the program (FY 2010), with satisfactory progress from the program and pending an increased PEPFAR support for the scale-up efforts, CMMB will transition its direct implementation support programs in the Eastern Cape Province to a sub-granting program, as well as expand implementation to two other dioceses: Diocese of Ingwavuma (KwaZulu-Natal) and Diocese of Tzaneen (Limpopo). Given the increased funding, as proposed, to supplement the scale-up efforts, the program intends to train an additional 100 home-based care workers and nurses in counseling and testing, as well as reach 22,110 men with pre-test counseling, of whom 12,360 men minimum will be fully counseled and tested with their results delivered and confirmation testing and referrals carried out, as necessary. The percentage of men taking up testing and counseling (out of all who are offered testing and counseling and pre-test counseled at the home or parishes) is expected to rise to over 50% for years two and beyond, which is in line with Government of South Africa targets.

Similarly, in the following years, with continued and increased program funding from PEPFAR, the project proposes to transition previous Diocese home- and parish-based testing and counseling to a local sub-granting mechanism and scale-up throughout South Africa as follows:

It is worth noting, that given the current funding streams for the following years (\$500K per year), only a limited continuation of services and minimal scale-up throughout the five provinces can be achieved. However, with continued and increased support from PEPFAR, given satisfactory achievement of targets, CMMB can continue the Men Taking Action program in a sustainable manner and scale-up operations to counsel and test over 125,661 men over five years.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22317

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22317	22317.08	HHS/Centers for Disease Control & Prevention	Catholic Medical Mission Board	9630	9630.08		\$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 2790.09**Mechanism:** N/A**Prime Partner:** Catholic Relief Services**USG Agency:** HHS/Health Resources
Services Administration**Funding Source:** GHCS (State)**Program Area:** Prevention: Counseling and
Testing**Budget Code:** HVCT**Program Budget Code:** 14**Activity ID:** 3308.22648.09**Planned Funds:** \$85,286**Activity System ID:** 22648

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There will be an increased emphasis on monitoring and evaluation (M&E) to keep track of all patients tested. HIV-infected patient should be offered care at diagnosis and followed up, regardless of their CD4 count. Household dependants should be identified and screened after help with disclosure.

Field-based medical nurses will be specifically trained in community-based counseling and testing (CT) identification of household dependants and encouraging family-centered support, including pre- and post-test counseling, as well the clinical aspects of testing. Adherence monitors across the program will be trained (or re-trained) in CT, including pre- and post-test counseling, as well the application of rapid tests on adults and children, of a non blood nature, such as oral rapid testing which has been used across the country, and has proven to be extremely cost-efficient and effective in conducting rapid tests. Other support includes salaries for implementing staff at the sites, such as salaries and benefits.

A family centered testing and care approach will be used where possible. Couples counseling and testing at CT and prevention of mother-to-child transmission (PMTCT) sites will be used to promote testing of men and to build their support for their female partners. It is also hoped that, through a community-based testing, increased outreach will be made to women and children in villages. Where possible, training and employment of women as health care workers to increase the confidentiality and comfort of women and girls seeking treatment will be emphasized.

Different models of counseling and testing are used, among which are voluntary counseling and testing (VCT) and provider-initiated counseling and testing (PICT). Counseling and testing algorithms used at AIDSRelief sites involve rapid HIV test (finger prick and oral) which is used in both facility-level and community settings in patients older than 12 months. Patients who test negative are counseled and asked to return after three months for retesting. Patients who test positive receive a confirmation test with another rapid test of a different type. In a tie-breaker situation, an Enzyme-Linked Immunosorbent Assay (ELISA) serum test is performed. ELISA tests are also done for every 10th positive test as a quality assurance measure. Polymerase chain reaction (PCR) serum tests are performed for children between 6 weeks and 12 months of age.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13712

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13712	3308.08	HHS/Health Resources Services Administration	Catholic Relief Services	6580	2790.08		\$291,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$110,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4616.09 **Mechanism:** N/A
Prime Partner: CARE International **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 12417.22638.09 **Planned Funds:** \$0

Activity System ID: 22638

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The sub-partner African Medical and Research Foundation (AMREF) has been graduated to a prime partner with its own award and these activities will continue through the new award. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13706

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13706	12417.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$211,824
12417	12417.07	HHS/Centers for Disease Control & Prevention	CARE International	4616	4616.07	CDC Umbrella Grant	\$287,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 167.09 **Mechanism:** N/A
Prime Partner: Africare **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 2910.22580.09 **Planned Funds:** \$0

Activity System ID: 22580

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Africare Cooperative Agreement ends in September 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13379

Continued 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
13379	2910.08	HHS/Centers for Disease Control & Prevention	Africare	6455	167.08		\$388,000
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

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9227.09	Mechanism: N/A
Prime Partner: AgriAIDS	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21169.22584.09	Planned Funds: \$155,038
Activity System ID: 22584	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

AgriAIDS will work in FY 2008 to raise awareness of HIV/AIDS and implement strategies to combat the disease among the following target groups: 1) farm workers; 2) farm owners; and 3) commercial agriculture businesses. Working with other non-governmental organizations (NGOs), as well as the Department of Health and Agriculture, AgriAIDS will work to prevent new infections among farm workers. This project will work to ensure that farm workers and, to the extent feasible, their families access counseling, testing, care, treatment, and prevention messages and services.

BACKGROUND:

AgriAIDS was established to address the devastation of the impact of HIV/AIDS on farms and therefore reducing the direct effects of HIV/AIDS on farm workers. This requires intervention on two levels:
-Direct: facilitating rapid access to information, VCT, medical care - and ART for farm workers; and
-Indirect: lobbying the commercial agricultural sector to start viewing HIV/AIDS as an "occupational health threat" and encourage spending on care and treatment programs at the farm level.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In FY 2008, AgriAIDS will organize large-scale voluntary counseling and testing (VCT) days on farms in conjunction with PEPFAR service partners. These VCT activities will use mobile providers as necessary. Results will include increased access to testing services, as well as to referral for patients in need of HIV care and treatment services.

ACTIVITY 2:

AgriAIDS will work with our treatments partners to develop and monitor systems to ensure workers who test positive enroll into care and treatment (when necessary) services. Results will include: 1) increased access to HIV /STI care and treatment services, as well as TB services; 2) minimizing "lost to initiation" in farming communities among farm workers who test HIV positive; and 3) an increase in female farm workers accessing reproductive health services and/or PMTCT via links to HIV care and treatment services.

ACTIVITY 3:

In FY 2008, AgriAIDS will ensure that adherence and counseling support services are available at the farm level for those individuals in need of such services. AgriAIDS will ensure that referral networks are developed and that tracking and tracing of clients is achieved and addresses issues related to loss to follow-up and loss to initiation of ART services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21169

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21169	21169.08	U.S. Agency for International Development	AgriAIDS	9227	9227.08		\$159,684

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning

Refugees/Internally Displaced Persons

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7279.09	Mechanism: CDC CT FOA
Prime Partner: African Medical and Research Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 15872.22572.09	Planned Funds: \$853,716
Activity System ID: 22572	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The African Medical Research Foundation (AMREF) will continue with the above activities. However, in line with the external Comprehensive HIV/AIDS Quality Assurance (CHAQA) review, and FY 2009 recommendations by the Centers for Disease Control and Prevention (CDC), AMREF will not implement Activity 2 (Community Mobilization and Sensitization). Thus, the key strategies to be employed will include 1) health system strengthening through human capacity development (training and mentoring), 2) strengthening referral systems for HIV and tuberculosis (TB), and (3) assessment of HIV-TB integration.

ACTIVITY 1: Health Systems Strengthening (training and mentoring)

AMREF will largely restrict its activities to supporting 180 public health care facilities to deliver quality voluntary counseling and testing (VCT) TB services and will support health providers to apply policy guidelines around provider initiated counseling and testing (CT).

The project will tap into previously developed and tested training curricula (from AMREF, the Department of Health and CDC/World Health Organization) on CT. Activities will focus on building the capacity of VCT services to improve quality, confidentiality, equity, access and demand for services and strengthen coordination between VCT and TB services.

AMREF will train mentors on mentoring and coaching of VCT staff and will develop a mentoring system and to support TB and HIV service management for clinic staff. AMREF will strengthen the district health information systems (DHIS) and improve health providers' ability to collect and analyze data, document results, and use data effectively in health service planning and management. AMREF will train government HIV/AIDS STI and TB (HAST) committee members in monitoring and evaluation (M&E) for comprehensive care.

AMREF strengthen and support HAST committees to encourage networking and collaborative service provision between TB and HIV/AIDS services in the supported local service areas (LSAs). AMREF will also document the model of VCT-TB integration in the supported LSAs.

AMREF will also use FY 2009 funds to care for health providers through counselors support systems aimed at reducing burn-out of counselors and help improve the quality of counseling services offered to clients;

ACTIVITY 2: Health Systems Strengthening (Referral Systems for HIV and TB)

With FY 2007 and FY 2008 funds, AMREF refined the Eastern Cape Department of Health's referral protocol for VCT and TB. FY 2009 funds will be used to scale-up and institutionalize the use of this referral system (and tools) for cross referrals from VCT and TB services in Eastern Cape, Limpopo and KZN provinces. AMREF will work in collaboration with service providers to monitor implementation of the referral system. In line with the mentoring strategy, monitoring of the referral system will involve checking the usage of the referral tools and tracking access to services for referred clients. 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 from to include expansion sites.

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.

ACTIVITY 3: HIV-TB Assessment

AMREF will largely restrict its activities to supporting health care facilities to deliver quality VCT-TB services and will support health providers to apply policy guidelines around provider initiated CT.

However, in line with external programme evaluation and recommendations (CHAQA), and as recommended by CDC under the FY 2009 COP review process, AMREF will redirect FY 2008 funding for sub-granting community-based organizations (CBOs) to increase 1) human resources support for mentoring of facilities, 2) M&E for an expanded programme (from one to three provinces, or 71 to 180 facilities), and 3) documentation of best practices which can be used in collaborating and working with CBOs in increasing access to HIV-TB.

Taking lessons from AMREF's FY2007 challenges in identifying and recruiting suitably established CBOs to conduct community mobilization and testing for VCT, AMREF plans to assess and document best practices for partnering with CBOs within a VCT-TB integration model. Thus, the above assessment will include documentation of constrains, opportunities and gaps in partnering with community-based organizations. AMREF will map CBOs and non-governmental organizations (NGOs) in supported sites to determine 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. 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 what role CBOs/NGOs can play in expansion of VCT services.

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.

SUMMARY:

Activity Narrative: 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, confidentiality, 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15872

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15872	15872.08	HHS/Centers for Disease Control & Prevention	African Medical and Research Foundation	7279	7279.08		\$455,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$879,300

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 397.09

Prime Partner: Africa Center for Health and
Population Studies

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7911.22570.09

Activity System ID: 22570

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$1,165,086

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In partnership with the Department of Health, and as part of increasing counseling and rapid testing accessibility to the Hlabisa sub-district, and thereby increasing access to HIV treatment, the ART program has initiated two additional strategies. Two voluntary counseling and testing (VCT) models are going to be introduced in the communities, mobile VCT and home-based VCT.

Mobile VCT

This strategy involves partnership with the sub-district's traditional and political leadership in which the main purpose is to gain permission to deliver the service in the various communities. Various parking spots will be identified such as market places, schools, pension points, recreational facilities, in addition the counseling and testing trailer will also be part of the continuous road shows around the sub-district to encourage people to test. Various mobilization strategies will be used to invite the community to get tested for HIV near their homes. The trailer will comprise of confidential counseling and testing space and will be complemented with extra tents which will be used as additional counseling spaces as well as education area.

Home-based VCT

A portion of the sub-district will be allocated to deliver counseling and testing in homes. A group of trained counselors will work on a schedule to approach various households where they will offer counseling and testing to all family members. Since there is not much data on the effectiveness of home-based VCT, the cost-effectiveness of the component will be evaluated through administering a basic questionnaire to those visited in their homes.

Counselors have been trained in couple counseling and at the clinic level people living with HIV and AIDS (PLHIV) are encouraged to bring their partners to the clinics. Strategies will be developed to make services more male friendly in an effort to reach couples. Also, rapid tests are offered in all the clinics. Training will focus on advanced skills (family, couples children counseling) and healthcare providers will be trained on routine offer CT. Training will be a major focus in the activities around CT and will be held in all the rural clinics. CT will be linked to the wellness program and will include STI screening.

Funding from CT will be needed for the HIV awareness campaign and for community mobilization.

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

Activity Narrative: 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.

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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13370

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13370	7911.08	U.S. Agency for International Development	Africa Center for Health and Population Studies	6453	397.08		\$824,500
7911	7911.07	U.S. Agency for International Development	Africa Center for Health and Population Studies	4364	397.07		\$580,000

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

* Family Planning

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$120,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$45,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$30,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$70,000

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8710.09

Mechanism: CDC CT FOA

Prime Partner: Academy for Educational Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19513.22562.09

Planned Funds: \$506,812

Activity System ID: 22562

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

The program will be implemented in at least eight provinces in South Africa. The program will be expanded to South African Council on Alcoholism and Drug Dependence (SANCA) and LifeLine Southern Africa centres on a national basis who have the capacity and agreed to provide voluntary counseling and testing (VCT) services and also include non-governmental organization (NGO) partners who operate government approved medical and non-medical sites. This VCT project is unique in the sense that it will focus its training and activities to reach hard-to-reach populations, like couples, substance abuse persons, children, adolescents and families. The selection of such partners will be coordinated with the provincial VCT coordinators who do not receive other PEPFAR funding for VCT services.

Activity 2, Training, has been modified as follows:

Counselors will be trained on counseling couples, as well as counseling substance abusers, children, adolescents and families. AED will sub-contract an accredited Health and Welfare Sector Education and Training Authority (HWSETA) training provider to train counselors on accredited HIV training courses and also submit a new developed training curriculum, together with the sub-contractor, to HWSETA for pre- and post-test counseling, as per South African Qualifications Authority (SAQA) unit standard 252533. AED will approach SANCA to share existing training material for substance abuse counseling and include it in the new curriculum for refresher trainings. AED will arrange trainee assessments by the sub-contractor and coordinate certification of successful candidates. During 2009/10, the project team will focus its activities on technical assistance and partner support through on-site visits. Partners will be monitored and guided following the VCT training workshops in 2008/09.

The AED training curriculum addresses sero conversion and the effect it has on test results. This aspect is discussed in detail and forms part of the protocol when a negative client is counseled. Based on the client's risk, the client will be requested to return for VCT again.

Negative clients will also be referred to support them in maintaining their HIV negative statuses. This can be done by referring them to organizations that support a positive lifestyle like churches, sport facilities, etc. to follow the ABC principle (Abstinence, Be-faithful and Condomize). Prevention of new HIV infections and the identification of HIV negative clients remains as important as the referral and treatment of the already infected clients. These clients will be requested to tests regularly and collect condoms as necessary.

Outreach to these specific populations through test events will become an important part of the project to increase VCT access and to make communities aware of partner organisations' existence within their communities who provide VCT and other essential community services and support.

AED will provide HIV rapid testing quality management systems training to professional nurses employed at partner sites to ensure general quality control including quality assurance of testing services, through coordination with the National Institute for Communicable Diseases (NICD).

Activity 3: Technical Assistance (TA)

Referrals, data management, procurement systems and VCT services will be strengthened through on-site technical assistance and support by the project team. AED will develop and strengthen partnerships between health-care facilities, district VCT coordinators and its NGO partner sites and the establishment of effective links for referral. AED will further promote the usage of NDOH approved kits on tender and will coordinate with provincial and district representatives on the supply of rapid test kits and possibly other VCT commodities.

Based on a flat-line budget approval, each partner site will be visited on average 1.8 times in the year. All 40 partner sites will be visited during the first four months and at least 32 will receive second visits between the sixth and eighth months of the financial year. These on-site visits will be doubled in the event of a 10% increase in funding and an additional technical support person will be employed to assist the project team.

In addition, or as an alternative to TA visits, the project team will also provide telephonic assistance and support by means of regular follow-up calls, as well as through e-mail communication. Monthly data reporting will be evaluated to monitor on-site progress.

AED will focus on establishing non-medical sites at participating SANCA centres and promote VCT in addition to their existing services. AED will promote and support outreach to communities through test events, but also put emphasis on door-to-door visits and offering VCT to existing and new SANCA clients.

AED will link up with VCT activities of the Medical Research Council (MRC) especially SANCA sites in KwaZulu-Natal.

Specific strategies will be developed and discussed with partner organizations to reach more men with VCT services. Outreach events to workplaces and schools can ensure that more men are reached, or by offering after hour VCT services and deploying more men counselors. More men will also be reached through provisioning and promoting couple and family counseling on and off site. Outreach test events at malls and pay points can play an important role in reaching men as a specific target.

As part of the technical assistance visits from year two onwards, a certain set of operational questions will be developed as an on-site checklist in collaboration with the Centers for Disease Control and Prevention (CDC) to monitor the impact of program implementation during the full period of the project. This data will be processed after each visit.

Activity Narrative: The initial assessment data, which will serve as baseline data, will be compared to the technical assistance data which will be collected during each on-site visit. The program impact will be evaluated as the project continuous.

AED will support outreach events in collaboration with partner organizations based on planned activities and through on-site technical assistance and possible attendance of the events where possible.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19513	19513.08	HHS/Centers for Disease Control & Prevention	Academy for Educational Development	8710	8710.08		\$722,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$46,845

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2787.09	Mechanism: N/A
Prime Partner: Absolute Return for Kids	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 7883.22557.09	Planned Funds: \$363,214
Activity System ID: 22557	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND

FY 2009 funding will allow Absolute Return for Kids (ARK) to provide CT support within the prevention of mother-to-child transmission (PMTCT) program to 13 sites in the Amajuba District of KwaZulu-Natal and to a further three sites in the Eastern Cape. The Nelson Mandela Metropole in the Eastern Cape will be a focus area for ARK with FY 2009 funding.

Activity three, referrals and linkages, will be modified in that all HIV-infected individuals will be referred for tuberculosis (TB) screening and treatment as appropriate.

Alignment with HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 and other South African Government policies

CT activities align with the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 Key Priority Areas 1 and 2, Prevention, Care and Treatment. Counseling is the doorway to knowing your status, which, if negative, will encourage clients to remain so, thus assisting to achieve the goal of reduction in new infections by 50%. It also opens the door to care and treatment in that, once found to be HIV-infected, patients will be counseled to access care and treatment, thus ensuring access to care for 80% of those in need.

Gender Related Activities

While ARK CT activities are not couple-focused, through our Community Access and Adherence (CAA) programs, ARK patient advocates will assist the partners of HIV-infected women during home visits to be tested, as well as facilitate this testing in any of the sites providing care for women including the family planning clinics. The ARK patient advocate will offer support to all pregnant women for safe disclosure and will also facilitate partner testing and male partner support for the pregnant women. The regular home visits undertaken by ARK's patient advocates ensure that the entire family receives palliative care and male partners are educated on prevention, testing, treatment and care.

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 (VCT) 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 provide over 15,000 patients with 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 Narrative: 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 scalable, 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13347

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13347	7883.08	U.S. Agency for International Development	Absolute Return for Kids	6447	2787.08		\$194,000
7883	7883.07	U.S. Agency for International Development	Absolute Return for Kids	4446	2787.07		\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Child Survival Activities
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4094.09	Mechanism: N/A
Prime Partner: Research Triangle Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21158.23051.09	Planned Funds: \$506,205
Activity System ID: 23051	

Activity Narrative: SUMMARY:

USAID, through Research Triangle Institute (RTI), will provide support to strengthen the HIV-related clinical, psychological and social care services for the Thuthuzela Care Centers (TCCs) for rape victims in all provinces.

BACKGROUND:

This is the third year of support to the TCCs. Thuthuzela means "to comfort" in isiXhosa; TCCs are multi-disciplinary centers that provide comprehensive care for rape survivors with an emphasis on women and children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

RTI will help the South Africa National Prosecuting Authority's (NPA) Sexual Offenses and Community Affairs (SOCA) Unit to establish eight new TCCs in FY 2009, eight in 2010 and seven in 2011, making a total of 23 TCCs. It will fund three core staff in each TCC. The program focuses on refurbishment of TCCs in order to meet health and TCC blueprint standards. RTI understands that it cannot use the funds for new construction without special waivers. RTI will orient and train TCC staff, doctors and forensic nurses; provide both core multi-disciplinary training and on-site training; and support all TCC staff by conducting training focusing on the delivery of post-exposure prophylaxis (PEP), HIV counseling and testing (CT), protocols for care and treatment of victims and follow-on psycho-social counseling for TB, PEP, ARV and secondary prevention adherence.

ACTIVITY 2:

Through the grants component, RTI will support referral systems for treatment and care and follow-on psycho-social counseling for children who tested positive by providing assistance to non-governmental organizations (NGOs) and working closely with them. With additional funding from the PEPFAR Special Initiative on Sexual and Gender-based violence, RTI will pilot improved models of care at selected TCCs to inform SOCA's national "blueprint" for TCC care services and future Women's Justice and Empowerment Initiative (WJEI) program implementation.

ACTIVITY 3:

RTI will also develop pilot models based on existing best practices in rape care currently offered through the SAG's Department of Health and NGO-supported services. RTI will strengthen health care services at TCCs, with special attention to improving PEP adherence, health care follow-up and referrals and will explore strategies for explicitly raising community awareness of TCC services and for strengthening TCC linkages with community networks to help facilitate victims' access to services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21158

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21158	21158.08	U.S. Agency for International Development	Research Triangle Institute	6664	4094.08		\$242,500

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,250

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4757.09

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: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8254.23043.09

Planned Funds: \$145,636

Activity System ID: 23043

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Project Support Association of Southern Africa (PSASA) will strengthen links between the specific home-based care (HBC) programs and the household counseling and testing (CT) program in 40 different sites within five municipalities.

NEW AREAS:

Lay counselors will be motivated to mobilize more men when mobilizing their communities to have them tested. Further, counselors will be encouraged to mobilize couples to come for testing. Specific training will be included in the curriculum on couples CT. Training will also include CT of family members including children

Referral skills for staff will be included in the training to ensure that people tested positive are effectively referred to health facilities. Staff will need to provide feedback on successful referrals made by visiting health facilities situated within the sites where testing was done. Professional nurses will attend sexual and reproductive health training by Family Health International master trainers in order to obtain knowledge on family planning and referral information thereof.

Tuberculosis (TB) screening and referral will be done to identify possible TB clients that need to be referred to health facilities for further attention.

The number of clients tested and referred will be communicated to the health facility within the site where testing took place.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13787	8254.08	U.S. Agency for International Development	Project Support Association of Southern Africa	6610	4757.08		\$300,000
8254	8254.07	U.S. Agency for International Development	Project Support Association of Southern Africa	4757	4757.07	New APS 2006	\$150,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$51,305

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5191.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9445.23047.09

Planned Funds: \$881,581

Activity System ID: 23047

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

All program areas described in the FY 2008 COP will continue in FY 2009, including counseling and testing (CT) tailored to underserved groups such as adolescents, men, couples and women at risk. Through the further implementation of the Reproductive Health Research Unit's (RHRU's) HIV standards materials at RHRU-supported sites, routine testing offers will be emphasized at all primary health care (PHC) sites, and bedside testing services will be increased at RHRU supported hospital sites. Where PHCs do not have space to offer CT, RHRU will provide mobile testing units to render this service. At all sites, patients who test positive will be given CD4 test results. Patients not collecting these tests will be followed up by clinic staff to ensure maximum referral into care and treatment. Those referred for care and treatment will also be followed up as necessary. In addition, RHRU will continue to hold CT "events" at selected sites in order to increase the numbers of those tested and referred. RHRU plans to build on the recent piloting of "health days" that provide a holistic, approach to testing, by offering it as part of a package of health tests and demonstrations, in order to reduce stigma and increase HIV testing uptake. These events will be targeted at different groups, and in particular young people and men, in underserved communities. Psychosocial support will be provided within an enabling environment in collaboration with our sub-partner ECHO.

Increased attention will be directed at family-centered testing at the PHC level. Furthermore, RHRU will pilot a case-finding/family testing program at Selby Hospital, Johannesburg. Active case finding will be coupled with testing of families during hospital visiting times, and follow up for those who require further referral.

RHRU will explore opportunities to develop a youth center with other non-governmental organization (NGO) partners within the Hillbrow Health Precinct, where, together with a package of health- and social-related services, counseling and testing will be offered in a youth friendly manner.

RHRU will pilot a telecommunication system based on "short message services (SMS)" to increase repeat CD4 measurements across selected sites in KwaZulu-Natal, Gauteng and the North West province. Mobile CT vehicles will be used to provide services in areas where site-based CT services are hard to access. These vehicles will be equipped with CD4 measuring machines for rapid provision of results with defined linkages to treatment and care services.

RHRU will provide additional training in counseling and testing to existing teams of nurses and counselors at supported sites. This training is given in the context of an expanding antiretroviral (ARV) treatment and down referral program, and is tailored at capacitating staff to effectively deal with the challenges this presents.

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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13791

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13791	9445.08	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	6611	5191.08		\$908,000
9445	9445.07	U.S. Agency for International Development	Reproductive Health Research Unit, South Africa	5191	5191.07	RHRU (Follow on)	\$1,125,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 519.09

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: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3070.22738.09

Planned Funds: \$0

Activity System ID: 22738

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. University of KwaZulu-Natal (UKZN), Nelson Mandela School of Medicine is funded to empower Traditional Healers Practitioners (THPs) and strengthen their work in the prevention of HIV and AIDS. One of the aims of the project was to train THPs to counsel and test their clients for HIV, however, the project has since been informed that although THPs handle blood on a daily basis in their practice during scarification practice, they are not by law permitted to perform HIV tests. THPs are now referring their clients for and HIV test to the nearest clinic. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13856	3070.08	HHS/Centers for Disease Control & Prevention	University of KwaZulu-Natal, Nelson Mandela School of Medicine	6633	519.08		\$150,000
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7315.09	Mechanism: Care UGM
Prime Partner: Scientific Medical Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 16022.22901.09	Planned Funds: \$0

Activity System ID: 22901

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to SI for this activity in FY 2009. Scientific Medical Research (SMR) is a sub-grantee under the Care International umbrella but stands on its own. The activity involves quality monitoring and evaluation of existing partners including but not limited to counseling and testing partners. The partner evaluation suggested they receive a 15% decrease in funding for FY 2009, so this will be reprogrammed to SI in January 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16022

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16022	16022.08	HHS/Centers for Disease Control & Prevention	Scientific Medical Research	7315	7315.08	Care UGM	\$1,000,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 486.09	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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3032.22999.09

Planned Funds: \$971

Activity System ID: 22999

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The National Department of Correctional Services (NDCS) will procure counseling and testing (CT) services in six regions (one drive per region).

The plan is to outsource CT services for employees and inmates to external service providers. The CT drives are planned to take place in the six regions, namely one per region, and to test at least 3,000 inmates and personnel. Sexual activity in prisons is rated as high risk due to the issue of men having sex with men (MSM), anal intercourse and coercive intercourse which may exacerbate sexually transmitted infections (STIs) including HIV.

One important aspect of HIV prevention and HIV/AIDS management is knowledge of one's HIV status which can be promoted through CT drives.

For those who test negative, the counseling is aimed at helping them ensure that they maintain this status. For those who test positive, it is intended to assist them to cope with the disease in the best way possible, to ensure that the effect on their quality of life is minimized and to discuss the available treatment and management options.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14038

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14038	3032.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$630,500
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		\$500,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8707.09

Mechanism: N/A

Prime Partner: Salesian Mission

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19510.22908.09

Planned Funds: \$506,812

Activity System ID: 22908

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Salesian Missions will conduct a voluntary counseling and testing (VCT) Life Choices project serving youth and adults in the Western Cape.

BACKGROUND:

In 2004, the Salesians were granted support from the U.S. Government to start an HIV/AIDS outreach project - Life Choices.

In the end of 2005, Life Choices South Africa began its work with children and youth in the Western Cape. The vision of this project is to contribute to a South Africa with empowered and passionate youth equipped to make informed and healthy life choices. Life Choices achieves this by partnering with the Western Cape Department of Education and Health in order to deliver holistic approach to public schools. Life Choices bases its methodology in the fact that schools present the perfect opportunity for accessing young people from all walks of life as well as sustained and positive behaviour change requires significant investment of time, one-on-one support and resources. For these reasons, Life Choices runs different programs in each of the target schools that complement each other in order to create a supportive environment for healthy behaviours. This model calls for working on the same school for a period no shorter than four years. Running programs directly targeting young people (life skills, peer-education, VCT, welfare, career guidance, behaviour change communication and health promotion programs) as well as running programs targeting stakeholders in the lives of youth (parents and teachers programs).

As 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. For this reason, Life Choices approached the U.S. Government once again to get support to expand the VCT component. In 2007, Life Choices was granted that support in order that VCT activities can be expanded in order to meet the demand created within youth to know their status. Life Choices also intends 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 going in this way beyond their initial targeted schools.

Outcome Objectives (5 Years):

- 1)100 different sites provided with mobile flexi-hour VCT services;
- 2)30,000 Youth & Adults know their HIV status;
- 3)30,000 Youth & Adults are screened for TB;
- 4)30,000 clients have access to care, treatment and prevention interventions;
- 5)90,000 people are reached with HIV/AIDS awareness and VCT mobilization campaigns;
- 6)300 clinic staff are trained and mentored in how their services can become friendlier to different targeted groups (youth, males, couples, etc).

ACTIVITIES AND EXPECTED RESULTS:

Life Choices will carry out eight separate activities in this program area.

ACTIVITY 1: Mobile youth friendly VCT in high schools

In FY 2009, 8,000 youth in high schools will be tested using youth friendly VCT services through a mobile unit. All youth will be invited to participate in group information sessions (30 - 40 minutes) where HIV/AIDS basic facts are discussed and after they are invited to the pre-counseling session. During this session, youth explores risk factors in their lives, support structures and they are also screened for tuberculosis (TB) and sexually transmitted infections (STIs), following the SA Government guidelines. After the pre-counseling session, a Life Choices lab technician conducts the test using a serial algorithm (First Response, Sensa and SD Bioline, as a tiebreaker). Results are given during a post-counseling session where a plan is made with the individual about how to maintain their negative status or how to manage his/her positive diagnosed. During all the procedure, all youth will receive strong messages about the benefits of abstaining, being faithful to one negative partner and information about the consistent use as well as the limitations of condoms. In the end of the procedure, all youth is referred to prevention, care and treatment programs in accordance with their particular situation. Clients who are diagnosed as HIV-infected will also be offered on-going psychosocial support given by a professional psychologist.

ACTIVITY 2 - Mobile VCT services in churches, community groups and workplaces

In FY 2009, 2,000 adults, couples and young people in churches, workplaces and community structures will be tested using VCT services through a mobile unit. The VCT services in church settings and community groups will be provided mainly after regular work hours and during the weekends. VCT services at the workplace will be provided during business hours. With this activity, Life Choices intends to continue reaching and testing people during school holidays and school exam time. In this activity, different methodologies will be used in accordance with the specificity of the campaign. In some campaigns, Life Choices uses the same methodology like in high schools (campaigns with colleges, community youth groups, church youth groups among others) and in other campaigns (church general population, shopping centres, workplaces among others) Life Choices does not conduct information sessions but pre-counseling

Activity Narrative: sessions touch briefly in the basics in order to minimize the time that the client goes through the procedure.

ACTIVITY 3 - Awareness and VCT mobilization campaigns

During FY 2009, the project will organize awareness and mobilization campaigns prior to the roll-out of the mobile VCT services. The project will also seek to promote sexual and reproductive health (SRH) discourse among in school youth and religious leaders to address cultural practices that discourage abstinence and faithfulness. These campaigns will incorporate culturally and age-appropriate HIV/AIDS prevention communication and will reach 35,000 people.

ACTIVITY 4 - Enhance youth's life skills

The adoption of healthy behaviors is not a simple process of providing information to people and then watching them change. Years of research have proven that knowledge alone will not assist young people in adopting the behaviors needed to prevent the spread of HIV/AIDS and that many more factors play a role. According to the United Nations Children's Fund (UNICEF) some of the components that young people need to adopt healthy behaviors are information about the need to be healthy, motivation to be healthy skills to initiate and sustain behavior, belief that the change is possible and positive, community norms that support the behavior, supportive environment to enable behavior and policy structures that support behavior. Life Choices South Africa aims, with the Life Skills Program, to address the first five of these components. This activity will aim to support youth by mobilising youth to know their HIV status as well as to give youth skills to initiate and sustain healthy behaviors. With this activity, Life Choices will reach 2,500 youth with life skills sessions (seven sessions per class) given during Life Orientation (LO) periods. These sessions are designed in order to be interactive, experimental, and to learn while having fun. At the same time, 60 youth will be trained as peer-educators in order to work as health promoting agents among their group of peers. These groups of peer-educators will run awareness campaigns, one-on-one conversations as well as they will serve as a support structure to their peers in case they have been diagnosed as infected or they have any other problem.

ACTIVITY 5 - Referral and Support of mobile VCT clinic clients

Life Choices South Africa will develop referral networks for the mobile VCT clients. Project counselors and health professionals will be trained to refer all clients (7,250 people) to additional prevention, care and treatment programs. Life Choices will also provide each client diagnosed as HIV with five psychological support sessions (one-on-one). In addition to these sessions, youth needing further support will be linked with the Life Choices social worker to obtain further support and to access additional services.

ACTIVITY 6 - Life Choices Staff Training

Life Choices South Africa will engage in a full range of capacity building activities focused on organizational management, resources, and monitoring and evaluation. In FY 2009, the Life Choices-VCT Project will provide two main trainings to the 20 staff members.

ACTIVITY 7- TB Screening

In FY 2009, 10,000 youth and adults in schools, churches and workplaces will be screened for TB during the pre-counseling sessions. Clients presenting with two or more TB symptoms will be referred to TB diagnose in their nearest health clinic. All clients reached through the mobile unit will receive information about TB.

ACTIVITY 8- Quality Assurance

In FY 2009, Life Choices will continue with activities to ensure that processes are adequate in order to achieve quality services. Standards procedures (protocols & quality control) will continue being followed during each of the steps of the procedure (information session, clients intake, pre-counseling, testing and post-counseling). On-going direct observation of each of the steps will take place by the Life Choices VCT coordinator and HIV/AIDS government coordinator in order to secure that good standards are followed. This direct observation will also guide the development of the on-going training of staff. Clients' feedback (survey) will also be considered in guiding further changes. Data for each activity will be collected, records will be kept (paper and electronic) and they will inform the monthly reports submitted to the government, as well as the semi-annual reports submitted to the Centers for Disease Control and Prevention.

Expanding CT services contribute towards the PEPFAR 2-7-10 goals.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19510

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19510	19510.08	HHS/Centers for Disease Control & Prevention	Salesian Mission	8707	8707.08		\$722,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 416.09

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3136.22617.09

Planned Funds: \$844,687

Activity System ID: 22617

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND AND SUMMARY:

In FY 2009 BroadReach Healthcare (BRHC) will significantly expand counseling and testing (CT) accessibility by supporting CT across an increased number of sites. In addition to activities of FY 2008, specific focus will be placed on ensuring quality of testing, targeting of specific groups and testing facilities, referrals and prevention education. BRHC will work with government facilities to expand and enhance CT services within hospital systems and will aim to mobilize communities by driving large scale CT campaigns, in addition to implementing or expanding home-based testing initiatives. BRHC will partner with community groups and CT partners in order to obtain the necessary reach. To meet these objectives, BRHC, in conjunction with key personnel of partner sites, will design and develop programs, processes and operating procedures, source and develop education materials, design and implement data collection and monitoring tools, align resourcing needs and assist with implementation.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Quality Assurance/Quality Improvement

BRHC will promote the use of rapid tests as a diagnostic tool in both clinical and community settings. Partner sites will be assisted in creating, formalizing and standardizing standard operating procedures and quality assurance programs to ensure quality around testing. This program will include proficiency testing for those conducting rapid tests and on-site monitoring. BRHC will assist sites in taking ownership of the program and will provide support in extending quality assurance programs from medical facilities to home-based CT. BRHC will focus training efforts on the management of CT services aligned to the quality program.

ACTIVITY 2: Targeted Groups and Testing Facilities

BRHC will work with government sites to ensure that HIV CT is routinely provided at the hospital level and extended to linked community health centres (CHCs) and primary health centres (PHCs) where counselors are trained to provide CT. Per a government request, BRHC will also be pioneering a program to train traditional healers to perform rapid tests. Specific focus will be placed on tuberculosis (TB), sexually transmitted infection (STI), family planning and out-patient clinics, as well as pediatrics. BRHC will work with sites to implement policies whereby providers initiate and offer HIV testing to all patients and ensure CT services (including pre-test information and post-test counseling) are available on site. BRHC will promote utilization of counselors as opposed to clinical staff in performing counseling duties to avoid diverting clinical staff from their medical duties. In addition, BRHC will target specific audiences that engage in high risk behavior such as sex workers through dedicated campaigns. Increased CT initiatives (campaigns and increased facility CT services) will be planned and co-ordinated with district and hospital management to ensure facilities are able to cope with demand for care and treatment services. Family members will be targeted through the home-based program focusing on family members of patients receiving HIV care and treatment. Counselors will receive advanced CT training focusing on family and child counseling. Grassroots (including door-to-door and engagement of local leaders) campaigns will be used to mobilise community members en masse for testing.

ACTIVITY 3: Referrals and Linkages

Underpinning all BRHC work is the concept of developing scalable solutions which can help to bolster THE South African Government's (SAGs) HIV/AIDS efforts across the country. To do this, BRHC breaks down the problem into demand-side and supply-side. Demand-side addresses the patients and communities to ensure that solutions are in place to mobilize, generate demand for testing, provide education including treatment literacy, provide ongoing adherence and psychosocial support to PLHIV and the affected/unaffected community members. BRHC generally does this by training and capacitating community organizations such as people living with HIV and AIDS (PLWHA) support groups, faith-based organizations (FBOs), non-governmental organizations (NGOs) and SAG facilities to carry out these activities. The supply-side addresses the providers of services such as hospitals, clinics, healthcare workers, labs, pharmacies, etc. and focuses on solutions such as training, service delivery integration and re-engineering, operations improvement, equipment and infrastructure upgrade, etc.

BRHC will work with partner sites to ensure all TB patients and (and those suspected of having TB) are routinely tested for HIV, and all newly diagnosed HIV-infected people are referred for TB testing. BRHC will specifically focus on referral of patients from testing to care and treatment. Processes and systems are put in place to prevent lost to initiation with registers and monitoring mechanisms to ensure patients are monitored within the system. HIV negative clients are registered for ongoing prevention education.

ACTIVITY 4: Prevention

BRHC recognizes that CT is an important HIV prevention opportunity. Prevention messaging is therefore a key component of post-test counseling, providing in-depth individualized counseling tailored to the client's needs (positive or negative). Prevention messaging is incorporated into mobilization and VCT campaigns. BRHC will promote disclosure of HIV status to sexual partners and family members as a routine part of CT services and will work with sites to implement processes that encourage partner referrals and partner notification. BRHC has also developed a series of patient education videos that are to be shown in various settings and takes a family approach to encouraging testing (including partner testing), disclosure, the importance of TB screening, positive living and wellness, how to manage HIV in children, antiretroviral therapy and importance of adherence. The videos also demonstrate the appropriate use of male and female condoms (BRHC's experience to date is that shockingly large numbers of adults have never seen these demonstrated or handled them).

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13695

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13695	3136.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$870,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$44,614

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7568.09

Mechanism: NPI

Prime Partner: Genesis Trust

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 24971.09

Planned Funds: \$0

Activity System ID: 24971

Activity Narrative: SUMMARY AND BACKGROUND:

The counseling and testing program plan was modified after consultation with the South Africa PEPFAR team prior to approval in the FY 2008 New Partners Initiative (NPI) workplan and budget. The voluntary counseling and testing (VCT) program was redesigned to be a joint Genesis Trust and Positive Ray project. The two new Positive Ray professional nurses will perform all the actual HIV testing and reporting of results to clients. Testing will occur at multiple sites but will not be a truly mobile VCT program and the request for a vehicle for the CT program was eliminated. Genesis will add an additional (third) counselor to support the CT program. Testing will take place at the Genesis Care Centre (testing family members of patients in the care centre), at workplaces (testing workers at their worksites) and in communities (testing clients in their homes or at local churches and community centres). Approval for the VCT program has been received by the local Ugu district Department of Health. The program will effectively function three days per week as each of the two professional nurses will spend 30% of their time doing VCT (the remaining 70% of their time will be spent doing home-based care). The target for individuals being tested has been increased to 1,200 for the year which averages eight clients per full time equivalent day.

ACTIVITIES AND EXPECTED RESULTS:

Genesis Trust will carry out three separate activities in this program area.

ACTIVITY 1: Identification and Referral of Clients for CT

The project's prevention education program as described in the prevention section of the COP reaches people in factories, clinics and homes in communities with the message of the importance of knowing one's status. The prevention activities currently generate more than 130 VCT referrals per month. In addition, many factory workers express a desire to be tested but desire testing in the workplace rather than leaving work to be tested. Finally the counselors at the Genesis Care Centre work with family members of patients many of whom need HIV testing. Clients from all of these current activities will have access to the alliance VCT program.

ACTIVITY 2: Provision of VCT

The counselors at Genesis Care Centre or the Positive Ray Community workers will provide education and pretest counseling and schedule clients for VCT. Testing will be done at several locations including the Genesis Care Centre, factories and in communities (in home or at community centers). The Positive Ray professional nurses will perform the HIV testing and provide the clients with their results. The nurses and/or counselors will provide post-test counseling focusing on negatives staying negative and positive living and prevention for positives. Counselors at Genesis Care Centre provide counseling for discordant couples and family centered counseling as do the Positive Ray Community Workers in the communities.

ACTIVITY 3: Referrals and Follow-up Care

All clients testing positive will be referred by the professional nurse for further evaluation and treatment at a government clinic. They will be instructed on the importance of CD4 testing and regular follow-up care. They will also be offered referral or linkage with home-based care services (with Positive Ray or with South Coast Hospice if in a community not served by Positive Ray). Support groups will be offered by the counselors at the Genesis Care Centre as well as in communities by Positive Ray community workers. All clients testing negative will be given additional education and counseling on staying negative and the need for periodic repeat testing depending on their exposure risks.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Safe Motherhood

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9634.09

Prime Partner: American Center for
International Labor Solidarity

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 22493.22596.09

Activity System ID: 22596

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$194,181

Activity Narrative: SUMMARY:

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 EngenderHealth 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.

BACKGROUND:

The project will directly expand access to HIV-related services to one million South Africans, with a focus on prevention through promoting safe and healthy sexual behavior in HIV-infected and uninfected individuals and improving access to HIV counseling and testing. Union members, their families, and communities are the target audiences. The "Be Faithful, Be Tested, Be Union" project strategy focuses on prevention, concentrates on workplaces, and enlists unions, businesses, and communities to dramatically increase HIV prevention within these critical economic groups. The project will address three key HIV-related areas: counseling and testing, behavior change through gender norm transformation, and HIV-related institutional capacity building among the union partners.

The South African labor force, and thereby, businesses and the public sector, have been particularly hard hit by HIV/AIDS, with a negative impact on productivity and business profits. Historically, South African unions have been at the forefront of improving work and social conditions, not only for their members, but for their communities as well. However, most trade unions and employers lack the capacity and direct encouragement and support to create workplaces that offer HIV education, promote counseling and testing, reduce stigma, and provide benefits and access to services for workers and their families living with HIV/AIDS. This project will fill that gap in key workplaces.

ACTIVITIES AND EXPECTED RESULTS:

Solidarity Center will carry out two separate activities in this program area.

ACTIVITY 1: Be Faithful, Be Tested, Be Union

The "Be Faithful, Be Tested, Be Union" project will address the high rate of HIV/AIDS among South Africans through a strategy that 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. Over the life of the five-year project, activities will be implemented in five provinces. FY 2009 funding will ensure that activities reach Limpopo and Eastern Cape provinces. All are areas of the country in which either the Solidarity Center or EngenderHealth have previous program experience and/or in which the project's union partners have large memberships, extensive field operations, and substantial employer contacts.

The project will benefit from the strength of project partners with proven South African experience in critical areas, such as HIV/AIDS programming, gender norm transformation, social mobilization skills for worker and community outreach, and workplace advocacy and policy negotiation. The Solidarity Center and EngenderHealth have offices and ongoing HIV/AIDS programs in South Africa, as well as significant experience managing PEPFAR and other U.S. Government-funded programs. As a result, these organizations are very familiar with HIV/AIDS technical areas and interventions, program implementation and management of large-scale projects, reporting, grant regulations, and related issues. The "Be Faithful, Be Tested, Be Union" project will harness the trade unions' highly developed and effective organizing and mobilization skills to address key elements of HIV prevention, as well as make use of union infrastructure and networks at the local, provincial and national levels. The project will contribute to all four key priority areas identified within the South African Government's HIV & AIDS and STI Strategic Plan for South Africa 2007-2011. These are: 1) Prevention; 2) Treatment, Care and Support; 3) Research, Monitoring and Surveillance, and; 4) Human Rights and Access to Justice.

ACTIVITY 2: Expansion of Counseling and Testing Services

The Union-Branded Counseling and Testing (CT) Promotion initiative will be implemented through a combination of regular onsite testing at workplaces, CT campaigns, union public events, and the production of union-branded information, education and communication (IEC) materials. The project will increase access for union families to CT, provide quality HIV treatment and care referrals, encourage union leaders and employers to reduce HIV and AIDS-related stigma and discrimination in the workplace and strengthen overall union and business partnerships in response to the epidemic. Campaign canvassing teams, largely comprised of recently laid-off workers, will be hired to implement grassroots outreach. The Solidarity Center team will collaborate with both mobile and fixed CT service providers, including New Start to provide CT referrals and onsite testing, as well as treatment and care referral services to workers and their families who test positive. The project will develop a strong referral network and sign memoranda of understanding (MOUs) with agencies providing assistance for people living with HIV and AIDS and their families.

These activities will involve implementing workplace programs centered around HIV counseling and testing. By ensuring access to CT services for union members and their families, more union members will know their HIV status and can be referred to treatment programs if positive. For those union members who are negative, this activity will ensure that they are provided with enough information around staying negative. In

Activity Narrative: addition, by focusing on men and gender norm transformation this activity will address gender imbalances that affect sexual decision making and ensure that men and women are equipped with knowledge on how to protect themselves from contracting HIV/AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22493

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22493	22493.08	HHS/Centers for Disease Control & Prevention	American Center for International Labor Solidarity	9634	9634.08		\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 190.09	Mechanism: N/A
Prime Partner: Aurum Health Research	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 2915.22609.09	Planned Funds: \$1,301,012
Activity System ID: 22609	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activities started in FY 2008 will continue in FY 2009, with the modifications detailed below.

The program will focus on couple counseling and accessing youth and men. All the PEPFAR-supported sites will be supported to improve access. Other activities will be performed to provide access to those healthy people for early diagnosis and to keep the negative population as such.

The Small and Medium Enterprises (SME) project will not provide counseling and testing (CT) training to persons not eligible to provide this service. Instead, the project has been approached by a number of nursing colleges to provide nursing students with training on CT.

CT sessions will be linked to tuberculosis (TB) symptom screening and this will be incorporated into routine CT assessments.

The CT support will be provided to eight primary health care down referral sites in the Ekurhuleni district (Gauteng province) that provide HIV/AIDS, TB and HIV services, the general practitioner (GP) project, the currently supported public sector sites including Orkney clinic in the North West, Tembisa hospital, Tembisa main and Winnie Mandela clinics in Gauteng and Madwaleni hospital in the Eastern Cape. The PEPFAR supported CT sites will be provided with a nurse and/or lay counselor as required from individual sites, with training to be conducted for each of the geographical areas.

The program will also link up with the integrated management of childhood illnesses (IMCI), TB, and family planning programs and the general outpatient clinic and the staff members will be included in the trainings for better access for patients, increasing the numbers counseled and those tested, and those enrolled in care and treatment programs.

Emphasis will also be on the early screening of HIV-exposed babies by an Enzyme-Linked Immunosorbent Assay (ELISA) rapid testing for those children above 18 months and provision of cotrimoxazole for both adults and children. All Aurum staff that provide CT services receive in-house training on the basics of CT as well as specialized training on couple counseling, post-rape counseling and post exposure counseling. The City of Johannesburg staff at Metro Transport Company (MTC), lay counselors and SME managers receives training and mentoring on aspects of HIV including prevention, referral for treatment and other issues related to HIV/AIDS. In addition market traders in Johannesburg receive training and capacity building on HIV/AIDS issues.

The counseling training will include and encourage men to assume a positive in health and well-being of their partners, families and communities in order to increase HIV preventive behaviors, with a focus on:

- a) Behavior change programs that promote the positive role men can play in the health and well-being of their partners, families and their communities to increase HIV preventive behaviors.
- b) Programs targeting partners of pregnant women and providing information to men on prevention of mother-to-child transmission (PMTCT), CT, prevention and other health issues and encouraging couples counseling and testing in an attempt to increase men's involvement in HIV/AIDS treatment and care programs and to reduce stigma and violence against women.
- c) Couple counseling and testing at CT and PMTCT sites to promote testing of men and to build support for their female partners.

Couples counseling will continue to be provided at the mobile and fixed service delivery sites. The SME project targets males, both in SMEs and at taxi ranks, and provides them with easy access to CT which they currently are reluctant or unable to access through the formal health care delivery points. The majority of market traders within the taxi rank are women. Provision of free CT services within their workplace overcomes barriers such as cost of transport and the presence of female health care workers.

A gender module for training will be operationalized in CT to better address gender issues and provide targeted and appropriate services to both genders. Formative work on male norms will be done to inform the interventions. All data collected will be gender disaggregated to better inform program deliverables around gender.

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

Activity Narrative: 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 FY 2008 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 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13686

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
13686	2915.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$1,340,000
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

Emphasis Areas

Construction/Renovation

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 274.09	Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 2982.22787.09	Planned Funds: \$48,545
Activity System ID: 22787	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There will be a new focus on training healthcare providers on routinely offering HIV tests, child testing and couple counseling and testing. A "know your status" campaign will be launched that encourages members and their families to test.

Counseling and testing is done on all new recruits, in the CHA's for deployment, promotion, and fitness tests. VCT is conducted at all rollout sites and sick bays.

Construction and renovation of a counseling and testing center is planned for the Eastern Cape Province (particularly Mthatha).

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13827

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13827	2982.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$50,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 216.09

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7983.22771.09

Activity System ID: 22771

Mechanism: RESPOND

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$253,406

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY/BACKGROUND:

To enhance its reach in FY 2009 EngenderHealth South Africa (EHSA) will use creative methods to maximize output and integrate cost reductions by further integrating its counseling and testing (CT) program with abstinence, being faithful (AB) and other sexual prevention (OSP) activities. Specially, by activity, the following modifications will occur:

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: University-Based CT

This activity will essentially remain the same, however efforts will be maximized through integrating CT into AB/OSP prevention partners efforts at tertiary institutions.

ACTIVITY 2: Community-Based CT

This activity will be slightly modified. Although all EHSA partners will be offered CT services, greater emphasis being placed on conducting community-based CT drives with community partners associated with EHSA's Police as Partners (PAP) project. Thus, as AB and/or OP community mobilization events are being planned by Men as Partners (MAP) network community-based partners or EHSA itself, CT will be an integral component in these events. In terms of budget reductions, EHSA will scale back the reach of the project, focusing more on Gauteng, Mpumalanga and Limpopo provinces, based on increasing in these provinces as well depth of the EHSA prevention programs.

ACTIVITY 3: Health Service Provider Training

This activity will remain the same as in FY 2008.

ACTIVITY 4: Private/Government Sector Partnership

This activity will be modified to focus more on conducting CT drives in partnership with the private sector and government agencies. EHSA will work to secure financial support from various private sector partners, offering CT at a subsidized rate as a part of MAP community mobilization effort conducted close to workplaces. Based on recommendations from a strategic planning session (September 2008), EHSA will embark on securing support from various corporate entities with large male employee-bases (e.g. automotive and/or mining and construction sector). EHSA will work with these entities to secure funding from them to subsidize CT services to their employees (and families), with strong linkages to care and treatment services for those employees testing positive for HIV. Strong community education programming will be linked to such efforts, working to transform gender norms through a community and encourage additional men (and women) to test. EHSA is confident that such an approach will not only create opportunities to reach additional men with quality CT services, but also assist EHSA in creating a more sustainable program for the future.

ACTIVITY 5: Monitoring and Evaluation

This activity will remain the same.

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

Activity Narrative: 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 university health clinic. During these outreach days, testing booths and the mobile CT unit will be placed at strategic points throughout the campuses and CT services offered to all. These booths will be designed to ensure confidentiality. 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13778	7983.08	U.S. Agency for International Development	Engender Health	6604	216.08	ACQUIRE	\$290,000
7983	7983.07	U.S. Agency for International Development	Engender Health	4469	216.07		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2797.09

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: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3321.22750.09

Planned Funds: \$396,129

Activity System ID: 22750

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, all 2008 activities will be continued, and new interventions will be added, as detailed below.

- The mobile counseling and testing (CT) project described in the FY 2008 COP will be conducted in FY 2009.
- Supervision of field caregivers (FCGs) and lay counselors will be systematized via development and implementation of assessment tools (competency checklists).
- Monitoring systems for the multidisciplinary team (MDT) and interdepartmental transfer system, such as back referral forms, systematic reporting of referrals during MDT meetings, and use of escort systems, will be developed and implemented.
- Documentation of voluntary counseling and testing (VCT) registers will be enhanced.
- Data analysis and regular feedback on the yield of expanding VCT services to other departments beyond the traditional ART site will be planned and conducted.
- Exposure of peer educators to infectious diseases will be minimized.
- Infection control training will be provided to peers in the following areas: hand-washing, cough hygiene and disposal of body fluids.
- Home-based care (HBC) kits, with minimum infection control (IC) equipment (gloves/masks), will be provided.
- A focus on stigma as an obstacle to VCT will be primary.
- The International Center for AIDS Care and Treatment Programs (ICAP) regional psychosocial staff, in conjunction with peer educators, will focus on linkages with key informants in the community, and conduct community outreach activities and community mapping, with an emphasis on identifying most at risk individuals within communities. The ICAP gender-based programming will support these activities as well (see below).

Space: ICAP will prioritize meeting space requirements for the expanding CT needs during infrastructural developments and modifications (see under health systems strengthening interventions).

Partner disclosure and couple counseling: All antenatal care (ANC) clients identified to be HIV infected will be supported to disclose their status to partners in the following ways through invitation letters for partners to come to the health facility, home visits, men's HIV testing days, and making clinics male friendly. This process will be monitored using standards of care (SOCs). ICAP's gender-based programming will support these activities.

Home-based counseling: Provided by FCG's initiative, to be expanded in FY 2009.

Rapid testing: Efforts will be continued in FY 2009 to standardize quality of rapid testing and perform quality assurance.

Acute infection and window period: ICAP will develop and implement a systematic approach to encouraging and educating patients, and tracking repeat testing for at-risk clients.

Prevention counseling: All elements of prevention with positives are in place at facilities supported, primarily through peer educators and FCGs. Tools will be developed in order to standardize approaches used, focusing on routine counseling and testing of sexual partners, children; couples counseling for discordant couples; condom promotion and distribution; assistance with disclosure; provider-initiated behavioral risk reduction interventions; assessment, diagnosis and management of STIs; adherence to prophylaxis and treatment; referrals to family planning; alcohol assessment; counseling and referrals for needed professional services.

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 TB and 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,

Activity Narrative: 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 FY 2008, 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13733

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13733	3321.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$436,500
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

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8682.09	Mechanism: N/A
Prime Partner: Education Labour Relations Council	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 19516.22760.09	Planned Funds: \$371,371
Activity System ID: 22760	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

ACTIVITY 1: Training master trainers and lay counselors

In FY 2008, the Academy for Educational Development (AED) will design and introduce a training module on tuberculosis (TB) testing to supplement the existing training materials to ensure that master trainers and lay counselors are skilled in the screening procedures for tuberculosis. In FY 2009, the scope of lay counselor training will be expanded to provide accredited training on couple counseling. The purpose of this voluntary counseling and testing (VCT) training will be to prevent transmission in serodiscordant couples and promote fidelity among concordant negative couples. Potential lay counselors will also be identified and recruited from experienced peer educators.

ACTIVITY 2: VCT services

Educator-specific incentives will be developed and distributed to encourage more testing at outreach events. For example, pencil boxes featuring the Education Labour Relations Council Prevention, Care and Treatment Access (ELRC-PCTA) logo and displaying, "I know my HIV status," will be available at peer education workshops and union meetings.

ACTIVITY 3: Fostering linkages with treatment, care and support

Referral systems will be improved by monitoring and coordination of VCT services through the ELRC-PCTA secretariat. The ELRC-PCTA will strengthen its relationship with its national treatment partner Tshepang Trust, but also encourage unions to develop relationships with local VCT providers. Tshepang Trust will also add TB screening to its menu of services and provide data regarding the number of educators screened for TB.

ACTIVITY 4: Addressing stigma and discrimination

Union leaders will be trained in treatment literacy, stigma and discrimination towards educators and learners. These union leaders will then be responsible for distributing information, education and communications (IEC) materials focused on treatment literacy, stigma and discrimination as well as conducting workshops to address these issues. The Department of Education national and provincial teams will also receive induction training workshops in treatment literacy, stigma and discrimination.

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-infected 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

Activity Narrative: 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 educators 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19516

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19516	19516.08	HHS/Centers for Disease Control & Prevention	Education Labour Relations Council	8682	8682.08		\$450,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$158,738

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4755.09

Mechanism: N/A

Prime Partner: Mpilonhle

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8247.22988.09

Planned Funds: \$242,726

Activity System ID: 22988

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Activity 1, schools-based health screening, now assures that all HIV-infected learners get CD4 counts that allow us to screen them to see if they require antiretroviral treatment (ART). Persons tested for HIV by Mpilonhle staff who are HIV-infected are offered the opportunity for having blood taken by Mpilonhle staff if they desire to know their CD4 count and need for ART therapy. For those persons who agree and desire CD4 counts, the Mpilonhle nurse obtains a blood sample. This blood sample is then taken to the appropriate (by geographic region) KwaZulu-Natal (KZN) Department of Health (DOH) clinic. From there it is sent by KZN-DOH staff to the KZN-DOH district hospital where the CD4 test is performed. Mpilonhle staff follow up to assure that the specimen makes it to the district hospital, and then assure that the result is available to Mpilonhle staff. Mpilonhle staff then arrange for the client to be seen in the Mpilonhle mobile clinic and the results of the test result is communicated to the client. If need be, Mpilonhle staff visit the home of the client to provide the result. They also involve family members in this process if required. At this time Mpilonhle staff discuss with the client the management of their HIV infection, including the need, if required, for ART. Currently, Mpilonhle staff do not provide the same service for community members determined to be HIV-infected. With the PEPFAR-funded units now deployed, we are exploring having the units return to communities on a regular basis. If this is successful we would be able to provide community members with the same service described above for school learners.

Mpilonhle continues providing referral services for all people living with HIV and AIDS (PLWHA) to KZN-DOH community-based health facilities for further management. This includes referral for ART services, tuberculosis (TB) services, sexually transmitted infection (STI) services, pregnancy services, services for diarrhea and skin problems, and for a variety of other problems. Mpilonhle has an established referral system for this process.

Mpilonhle shall increase its efforts in the following areas:

1. During Mpilonhle's health screening and health education activities, Mpilonhle's health counselors and health educators will emphasize the value of reducing multiple and concurrent partnerships, as well as cross-generational and transactional sex. Mpilonhle shall also emphasize issues of positive roles for men, dispelling HIV/AIDS myths, disclosure support, and more frequent VCT. These issues are already addressed in Mpilonhle's current activities, as can be seen in the last paragraph of the FY 2008 activity narrative, but they shall be emphasized more strongly in line with the FY 2009 COP technical considerations.
2. Mpilonhle shall encourage the participation of school governing boards and parents in its training sessions on HIV prevention, the promotion of reproductive and general health, and care and support for PLWHA and orphans and vulnerable children (OVCs). Mpilonhle shall also encourage the participation of members of other community-based organizations (CBOs) and faith-based organizations (FBOs) in its training activities.
3. Mpilonhle shall improve its referral systems for linking up participants in its programs with community-based health facilities, support services, and support groups, particularly to access reproductive health services including family planning, and services for substance abuse issues. Mpilonhle shall also strengthen its relationships with other CBOs and FBOs in the community involved in Care activities for PLWHA and OVCs.

Mpilonhle clarifies that its health screening activity promotes HIV preventive behaviors among young boys and men; that its health education sessions promote positive roles for members of both genders; and that its health screening activity involves treatments for symptomatic sexually transmitted infections, for pain, and for simple skin conditions offered by a primary health care nurse. Mpilonhle's health screening already involves screening and referrals for TB. Mpilonhle's health screening service also involves referrals to an on-site staff social worker who helps OVCs and PLWHA access grants, and obtain legal and social support for issues of sexual violence and abuse. All these services are offered to all program participants, including all PLWHA and OVCs.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14030

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14030	8247.08	U.S. Agency for International Development	Mpilonhle	6688	4755.08		\$250,000
8247	8247.07	U.S. Agency for International Development	Mpilonhle	4755	4755.07	New APS 2006	\$260,000

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

Estimated amount of funding that is planned for Human Capacity Development \$14,533

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$163,000

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9232.09	Mechanism: N/A
Prime Partner: International Organization for Migration	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 21176.23175.09	Planned Funds: \$436,907
Activity System ID: 23175	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

This new partner won the FY 2008 annual program statement competition. The overall objective of the Ripfumelo project is to reduce HIV vulnerability of farm workers in identified districts of South Africa by implementing a coordinated, evidenced-based and focused HIV/AIDS prevention and care program. Building on experiences and lessons learned from International Organization Migration (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 and will run for three years, from September 2008 until August 2011. Once this initial expansion phase has been consolidated in these geographical areas, it is proposed that opportunities be reviewed in other provinces with large commercial farming sectors, such as KwaZulu Natal, Free State, Western Cape and Eastern Cape.

BACKGROUND:

The IOM will execute the Ripfumelo project and assume overall responsibility for the coordination and management of all project activities. Ripfumelo will fall under IOM's regional Partnership on HIV and Mobility in Southern Africa (PHAMSA) program, which targets economic sectors characterized by high levels of labor mobility, and which aims to reduce the HIV incidence and mitigate the impact of AIDS among migrant and mobile workers and their families. Counseling and testing (CT) is an important aspect of prevention and for those identified as HIV-infected, to refer them for treatment and support. The Ripfumelo project will actively promote the use of existing CT services and work with the services to ensure that they are more accessible to the migrant farm populations.

ACTIVITIES AND EXPECTED RESULTS:

The partner will carry out four separate activities in this program area.

ACTIVITY 1: HIV in the Workplace

Approximately 120 farm owners and managers will be encouraged to include information on CT sites and offer programs to promote CT and the benefits of knowing one's status.

ACTIVITY 2: Social Change Communication

An evidenced-based communication campaign will be developed and implemented to support all other components of the project. In addition to behavior change messages, the campaign will also promote knowing one's status and encouraging individuals to visit CT centers.

ACTIVITY 3: Peer Education

Approximately 650 farm workers will be trained as peer educators who will provide information and support to their colleagues. Specifically, their role will be to facilitate better access for farm workers to local primary health care services, especially CT, and to de-stigmatize HIV.

ACTIVITY 4: House-to-House CT

Through the network of caregivers, the project beneficiaries will be encouraged to access CT services.

SUMMARY:

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

Activity Narrative: (Vhembe, Limpopo), and Tzaneen (Mopani, Limpopo). The project will initially target approximately 20,000 farm workers on about 120 commercial farms.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21176

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21176	21176.08	U.S. Agency for International Development	International Organization for Migration	9232	9232.08		\$450,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4749.09

Mechanism: N/A

Prime Partner: Ingwavuma Orphan Care

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 13988.23171.09

Planned Funds: \$97,090

Activity System ID: 23171

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 2: A greater emphasis will be placed on tuberculosis (TB) education and screening. A local drama group will be hired to provide entertainment and education at the testing site. One play will be about HIV and the other about TB. Anyone who tests positive for HIV will be screened for TB. Those who are suspected of having TB will be referred to government clinics for follow-up. A quality assurance program will include site inspections by the supervisor and batches of blood will be sent to a reference laboratory for cross-checking of results. Counselors will receive debriefing and support one day a week.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13988

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13988	13988.08	U.S. Agency for International Development	Ingwavuma Orphan Care	6676	4749.08		\$100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$42,619

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 479.09

Prime Partner: Humana People to People in South Africa

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 3021.23167.09

Activity System ID: 23167

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$565,066

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Human Capacity Development

During FY 2007 Humana People to People's Total Control of the Epidemic (TCE) program increased the number of counselors from six to eight per site, making 16 trained lay counselors in total. A new element in the training of Hope counselors and field officers will be referrals to family planning during counseling of people who are HIV-infected where Humana finds it appropriate.

ACTIVITY 2: Counseling and Testing (CT) Promotion and Support

In FY 2009 the Hope activists will take over from TCE to mobilize people to test in areas where TCE has finished. By this time the HOPE activists (volunteers trained under HOPE Humana), many of them Passionates, will be well established in the community. Both in TCE and in Hope, special actions will be conducted to target men to be tested for HIV. This includes person-to-person (door-to-door) campaigns, outreach to workplaces and shebeens, and campaigns among taxi and truck drivers.

ACTIVITY 3: CT Services

As of the middle of FY 2007, HOPE Humana Bushbuckridge gained permission from the Department of Health to run its own CT site. Humana had expected to obtain permission to carry out CT in Mopani already in July 2008. However, a series of new demands were put forward and they are still in the process of seeking permission and hope to receive this permission in August 2008.

Also, more emphasis will be put on encouraging people to disclose to their partners and/or family members in order to be able to receive support e.g. from the TRIO programme, which TCE implements under palliative care. TCE will also facilitate an increase in uptake of CT of males, youth and adults, MARPS (most at risk populations) and persons in the 15 - 24 year age group. More information will also be given to clients about family planning and referral to these services.

Additionally TCE field officers will be trained to screen clients for symptoms of TB by identifying people who have been coughing for more than 3 weeks, having night sweats and losing weight. Clients showing these symptoms will be referred to public health facilities for testing and treatment if necessary.

ACTIVITY 4: Mobile Testing

Humana now has permission to carry out mobile testing in Bushbuckridge. The mobile testing is performed by nurses inside tents that are erected in the morning before the testing starts in whatever village the testing is taking place that day. HOPE Humana sets up four tents, two for counseling and one for testing and one as a waiting room. The set up has been approved by the Department of Health in the District. The concept has been very well received by the communities, and the number of people tested increases significantly with this campaign.

ACTIVITY 5: Linkages with Sectors and Initiatives

An additional and important linkage has been established with the PEPFAR-funded Bhubezi Health Centre in training of nurses and caregivers and in provision of test kits. TCE field officers and HOPE counselors are also referring to their services. Humana also is part of networking forums, where Bhubezi staff are active.

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

Activity Narrative: 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) Strengthening a partnership with the TB sub-directorate in the Ehlanzeni and Mopani districts, as FOs are 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13979

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13979	3021.08	U.S. Agency for International Development	Humana People to People in South Africa	6672	479.08		\$582,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$224,283

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2813.09	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: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 8276.23162.09	Planned Funds: \$0
Activity System ID: 23162	

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The Human Science Research Council (HSRC) requested FY 2008 funding to conduct a situational analysis of counseling and testing services in South Africa. This activity will be completed with the allocation of FY 2008 funding. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13971

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13971	8276.08	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	6671	2813.08	HSRC	\$300,000
8276	8276.07	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	4375	2813.07	HSRC	\$300,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 478.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16864.23158.09

Planned Funds: \$103,596

Activity System ID: 23158

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activities described in the FY 2008 narrative are about to commence. The Hospice Palliative Care Association (HPCA) will monitor the standards of service delivery at the counseling and testing (CT) sites and implement a quality assurance policy and procedure for hospice CT activities.

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-infected. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16864

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16864	16864.08	U.S. Agency for International Development	Hospice and Palliative Care Assn. Of South Africa	6613	478.08		\$97,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$21,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 2991.23080.09

Planned Funds: \$1,572,866

Activity System ID: 23080

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Interpersonal Communication:

Turntable Trust works in rural areas of KwaZulu-Natal with youth 15–24 and young people 18-32 and will promote the uptake of counseling and testing (CT) services within workplaces and the local community. Owing to changes at the Department of Correctional Services (DCS), as well as a change in emphasis in programming by the John's Hopkins University Center for Communications Programs (JHU-CCP), it is not foreseen that any activities will take place with the DCS in FY 2009.

Mass Media:

JHU has initiated the Scrutinize Campaign together with Matchboxology, its new partners Mediology and CellLife, that aims to encourage young South Africans 18 -32 to assess their risk of HIV infection and to encourage counseling and testing as part of a broader message promoting delaying sexual debut and partner reduction through use of the mass media including the outdoor media and cellular technology. CellLife will support the mass media outreach of all communication partners in South Africa with free short message service technology to promote consistent and correct condom usage, increase risk perceptions in relation to transactional intergenerational sex and the linkages between alcohol consumption and HIV infection. JHU will in FY 2009 scale up a new campaign to be initiated in FY 2008 targeting adult men on CT using male celebrities, including footballers, capitalizing on the 2010 Football World Cup. Trailblazers, which was co-produced with the South African Broadcast Corporation (SABC), has been fully absorbed into the programming of SABC Education, which will enable these resources to be directed to the further development of the Circles Drama Series, the Scrutinize Campaign and a new campaign to be initiated in FY 2008 targeting adult men.

Training activities on voluntary counseling and testing are based on national guidelines by the Department of Health, national, regional and international best practices on counseling and testing.

CT training will focus on routine CT offers and advanced CT skills such as couples, family and child counseling.

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-infected 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13956

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13956	2991.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$1,697,500
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$64,800

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2801.09	Mechanism: N/A
Prime Partner: HIVCARE	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 7988.23071.09	Planned Funds: \$254,280

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

A. Promotion of voluntary counseling and testing (VCT) through the youth clinic, the antiretroviral treatment (ART) sites and the testing of the youth.

- 1) Bringing the whole family into care: A family centered approach is followed with patients encouraged to bring their partners and children in and to have them tested for HIV and screened for tuberculosis (TB).
- 2) Considerable attention is given to prevention among those already HIV infected, including regular assessment for sexually transmitted infections (STI), condom promotion and contraception.
- 3) A VCT coordinator based in the head office will coordinate the numbers of tests performed throughout the 18 sites. In addition, this nurse coordinator will arrange counseling and testing (CT) events in the clinics' immediate area that cannot be arranged through local medical staff.
- 4) The offer of home-based CT will be made available to those patients who have disclosed their status to their partners/families and where they are reluctant/unable to attend at the clinic. This is especially true at the Tsogang site where space constraints prevent staff from isolating persons wishing merely to test from those undergoing treatment. Further to the problem of space constraints, child testing takes place over designated weekends when the clinic is empty.

B. The implementation and management of routine offer of HIV testing at all supported sites

- 1) All patients attending primary health clinics will have access to HIV counseling and testing through the intervention of the general practitioner. This will ensure that the VCT process is part of the basic diagnostic assessment and that as many individuals as possible are tested. This is at all times accompanied by a signed consent document and following pre-test counseling.
- 2) All persons testing positive are staged and where necessary enrolled into the ART program. Where ART is not then required the persons will be entered into the pre-ART register for follow-up. The clinic has been established specifically to provide ART to patients so very few pre-ART patients are referred to us. The existing pre-ART patients are mainly family members of program patients. The demand for ARV amongst patients is still so large that ART remains the primary focus of the clinics.
- 3) Training for health providers including doctors and nurses will be conducted on the promotion of a routine offer of counseling & testing. This has been lacking in previous programs and has been identified as a need in smaller primary health practices.

Rapid testing is used for adults as it is minimally invasive. In the event of a positive result, a second rapid test is used as a confirmatory test using a different type of testing kit. In children, the same procedure is used but using saliva tests. All tests used are recommended by the World Health Organization and have had their sensitivity and specificity tested by the South Africa National Institute of Communicable Diseases. Where there is discord between the initial and confirmatory tests, an Enzyme-Linked Immunosorbent Assay (ELISA) test is performed. Persons testing negative are counseled on the window period and encouraged to return for a later test in three months time.

As an additional quality control measure all batch data is recorded for all tests performed.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13771

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13771	7988.08	HHS/Centers for Disease Control & Prevention	HIVCARE	6603	2801.08		\$291,000
7988	7988.07	HHS/Centers for Disease Control & Prevention	HIVCARE	4374	2801.07		\$250,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7338.09

Prime Partner: Family Health International SA

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 23054.09

Activity System ID: 23054

Mechanism: UGM

USG Agency: U.S. Agency for International Development

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$468,723

Activity Narrative: SUMMARY:

USAID/South Africa (SA) supports institutional capacity building of indigenous organizations that implement President's Emergency Plan for AIDS Relief (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/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 ten 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/AIDS Strategy responds to the overwhelming challenges posed by the HIV/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 grants 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 grants mechanism'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 six indigenous and international NGOs providing counseling and testing (CT) services to communities in South Africa. Active in Gauteng, Mpumalanga, KwaZulu-Natal and North West provinces, these partners improve the capacity of local health workers to provide quality CT services and educate the community on the importance of CT in preventing HIV transmission and as an entry point for treatment and care. These are: Humana, Lifeline, MCDI-SA, Mpilonhle and PSA-SA.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2008, USAID will continue to support current CT partners through this UGM with FHI. Funds budgeted under this narrative will support costs for administering and managing these CT sub-partners of FHI. Separate COP entries describe the CT activities implemented by each sub-partner under FHI. Institutional capacity building of indigenous organizations is a key feature of the umbrella grant mechanism and is 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 annual program statement (APS) competitive process to implement CT activities. These are: Humana, Lifeline, Medical Care Development International South Africa (MCDI-SA), Mpilonhle and the Project Support Association of Southern Africa (PSA-SA). This involves an array of related activities including the awarding and administration of grants, monitoring of grant progress, meeting reporting requirements, and grant closeout. The umbrella mechanisms will monitor CT 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, 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/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, reporting, leadership and coordination of partner organizations implementing CT activities.

FHI will work with sub-partners to develop and strengthen referral networks to ensure availability of comprehensive health care services with special emphasis on quality sexually transmitted infection (STI) and family planning (FP) services and provision of linkages to care and treatment for HIV-infected patients and clients. FHI will also work with sub-partners to ensure that HIV-negative clients are linked to prevention services. FHI will work with those sub-partners that are providing training as a service to get their training accredited.

ACTIVITY 3: Monitoring, Evaluation and Reporting

The umbrella mechanisms will provide support to CT partners on monitoring and evaluation (M&E), in order to strengthen measurement of the implementation and impact of program activities, an eventual achievement of PEPFAR goals. M&E support of CT partners includes: measurement of program progress;

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$91,726

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3509.09	Mechanism: PSI
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3095.23038.09	Planned Funds: \$8,475,997
Activity System ID: 23038	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The program is essentially the same with updated targets. The program will continue to focus on expanding the counseling and testing (CT) models available in South Africa and on increasing male and couple CT. The program also will focus on strengthening tuberculosis (TB)/HIV management by screening all clients for TB, referring clients for TB treatment, providing CT at TB facilities and offering routine offer CT training to TB facilities. The program was developed in cooperation with the South African Government and the leveraging of Global Fund support through the South African National AIDS Committee further strengthens the alignment of the program with government's policies, priorities and strategic plan. Through Global Fund support the program is developing activities in new provinces in cooperation with provincial departments of health. New Start is a member of the National VCT Steering Committee and all relevant provincial VCT committees. The program has been modified for FY 2009 in the following ways:

The Society for Family Health (SFH) is currently in negotiation with Dischem, South Africa's second largest retail pharmacy chain, to provide New Start CT services within up to 33 Dischem retail pharmacies. This partnership will be similar to New Start's franchise partnerships, with the exception that Dischem will not require a sub-award. The costs of this partnership are clearly identified in our FY 2008 continuation application budget. Through this partnership, Dischem in-store clinic staff will be trained and supported by New Start. Dischem will promote and advertise CT services. Dischem has agreed to charge a standard R25 fee for service. This partnership, which will bring high quality CT services to for-profit retail pharmacies, will expand the range of models of CT in an innovative, low-cost and sustainable manner.

Because of an inability to get national level buy-in to our national testing week plans, SFH, Right to Care and Leonie Selvan Communications currently are developing provincial-level testing week campaigns to take place in late 2008. These campaigns will bring together New Start and other CT service providers in a week of intensive testing, preceded by a mass media education and promotion campaign. The campaign will also focus on the provision of quality CT services and provide support to participating CT service providers. There currently is no day or week reserved for the promotion of CT in South Africa. This campaign will take place in three provinces and hopefully expand nationally in future years.

SFH proposes adding an additional sub-awardee, Shout-it-Now. Shout-it-Now is a non-profit organization established in 2007 which aims to eliminate the spread of HIV amongst adolescents. The organization works in schools, in partnership with provincial government, health experts and corporate sponsors to deliver MTV-style HIV prevention training and information to teenagers. Cutting-edge interactive video programmes aim to help young people to protect themselves from HIV infection, unwanted pregnancy and STI's. Shout-it-Now's message, coupled with innovative technology and HIV testing, aims to change teen behaviours and reduce the rate of new HIV infections. New Start currently works with Shout-it-Now in Western Cape, providing CT services to students after they complete the program. The program also will add an additional four franchise partner NGOs.

Based on a plan approved by the Centers for Disease Control and Prevention (CDC) South Africa and in cooperation with provincial departments of health, New Start will begin a home-based door to door CT pilot project.

The program will aim to increase its percentage of couple clients. Although the New Start program probably sees more couples than any other CT program in the country, our proportion of clients who come for CT as a couple is currently only 6%. Mass media and/or promotional activities will promote couples CT, as will door to door CT.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13784

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13784	3095.08	HHS/Centers for Disease Control & Prevention	Population Services International	6607	3509.08	PSI	\$6,650,783
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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$430,397

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 268.09

Mechanism: N/A

Prime Partner: Population Council SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 2970.23034.09

Planned Funds: \$0

Activity System ID: 23034

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. During the PEPFAR South Africa Interagency Partner Evaluation, it was decided that Population Council should reconfigure its program areas to focus its strategy as an organization, as well as to optimize its areas of expertise. A decision was made to streamline its activities, removing counseling and testing activities and expanding Other Prevention services. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14272

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14272	2970.08	U.S. Agency for International Development	Population Council SA	6759	268.08		\$339,500
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

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 2803.09

Mechanism: N/A

Prime Partner: Olive Leaf Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 3305.23154.09

Planned Funds: \$235,444

Activity System ID: 23154

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Abalingani Gender Program (AGP) within HOPE worldwide South Africa (HwwSA) will be incorporated into counseling and testing (CT) activities to achieve the specific objective of increasing the uptake of voluntary counseling and testing (VCT) among men. The AGP focuses on achieving gender equality and preventing HIV infections by increasing men's involvement in health seeking behaviour. Anecdotal evidence suggests that a significant number of men report that they perceive clinics as unfriendly and claim that they are told their (STI) results in a manner that does not respect confidentiality and is perceived as being derogatory. Men are also perceived by female nurses as naughty and the cause of spreading HIV infection to women. The results from the survey will be utilised to develop and conduct a three-day workshop targeting men utilizing a curriculum developed in 2007 in partnership with the Department of Health (DOH), which addresses broad topics related to the HIV/AIDS epidemic such as gender-based violence, violence in general, and alcohol abuse. HwwSA will utilize street campaigns and soccer tournaments to attract more men to take up VCT services. The findings of the survey will be used formally to advocate for more male friendly clinics. HwwSA will reach 3,000 men through this activity.

HwwSA will offer CT services at the AGP workshops for men and provides information and referrals to appropriate HIV/AIDS services. Men will also be encouraged to accompany their partners in attending prevention of mother-to-child transmission (PMTCT) classes, to gain better understanding on feeding options and providing support to their partners. CT counselors will assist participants of AGP workshops through discussions addressing the benefits of supporting PMTCT and VCT along with the dangers of activities related to risky sexual behaviour. Topics related to the spread of HIV infections are dealt with in order to encourage people to get tested and know their status. Pre- and post-workshop assessments will be conducted and willing participants will be encouraged to enroll as community action teams (CATS). CATS are groups that have attended an AGP workshop and, from lessons learnt, are willing to change their behaviour and help other people as well. They volunteer their time and resources to communicate what they have learnt to their peers and the community at large. The CATS will become the custodian of ongoing discussions and will be provided with skills and a toolkit by HwwSA.

Activity two has been modified as follows: The lack of male counselors in the program has impacted CT negatively. It has been recognised that more males were tested at the HwwSA supported "Male Clinic" in Khayelitsha township Cape Town in 2008 than any other site. Only male counselors are employed in this clinic. 1,500 men were tested at the clinic compared with 590 women. This result is the opposite of what is found at other clinics where HwwSA is providing services. These other clinics utilize primarily female counselors. This suggests that men are more at ease with being counseled by other men. HwwSA will select and train 60 additional male counselor volunteers from AGP workshop / CATs on the VCT Protocol.

In order to refine HwwSA's strategy to increase participation and buy-in of clinics and hospitals in the communities targeted, HwwSA introduced the Community Capacity Enhancement Program (CCEP). HwwSA will conduct community conversations with clinics and hospitals to bring out burning issues and concerns about HIV/AIDS. This approach will help in formulating strategies that will address the underlying concerns about the epidemic in public health sectors. The CCEP is an integral part of the United Nations Development Program's Leadership for Results Program, and is based on a methodology known as Community Conversations. CCEP deals with the underlying causes of HIV including power relations, gender issues, stigma and discrimination. Most community methodologies focus on awareness-raising and discussion, however, the CCEP focuses heavily on interactive dialogue on the epidemic's deeper causes through a facilitated process which results in community decision-making and action.

Alignment with South African Government (SAG) Policies or Plans: The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) seeks to establish a national culture in which all people in South Africa regularly seek VCT. HwwSA will promote CT activities in communities and increase visibility through community meetings, community gatherings and community campaigns. HwwSA aligns with the NSP by educating communities on CT services, to increase accessibility of CT services to communities, engage communities in reducing stigma and to promote individuals to know their status, access treatment and other social services. Counselors have been placed in the public health centres in the four provinces serviced by HwwSA..

Another NSP goal is strengthening the health and other systems to create the conditions for universal access to a comprehensive package of treatment for HIV, including ART and the integration of HIV and TB care. HwwSA aligns with the National Strategic Plan by providing pre-test counseling sessions, referring clients for testing, providing results, and providing post-test counseling sessions. HwwSA will refer clients to CD4 count testing and treatment.

SUMMARY:

HOPE worldwide SA (HWWSA) will use FY 2008 PEPFAR funds to continue its work in partnership with local Departments of Health (DOH) to increase access to quality counseling and testing (CT) services at public sites in the Eastern Cape, Gauteng, KwaZulu-Natal, and Western Cape provinces. Counseling and testing 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

Activity Narrative: around South Africa. HWSA plans to use FY 2008 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 FY 2008 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-infected, 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 repeated 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 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13963	3305.08	U.S. Agency for International Development	Olive Leaf Foundation	6669	2803.08		\$242,500
7610	3305.07	U.S. Agency for International Development	Olive Leaf Foundation	4485	2803.07		\$250,000
3305	3305.06	U.S. Agency for International Development	Olive Leaf Foundation	2803	2803.06		\$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8709.09

Mechanism: N/A

Prime Partner: Montefiore Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19512.22974.09

Planned Funds: \$557,493

Activity System ID: 22974

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Growth and Expansion of Testing Venues:

The primary goal of the Assess, Consent, Test and Support (ACTS) initiative is to increase by 20,000 each year the numbers of youth who learn their HIV status through youth-serving health clinics and community and faith-based organizations in the Western Cape and at least one other province. The strategy for reaching this number of youth is to first routinize provider-delivered HIV testing in clinical settings—particularly among young sexually transmitted infection (STI) and family planning clients, and then engage, train and support other youth-serving clinics and community organizations/non-governmental organizations (NGOs) in efforts to institute or improve existing HIV testing services.

In year two, the ACTS team will expand by at least 15 sites the number of testing venues offering provider-delivered, streamlined counseling and testing (CT). We will also strengthen our relationships with the existing 14 ACTS clinics in the Western Cape to ensure that opportunities to test youth are maximized. As a third arm of our expansion strategy, outreach will be made to community-based organizations (CBOs) and faith-based organizations (FBOs) in the communities where we are working to offer HIV testing to youth who do not access health care at our partner clinics.

A major focus of work in year two will be to continue working with the South African National Department of Health (NDOH) and other partners to select ACTS implementation clinics in a minimal of an additional province (P2). Once sites in P2 are located, we will complete site-specific needs assessments, implementation plans and staff training sessions, with a goal of officially launching routine testing at P2 sites in year two. This effort will be aided by working with high risk youth-serving NGOs as mentioned in our other sexual prevention sections.

Improving Linkages to Care:

In addition to the scale-up of routine HIV testing at additional sites, the program will continue to focus efforts on linking newly diagnosed HIV-infected youth to reorganized care and prevention services. In year two, we propose to implement a support group curriculum concentrating on newly diagnosed HIV-infected youth derived from evidence-based cognitive behavioral interventions for HIV-infected adolescents and families that were demonstrated as efficacious in the United States and adapted for prevention of mother-to-child transmission (PMTCT) programs in South Africa. The adapted curriculum will address common issues that challenge the health of HIV-infected youth in South Africa including engaging in appropriate care consistently; understanding the personal significance of HIV disease staging and progression; improving adherence to HIV medications; coping with an HIV diagnosis; disclosing HIV status to family, friends and partners; choosing and negotiating abstinence, being faithful and condom use (ABC) prevention; and preparing for the future.

Prevention for Uninfected Youth:

For youth who are HIV-negative, the ACTS program will provide culturally appropriate information, education and communications materials based on ABC. Additionally, a video loop comprising culturally appropriate HIV prevention and care content will be developed with social marketing partners in Cape Town. This video content will be utilized in the waiting rooms of the youth clinics in Khayelitsha to improve HIV testing uptake, HIV knowledge and prevention/risk reduction behavior.

Monitoring and Evaluation:

The ACTS program will be monitored to collect requested PEPFAR indicators (numbers of newly established testing venues, numbers of youth tested, numbers of HIV youth identified, numbers of providers trained in ACTS). We will also measure progress toward several public health and quality improvement goals with a particular focus on linkage to care for HIV youth and linkage to antiretrovirals (ARVs) for youth with CD4 counts <200.

SUMMARY:

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:

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19512

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19512	19512.08	HHS/Centers for Disease Control & Prevention	Montefiore Hospital	8709	8709.08		\$522,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7311.09

Mechanism: N/A

Prime Partner: GRIP Intervention

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 16012.22969.09

Planned Funds: \$97,090

Activity System ID: 22969

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activities and results remains the same for FY 2009. Modifications can be made at a later stage when clear results will be obtained from our monitoring and evaluation systems.

The chief executive officer (CEO), accountant and assistant accountant will be directly involved in this program due to the need for supervision, monitoring and accountability of finances.

ENHANCEMENTS:

The main aim of the counseling and testing (CT) activities is to increase access to HIV counseling and testing by advancing innovative approaches and strategies for reaching the general population, as well as high-risk target groups who are especially vulnerable to contracting HIV, and survivors of sexual assault, rape and domestic abuse. All CT sites, be they at the Greater Nelspruit Rape Intervention Project (GRIP) program office, in homes, or at locations within the community, will offer CT using rapid testing algorithms that are in line with the National Department of Health framework and guidelines. This is a client-centered approach whereby CT is based on self-initiated HIV testing and prevention counseling, offered in free-standing sites (offices, homes and workplaces). Pre- and post-test counseling, followed by referrals, for those testing both negative and positive, are integral components of the approach. GRIP staff are already trained and accredited to provide CT services, but refresher training and technical support will be provided, through the Academy for Educational Development (AED) Umbrella Grants Mechanism (UGM). Quality assurance tools and the risk reduction protocol (mainly those from the Centers for Disease Control), along with AED referral system protocols will be used to improve the quality of services and strengthen overall service provision.

Home-based counseling and testing (for survivors) is an evidence-based approach that has yielded good results in other African settings. This activity will add to the body of knowledge, for scale-up and advocacy purposes, and routine (opt-out) testing offers will be a standard practice.

Two professional nurses will receive ongoing training, support and guidance from the Department of Health and GRIP, in order to perform duties that are in line with CT legislation and national policies.

The CEO, accountant and assistant accountant will receive ongoing training, supervision and guidance from the board of trustees and all finances and activities will be audited in order to ensure that financial and business legislation requirements are met at all times. The AED-UGM is also very much involved in staff capacity building and education and regular workshops are attended by various staff members.

The amount will also include human resource functions such as policies, formulation of job profiles, performance evaluations, bonuses and salary scales.

GRIP service delivery is in line with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 Priority Area 2 Treatment, Care and Support; and 4 Human Rights and Access to Justice.

Within these priority areas, GRIP is working with victims of sexual assault, rape, domestic violence and those infected or affected by HIV as a result of sexual assault. GRIP is helping the government in making sure that everyone in South Africa can get all the necessary services from government, from non-governmental organizations (NGOs) and from private practitioners. GRIP ensures that people know about all medicines used in the management of HIV/AIDS, including antiretrovirals (ARVs). GRIP supports survivors in taking these medications. GRIP ensures that clinics provide support to people living with AIDS and help with community outreach so that people living with HIV/AIDS and their families are getting the support and treatment that they need. GRIP ensures care, love and non-discrimination for our survivors and those who are HIV-positive. GRIP assists the government in making sure that the health care system is strong enough to support people who are living with HIV or are affected by sexual assault. It also increases the amount of people working within the criminal justice system.

By ensuring that the rights of people who are exposed to sexual assault and living with HIV are legally protected, and that these people are treated with dignity and respect, falls in line HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 Priority Area 4: Human Rights and Access to Justice. GRIP is ensuring that people who are sexually or physically assaulted get justice, counseling and treatment and understands why people may have problems getting services. GRIP also ensures that the rights of women and girls are understood and respected so that secondary trauma can be reduced when they need to enter the criminal justice system. GRIP lobbies that all existing laws to ensure the safety of women and children are carried out and focus on the needs of people in abusive relationships, and making sure they get the help they need.

GRIP also addresses male norms and behaviors:

GRIP's school-based youth and teacher programs will encourage 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. GRIP will also focus on behavioral change programs for boys that promote the positive role men can play in order to increase their HIV preventative behavior.

GRIP also works toward increasing gender equity in HIV/AIDS programs:

GRIP's teacher and peer-group programs will address the obstacles that women and girls face in accessing health care, ranging from cost of treatment, transportation, and child care, to appropriate appointment schedules, and guarantees of privacy and confidentiality. GRIP's programs do meet the unique needs of women, including the empowerment of women in interpersonal situations, young people and children and those who are victims of sex trade, rape, sexual abuse, assault and exploitation.

Activity Narrative: GRIP increases women's legal rights:

GRIP advocates for the inheritance rights of women, particularly women in rural communities. GRIP's interventions review, revise and encourage enforcement of laws relating to sexual violence against minors, including strategies to more effectively protect young victims and punish perpetrators. GRIP supports institutional capacity building of government departments within the criminal justice system, and intervenes with lawyers, prosecutors, law enforcement and service providers on the legal rights of women and children and their access to justice. GRIP also works with governments and other civil society groups to eliminate gender inequalities in civil and criminal code.

GRIP reduces violence and coercion:

Counseling, referrals and follow-up treatment and prevention programs about the risk of disclosing status, including links to shelters for women, support groups in the community and referrals to professional or legal services are provided to the survivors. GRIP ensures that health workers recognize signs of gender-based violence and to provide appropriate counseling and referral services to social, legal and community-based groups. GRIP trains unemployed women from rural areas to become trained counselors in order to increase the confidentiality and comfort of women and girls seeking treatment for sexual assault. GRIP also addresses societal and community norms to reduce stigma, protect women from violence, promote gender quality, and build conflict resolution skills. All services for survivors of sexual assault/violence should link to the provision of post-exposure prophylaxis.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16012

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16012	16012.08	U.S. Agency for International Development	GRIP Intervention	7311	7311.08		\$100,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$66,221

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 226.09	Mechanism: N/A
Prime Partner: Foundation for Professional Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 7987.22959.09	Planned Funds: \$1,448,066

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY/BACKGROUND:

Private medical practices, private pharmacies, and tertiary educational facilities, as described in the FY 2008 COP, were not developed. This was due to financial constraints and the success achieved with the mobile units to gain access in communities and the workplace environment. In FY 2008, the mobile units will service the tertiary education facilities to perform CT. The mobile units will be increased from two to a total of six, to accommodate the expansion of services in Gauteng, North West and Mpumalanga, and new satellite sites will be established in KZN and the Eastern Cape. This expansion is in response to current links with civil society and South African Government (SAG) and negotiations to provide access for CT services for a total of 200,000 potential CT clients. The Foundation for Professional Development (FPD) anticipates a CT uptake of 50 percent in workplace settings. Three new CT sites were established at faith-based organization (FBO) sites. These sites will be assisted in FY 2009 to market their services more broadly to the community.

ACTIVITIES AND EXPECTED RESULTS:

Key activities include routinely offered and client-initiated CT models in the following settings:

- 1) Medical Settings: A combination of routinely offered and client-initiated CT will be offered at all FPD-partnered SAG HIV/AIDS sites. Tertiary health care settings will emphasize routine offer CT; primary care setting will provide a combined approach of routinely offered and client-initiated CT. Key activities at SAG sites will include awareness campaigns targeting both facility health care staff and potential clientele on the benefits of early testing and available linkages within the facility and/or community.
- 2) Faith-Based Organization Settings: Stigma-free client-initiated CT will be offered at two FBOs in Gauteng and one in Limpopo. These FBOs also serve as HIV care and support centers for clients that are referred by the local SAG and non-governmental organization (NGO) sites.
- 3) Mobile Unit Settings: The mobile units provide CT access to clients for whom time and cost contribute to barriers to access. The CT mobile units have presented opportunities to partner with numerous government departments, companies, institutions and communities in providing CT, often in conjunction with wellness day activities and/or HIV awareness campaigns. FPD's mobile unit's capacity to test in the workplace, schools, tertiary institutions and in communities creates a platform from which to promote a culture to test early and regularly. This is done in an effort to educate clients on early referral and retention in care, as well as breaking down the stigma surrounding HIV/AIDS. FPD's education department will be utilized to provide HIV/AIDS training to managers and supporters in an effort to increase up-take of client-initiated CT and creating support networks.

Ongoing training and supervision facilitate a CT culture of in-depth, individualized counseling tailored to clients' needs. FPD provides access to training to advanced CT skills such as couples, family and child counseling and related skills such as disclosure and prevention. FPD is also training CT staff on tuberculosis (TB) basics in order to promote and strengthen TB screening of all newly identified HIV-infected clients. Additional CT activities will include condom promotion and provision; strengthening down-referral mechanisms and systems through networks; the provision of CD4 testing to determine clinical staging and care or treatment services; and linkages to clinical services to support the assessment, diagnosis and management of sexually transmitted infections (STIs).

In order to improve CT-HIV care integration and mitigate loss to HIV care, the electronic medical record (EMR) utilized at antiretroviral treatment (ART) sites will be expanded to include a VCT module and rolled out at FPD-supported VCT facilities. The EMR was developed at the direct request of the Tshwane District of Health in order to strengthen and harmonize facility-based monitoring systems while ensuring that data quality and data use are integral components of the process. Key activities for the EMR include strengthening the integration of various HIV service points (CT, TB, HIV-palliative care, ART) and optimize inter-connectivity with existing South African Department of Health (DOH) systems (district health information systems and national health laboratory systems). In support of these activities, FPD will place a strong emphasis on didactic training and ongoing on-site mentorship to build sustainable, local monitoring and evaluation (M&E) and health management information systems (HMIS) systems.

The EMR is supported on an integrated virtual private network (VPN) which allows for the electronic transfer and/or access of data between different HIV service points. This inter-connectivity holds great potential in terms of monitoring service integration and continuity of care within a district. In the EMR, the electronic HIV/AIDS data will be held in a physically and technically secure environment with minimum data repositories and limited individual access. Data access will be determined by designated user roles and rights. Key outputs will be an electronic scheduling system for follow-up counseling and/or repeat CT; increased capacity to ensure that newly identified HIV-infected clients receive CD4 counts; an electronic referral system to link HIV-infected clients to care and treatment services; an integrated database to track patient progress and outcomes from a CT starting point; utilization of the defaulter tracing module to track CT clients who do not return for CD4 results and/or do not complete a referral; and improved capacity to monitor continuity of care and barriers of access between CT and HIV care service points. The resulting EMR results in a sound and secure HMIS system to support data use and program improvement at the site which is consistent with and informs the national HIV care and treatment patient monitoring system.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13743

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13743	7987.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$900,000
7987	7987.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		\$1,100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,491,461

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4624.09

Mechanism: N/A

Prime Partner: Medical Care Development
International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 7905.22919.09

Activity System ID: 22919

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$195,734

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Revision to Activity 1: Training will include special emphasis on counseling and communicating with males to get tested for HIV.

Revision to Activity 2: Male-only support groups will be established in addition to mixed-gender groups to encourage men and teenage boys to get tested for HIV and follow through with treatment, healthy lifestyle, and to become advocates in the community for other males to do the same.

Revision to Activity 4: Due to the positive response and demand for their services, 8-10 additional facility-patient liaisons will be identified, trained and placed in health facilities in iLembe District. Liaisons will be trained to expand their role to provide HIV/AIDS counseling in homes and assist with disclosure to family members.

Additional activity: Because of the relatively low rate of voluntary counseling and testing uptake among males, Medical Care Development International (MCDI) will sponsor a series of male-oriented community events to raise awareness of the importance of testing and the potential for living a positive life as a person living with HIV/AIDS. Events will be organized in conjunction with local male leaders, the Department of Health, local male traditional health practitioners, and other influential community members and organizations that are focused on positive health actions among community males. The program will focus on the facts of HIV transmission, encouraging responsible sexual behavior and respect for women's well-being, reduction of sexual violence and coercion, and male participation in raising and caring for children.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14017

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14017	7905.08	U.S. Agency for International Development	Medical Care Development International	6685	4624.08		\$224,000
7905	7905.07	U.S. Agency for International Development	Medical Care Development International	4624	4624.07	NEW APS 2006	\$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

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$10,000

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7301.09	Mechanism: UGM
Prime Partner: Right To Care, South Africa	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 22945.09	Planned Funds: \$97,090
Activity System ID: 22945	

Activity Narrative: SUMMARY:

Right to Care (RTC)'s Umbrella Grants Management (UGM) project will support several sub-partner organizations through financial oversight, project management, human capacity development, training, mentorship programs, program development, treatment expertise, and strategic planning in providing adult HIV care and support (ACS) services. With the variety of program activities that RTC currently implements or oversees, they have developed a wide base of skills and capacity to manage a range of organization activities, including organizations that provide prevention, training, HIV treatment, care and support services, as well as pediatric care and treatment, cervical cancer screening, care for orphans and vulnerable children (OVC), home-based care and tuberculosis (TB) care and treatment.

BACKGROUND:

The following proposed activities are designed to support sub-partner initiatives to implement the goals of PEPFAR and the South African Government (SAG)'s comprehensive plan. Over the last two years, RTC has developed a UGM capacity while developing specific skill sets, competencies and capacity to support many sub-grantee organizations. RTC has developed in-house capacity in financial management, pre-award assessments, training functions in financial management and USAID regulatory compliance. In addition, the technical expertise in medical aspects will be supported by internal RTC capacity and through the Clinical HIV Research Unit, an extension of the ongoing activities of the current RTC grant.

ACTIVITIES AND EXPECTED RESULTS:

RTC will carry out five separate activities in this program area.

ACTIVITY 1: UGM Technical Assistance and Quality Assurance

Needs assessment and program planning will be done on a regular basis with sub-partners. Site visits will be conducted alongside sub-partner staff to systematically evaluate needs of capacity, human resources, facility planning, approaches to programmatic areas such as treatment and care, in order to effectively reach determined targets and quality of care. The needs assessments will use the experience of RTC clinicians and program staff to develop proper planning and forecasting to facilitate patient growth. Programmatic technical assistance will be provided on an on-going basis, with clinical mentors responding to requests and providing treatment updates, on-going training, updated guidelines, and case-specific support.

ACTIVITY 2: UGM Financial Management

The finance department at RTC has developed systems to support sub-partners that enable compliance and capacity to manage PEPFAR funds effectively. Support includes a complete range of necessary financial management. RTC will meet with sub-partners annually to align financial and programmatic planning.

Regular oversight and support will be given with monthly financial reports required for all sub-partners. Periodic internal audits will also be conducted at the sites of all sub-partners to establish the quality of financial management and human resources (HR) management, review of asset control and alignment with USAID financial management policies.

The finance department at RTC has developed a state-of-the-art financial software tool, which uses business intelligent tools to monitor and track all sub-partner transactions against budget projections for modeling and cash flow. This integrated program will allow proper management of budget at all sites. Combined with the monthly financial reports, RTC will be able to use this system to produce up-to-date fund accountability statements and fund balances for its sub-partners.

ACTIVITY 3: UGM Monitoring and Evaluation

RTC's monitoring, evaluation and reporting (MER) system (standards, systems, procedures and tools) is established, documented and continuously improved, based on best practices and quality criteria, in the programmatic areas of adult treatment, adult care and support, pediatric treatment, pediatric care and support, TB/HIV, VCT, outreach and training.

All implementation sub-grantees/programs will be provided with support, training and technical assistance to necessary for sub-partners to effectively meet USAID reporting requirements. In addition, RTC programmatic experts will monitor the reports for quality assurance.

ACTIVITY 4: UGM Non-Governmental Organization (NGO) Management and Sustainability

RTC supports NGOs with established policy guidance and procedures that meet the requirements of both the South African labor law as well as the USAID regulations. All sub-partners will have access to the RTC human resources capacity.

Infrastructure support will be given through expertise within RTC for advice and consultation. Through various infrastructure projects, RTC has developed expertise in proper clinic flow, effective interior space design in both comprehensive care, management and treatment (CCMT) sites, as well as TB clinics. Other sub-partners facing infrastructure challenges will be able to make the best use of limited resources which is necessary for increasing clinic capacity.

Sustainability of sub-grantees will be supported through RTC's continued relationship with the Department of Health to ensure that the continued HIV/AIDS response is in line with the strategic plan for South Africa, ensuring that once the PEPFAR program is complete, that the activities of the NGO can be taken over by

Activity Narrative: the South African Government.

Where systems are identified to be inadequate, RTC aims to capacitate NGO organizations to manage their programs independent of RTC. Within the implementation plan and budget, RTC has planned to provide financial reporting systems, management standard operating procedures (SOPs), human resources policies and procedures, clinical guidelines, and monitoring and evaluation systems that will ensure sustainability beyond RTC support.

ACTIVITY 5: Technical Assistance (TA) for HIV Counseling and Testing (CT):

RTC will help sub-partners to support the implementation of CT services through supporting selected antiretroviral treatment (ART) sites and through direct, community-based CT access. CT is used as a prevention mechanism to promote abstinence, being faithful and condom use, as well as an entry point into care, support and ART. It is also an essential tool for fighting stigma and discrimination. Specific sub-partner target populations include adults, pregnant women, HIV-infected infants, couples (including discordant couples), youth, and public and private sector healthcare providers.

FY 2009 sub-partner CT funds will largely be used for human capacity development and for the procurement and distribution of HIV test kits for NGOs and faith-based organizations (FBOs). RTC will also encourage and support sub-partners in obtaining SAG accreditation as CT sites, which would increase sustainability through the SAG's provision of stipends and test kits.

Sub-partners will support healthcare providers in an NGO treatment site to implement provider-initiated testing and counseling (PITC) as recommended in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011.

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 RTCs CT TA activities. Sub-partner NGOs will be linked with community mobilization and outreach activities and will continue to promote the uptake of CT services and to normalize CT-seeking behavior using community lay counselors and educators. These linkages and 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 with the network of other RTC-supported NGO, FBO and government clinics.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$95,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 262.09 **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: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 8215.22858.09 **Planned Funds:** \$0
Activity System ID: 22858

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16003

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16003	8215.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$0

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4632.09 **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:** Prevention: Counseling and Testing
Budget Code: HVCT **Program Budget Code:** 14
Activity ID: 7932.22863.09 **Planned Funds:** \$699,051
Activity System ID: 22863

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In April 2008 a counseling and testing (CT) and home-based care (HBC) manager was employed to oversee the CT and HBC programs. CT has been extended to include workplace testing in KwaZulu-Natal by way of a mobile clinic servicing the Amajuba and Uthikhela districts in KwaZulu-Natal. In addition to this, CT has been rolled out to include seven bargaining clinics based in the Western Cape. Ten ex shop stewards and South Africa Clothing and Textile Workers' Union (SACTWU) members were employed as lay counselors and underwent an intensive 10 day training course. Two of these counselors are now based at James Bolton Clinic in Durban, one works from the mobile clinic, seven are based at the seven Bargaining Council clinics based in and around the Western Cape and one counselor assists the VCT Manager in doing VCT at factories within the Western Cape. A lay counselor will be employed at each of the remaining sites viz: Gauteng, Eastern Cape and Central and it is anticipated that with additional capacity, the number of clients tested at the workplace will increase. Within the clinics, lay counselors offer counseling and education on prevention to clients in the waiting rooms.

Currently in the Western Cape, patients testing positive for HIV are being referred to public sector clinics. However, it is anticipated that a wellness program will be piloted at Salt River Clinic, one of the seven clinics bargaining council clinics. CD4 counts, viral loads and other baseline tests will be conducted as will sexually transmitted infection (STI) and tuberculosis (TB) screening and testing. The Western Cape Department of Health (DOH) has committed to cover the costs of all lab tests up until the end of Quarter one of FY 2008. It is currently being negotiated that this agreement be extended for a greater period of time.

In March 2008, a mobile clinic was purchased by way of a sub-grant from the Solidarity Center. This will initially be used as a mobile voluntary counseling and testing (VCT) clinic, servicing factories within the Amajuba and Uthikhela districts. STI and TB screening and testing services will also be provided. It is anticipated in FY 2009 that workers that have been initiated on treatment at public sector clinics and are stable, will be "down referred" and managed by this clinic. This clinic is manned by a professional nurse, enrolled nurse and a lay counselor/driver.

During FY 2009, SACTWU has committed to provide lay counseling and adherence training to 30 ex-SACTWU members that have retired or that have been retrenched due to the closure of factories within the clothing and textile industry. Two modules will be conducted once a week over a period of 10 weeks.

Clinical staff will also be provided with "provider initiated counseling and testing" training and phlebotomy training. New staff will be provided with onsite training on the policies and procedures and use of rapid test, injection safety and waste management. Standard operating procedures are provided to all CT service outlets and updated regularly to ensure the provision of a quality service. As the Bargaining Council clinics are family centric, couple counseling and testing is strongly encouraged within these service outlets. Additional training will be provided to all lay counselors in this regard and will readdress disclosure counseling. All staff has been trained on prevention-with-positives and will provide counseling and conduct interventions thereon with emphasis placed on discordant couples.

The Western Cape Department of Health (DOH) has requested SACTWU to assist them in the development of a CT flip chart that will be utilized at all DOH CT outlets within the province.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13819

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13819	7932.08	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	6624	4632.08		\$1,000,000
7932	7932.07	HHS/Centers for Disease Control & Prevention	South African Clothing & Textile Workers' Union	4632	4632.07	New APS 2006	\$400,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 10309.09

Mechanism: CDC CT FOA

Prime Partner: JHPIEGO SA

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 19511.23899.09

Activity System ID: 23899

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$506,812

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Jhpiego's Siyazi project will continue to support workplace integrated HIV counseling and testing (CT) and wellness screening services for workers, their partners and their families at 15 companies or work associations. Jhpiego will provide counseling and testing services to 16,500 workers, their partners and families by September 30, by 2010. Jhpiego will continue to provide technical assistance to 16 fixed road site clinics and provide mobile testing outreach at additional workplaces. The primary geographic area of work is Gauteng-based companies, their work associations and their provincial branches throughout South Africa. The overarching goal of the project is to increase counseling and testing for hard-to-reach populations and link them to prevention, care and support services. Jhpiego will continue to provide technical assistance for policy development, review, dissemination and implementation through work with management and peer educators. With the correct policy environment in place, Jhpiego will support counseling and testing within an overall wellness screening package designed to decrease stigma related to HIV testing. In addition, motivational speaking by people living with HIV will remain a key strategy to encourage people to get tested and eliminate stigma. Jhpiego will initiate and implement GIPA (Greater Involvement of People Living with HIV/AIDS) principles as a means to involve people living with HIV and AIDS (PLWHA) in HIV/AIDS workplace related issues, address stigma, encourage disclosure of HIV status, disseminate information on positive living and human rights for individuals and their families.

The Jhpiego Siyazi project will train 500 peer educators to provide group education for prevention messages and condom distribution. To encourage behavior change Jhpiego will utilize audio visual, other educational materials and facilitate formal and informal workshops to disseminate prevention messages for specific groups. Prevention messages will be developed to suit each target group. In collaboration with other PEPFAR partners, Jhpiego will support the development of a national logo to assist in the identification on quality CT services.

Jhpiego, in collaboration with EngenderHealth's Men as Partners project, will address gender related issues including gender-based violence (GBV) through the training of workplace management as well as peer educators in FY 2009. Peer educators will play a vital role in sensitizing and empowering employees on gender equity and reducing GBV. The Siyazi project will increase counseling and testing access predominately for employed men, their partners, families and female sex workers at the truck stops where the road site clinics are based.

A team of nurses and lay counselors will provide pre-test counseling, tuberculosis (TB) screening using the five TB screening questions, and other wellness and health risk assessments including diabetes, cholesterol, and body mass index. Counselors and nurses will provide 1) pre-test counseling, 2) rapid HIV testing using the parallel algorithm, 3) post test counseling including disclosure counseling, and (4) referral to prevention and care and support services. For individuals testing positive for HIV, nurses will refer employees to in house and to local clinics for on-going care. In FY 2009, the Jhpiego Siyazi project will explore the feasibility of on-site clinical staging and/or CD4 count testing.

Based on approval of workplace partners, Jhpiego will extend couple counseling services to employees and their partners in the workplace by using the national and international HIV/AIDS couple counseling training materials and systems. Jhpiego will pilot a variety of approaches to expand couples CT including issuing invitations to couples and families for CT and wellness services. Jhpiego will also promote couples and family CT during health calendar days such as sexually transmitted infection (STI) week, TB week, World AIDS Day and other CT campaigns throughout the year as well as at the road site clinics for sex workers and truck drivers.

While CT services are widely available in South Africa, a need was identified for the development of a quantifiable system to measure adherence to quality standards for counseling and testing service delivery. In FY 2009, Jhpiego will assist in establishing quality assurance systems that use Standardized-Based Management and Recognition and performance improvement methods for CT in five sites in Gauteng. Jhpiego will also facilitate the incorporation of existing CT materials into an e-learning format to increase the access of partners' staff to self-based individualized learning.

Jhpiego will work with the National Institute for Communicable Diseases (NICD) to ensure quality for testing in the workplace. The programme officer with a nursing background will work directly with the NICD on quality assurance related matters at the testing sites. This will include proficiency testing using panels from NICD and on-site monitoring. NICD will provide training and ongoing support including site visits for testing quality assurance.

The Siyazi project is aligned with the HIV & AIDS and STI National Strategic Plan, 2007-2011 (NSP) Priority Area 2, Objective 5.1- Increase access to VCT services that recognize diversity needs. Jhpiego will institute confidential counseling and testing services in the workforce in both private and public institutions. Jhpiego will design workplace HIV/AIDS programs that respond to individual companies' needs and fulfill the goals of this project thereby addressing the NSP goal for 2008 of 40%. 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 drafted and reviewed a memorandum of understanding (MOU) for approval with the Gauteng Department of Health Employee Wellness programme. As the workplace program is predominantly with companies rather than the government, Jhpiego does not have MOUs with the South African Government (SAG) at the moment. However, MOUs have been fully executed with the National Bargaining Council for the Road Freight Industry and Ford Motor Company of Southern Africa. For the remaining partners [National Prosecution Authority, Department of Justice and Constitutional Development, State Information Technology Agency, Judicial Officers Association of South Africa], MOUs have been drafted and are being reviewed and/or routed for approval among the leadership of each organization. Jhpiego has re-established the relationship with the City of Johannesburg and will be drafting and MOU for review and approval by the

Activity Narrative: City of Johannesburg.

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 confidential and voluntary counseling and testing. JHPIEGO will do this by addressing management, unions and employees through the provision of basic but thorough 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19511

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19511	19511.08	HHS/Centers for Disease Control & Prevention	JHPIEGO SA	8708	8708.08		\$722,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$29,155

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.14: Activities by Funding Mechanism**

Mechanism ID: 10472.09	Mechanism: NPI
Prime Partner: Woord en Daad	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 24490.09	Planned Funds: \$0
Activity System ID: 24490	

Activity Narrative: SUMMARY:

Mfesane offers counseling and testing (CT) services in poor communities which have insufficient access to such services. Men are specifically targeted in their work environment. The CT services are done according to the quality specifications of the South African Government (SAG). The activity areas are chosen in cooperation with the local health department. Also people may be referred from other activities of Mfesane such as prevention, church mobilisation and home-based care.

BACKGROUND:

Woord en Daad, a Dutch faith-based organization, will work through its long-standing South African partner organization, Mfesane, to provide quality prevention, counseling and testing, and care services to members of communities in two distinct municipalities: Saldanha Bay in the Western Cape, and Nelson Mandela Bay in the Eastern Cape. Mfesane will target informal settlements and other communities where people are at high risk of infection and are socially dislocated. In Nelson Mandela Bay (NMB), Mfesane has several years of experience. Previously Mfesane worked through coaching Thandi Youth Organisation for three years to consolidate its home-based care and peer education programs. Now an Mfesane programme will be set up, to further scale up the response through directly providing services in Greensfield, a new informal settlement. Poverty is rife in the Nelson Mandela Metropolitan Municipality (NMMM). Employment is very high and there is a high dependence on state grants as a means of daily survival. The target group of the projects is therefore acutely and chronically poor characterize by extremely high levels of unemployment, drug- and alcohol abuse, tuberculosis (TB), crime and food shortage.

ACTIVITIES AND EXPECTED RESULTS:

Mfesane will carry out four separate activities in this program area.

ACTIVITY 1: Recruitment of CT workers.

There will be five teams active in total, three in the Saldana Bay Municipality (SBM) and two in NBM. One team will be newly recruited, consisting of a nurse and a counselor.

ACTIVITY 2: Human Resource Development.

A new nurse and a counselor will be newly hired and will be trained.

ACTIVITY 3: Materials for CT.

The testing kits are purchased through a costshare. In that way Mfesane is recognized as formal player and can benefit from certain materials from government sources. We integrate prevention through providing items with a message for everyone who gets tested.

ACTIVITY 4: Implement CT.

Mfesane will be active in five SBM communities and three NBM communities. These areas are allocated by the government. Different strategies are used in SBM vs in NBM.. In SBM communities Mfesane is active during the day, reaching mostly young women between 15-25 years of age (school drop outs, young mothers etc.). Mfesane mobilizes people by going door-to-door and also through other ways of CT awareness.

Mfesane invites people to CT meetings in a private houses or tents. Prevention is part and parcel of the CT activities. It holds an information meeting and after that, in a follow up meeting, it repeats the information and tests the people who are willing.

Mfesane works with individual informed consent. In big happenings it may have a stand, but this depends on the availability of other service providers. If there is another service provider, it either cooperates or lets them do it. This means that it can't access big numbers easily at such big happenings. Mfesane approaches company managers to target men. Mfesane provides testing and employees provide their time. When invited to test company personnel, Mfesane reminds managers that they are legally obliged to have HIV/AIDS activities for their workers. Mfesane explains up-front that it will have follow up activities after the testing and Mfesane staff come back a few times for information sessions, so that workers are really reached and the prevention has a chance to be effective. Individuals who receive tests are given informational materials ranging from water bottles to bracelets or key tags with a prevention message. In this way it is hoped that the prevention will be more effective. The office is being refurbished so that testing may take place there too, in a private and confidential setting as people may prefer that. When people are testing positively, a second confirmatory test is done. The nurse counsels the person over a period of time, to see whether they want to disclose so that the partner can also be tested. Mfesane refers individuals who test positive to its health support groups and also to a public health facility they are familiar with. Mfesane makes sure to follow up with patients until they are really connected to the referral facility, or until it is clear they really are unwilling to go there. Mfesane also encourages people to disclose their status to their spouse/sexual partner. If they consent it does partner talks in which spouse/sexual partner testing is encouraged.

Mfesane has a referral network and linkages with local clinics (through a formal cooperation Memorandum of Understanding). Clinics provide materials and backup for advanced tests, antiretrovirals (ARVs) and other referrals. Mfesane is part of a network of non-governmental organizations (NGOs) that meets on a monthly basis under the coordination of the Health Department. This prevents overlapping of services and NGOs serving the same people/families. Other services of Mfesane include referrals to support groups for those who test positive as well as referrals to home-based care and voluntary counseling and testing

Activity Narrative: services if needed.
New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6183.09

Mechanism: N/A

Prime Partner: Tuberculosis Care Association

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 13838.24472.09

Planned Funds: \$485,452

Activity System ID: 24472

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY AND BACKGROUND:

All of the above activities will continue in FY 2008 and FY 2009. Activities are planned and implemented in partnership with Department of Health coordinators for HIV/AIDS, sexually transmitted infections (STIs) and tuberculosis (TB) (HAST) at all levels of government. Activities will be in line with the new World Health Organization (WHO) guidelines for counseling and testing (CT).

ACTIVITY 1: Non-clinical CT

The Tuberculosis Care Association (TBCA) had originally planned to hire a community team leader and a data capturer for each supported health facility. Due to limited space in most health facilities, TBCA will hire only one community team leader per health facility who will perform the functions of a data capturer as well.

In FY 2008 and FY 2009, TBCA will hire five voluntary counseling and testing (VCT) teams in Sisonke district, KwaZulu-Natal. These teams will form part of a community outreach team that the district has asked TBCA to pilot. Community outreach teams were proposed in the provincial community-based services plan that has been approved but has not been funded this financial year. Should the pilot be successful, it is likely that the province will create posts for these teams which would ensure sustainability.

TBCA, in collaboration with the Department of Health (DOH) and other NGOs will ensure the implementation of quality assurance (QA) programs for HIV CT in accordance with national QA standards in clinical and non-clinical settings. This will include a program of rapid test QA in which 10% of patients will have blood collected for laboratory-based ELISA for a period of one month biannually. Additionally it will include proficiency testing for those conducting rapid tests and regular on-site monitoring.

TBCA will provide VCT linked with TB and STI screening for officials and offenders in correctional services. Clients who test HIV-infected will be referred for HIV care, TB suspects will be referred for TB investigation and clients with STI symptoms will be referred for STI syndromic management.

ACTIVITY 2: Training and Supervision of Counselors

In collaboration with the Department of Health, TBCA will offer to train health care providers in clinics to provide 'routine offer of HIV CT to TB patients, pregnant women, family planning clients and STI clients. Given that South Africa has a generalised HIV epidemic, TBCA will consult with the Department of Health to consider recommending HIV CT to all patients attending health facilities. The emphasis will be on training health care workers to make HIV testing an integral part of routine medical care, without diverting clinical staff from their other medical duties.

Refresher training will be provided to counselors regarding acute HIV infection and the window period so that they can appropriately advise patients whether a repeat test is required in three months. Advanced counseling training will be provided to counsel couples, families, youth and children as well as clients affected by substance abuse and domestic violence. Advanced training on adherence counseling for TB and antiretroviral treatment (ART) will also be provided. All counseling staff will be trained to complete CT registers.

Professional nurse counselors will be trained to complete monthly reports of key indicators, including the proportion of clients successfully referred for HIV care, TB investigation and treatment and STI syndromic management. They will also be trained to properly perform and interpret rapid HIV testing and to implement quality assurance protocols.

ACTIVITY 3: Measuring Costs and Assessing Cost-effectiveness of Non-Clinical HIV Counseling and Testing

The economic analysis will be informed by technical assistance from the Centers for Disease Control and Prevention (CDC) (eg, Uganda study). This activity will be completed in FY 2008.

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-infected and will access care and support. Men utilize health

Activity Narrative: 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-infected clients will be referred for HIV clinical care and support services and will be counseled 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 supervised. In health facilities, routine counseling and testing will be offered to pregnant women and patients with TB or sexually

Activity Narrative: transmitted infections.

ACTIVITY 3: Measuring Costs and Assessing Cost-effectiveness of Non-Clinical HIV Counseling and Testing

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13838

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13838	13838.08	HHS/Centers for Disease Control & Prevention	Tuberculosis Care Association	6628	6183.08		\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4625.09

Prime Partner: McCord Hospital

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 23740.09

Activity System ID: 23740

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$61,167

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Care and Treatment Scale-up: The stark reality, as one scales up counseling and testing (CT), is that there are insufficient programs which offer care and support or antiretroviral (ART) to ensure that the HIV infected clients access care. The greatest challenge is to ensure that, as testing increases, so does the capacity of the facility to care for the clients and for the overburdened healthcare workers (HCWs). In an attempt to increase access to care and treatment, Zoe Life (ZL) will increase support to more sites, with the intention of supporting CT as a way to engage infected clients with quality care and support programs. ZL will not focus on increasing numbers counseled and tested, to the detriment of the facility or the client, but will rather assist facilities to identify the optimum numbers to be counseled and tested which can then be supported by that facility and its staff. It is clear that not much thought has gone into workforce or spatial planning at facilities, and sites will be assisted by ZL to determine the proportion of time which should be spent by HCWs on CT in relation to the ongoing psychosocial and clinical support of those tested positive and their families. This is important in workforce planning and budgeting. Lessons learned will be shared with district and provincial managers. ZL will continue to strengthen care and support programs at non-governmental organizations (NGOs), in the community and in the workplace to ensure that patients testing positive have access to care and treatment.

Human Resource (HR) Policy Strengthening: Sustainability is a major focus for FY 2008 and FY 2009. The relationship between the eThekweni Municipality (eTM) and the district/provincial government (DDOH/PDOH) is currently a barrier to sustainable CT services. DDOH currently only provides one counselor post per eTM clinic to support CT. This configuration creates productivity challenges as the DOH counselors routinely do not come to work, and when they become ill or die, they do not get replaced by the DOH due to a 16 month moratorium on all posts. HR management is a problem as DOH counselors do not see the need to report to eTM staff, and reporting channels are unclear resulting in unsupervised counselors. The use of ZL counselors in these sites was meant to augment current CT and to initiate new psychosocial services such as partner testing, patient literacy, adherence counseling and other services. However, DOH counselors have almost completely relegated their CT responsibilities to ZL/PEPFAR funded counselors. This is a serious barrier to the scale-up of services/sustainability. However, as CT is the entry point to care and treatment, ZL and McCord Hospital will continue to support a counselor salary at each site as an interim measure to ensure continuity of service provision and to continue to engender a sense of partnership. However a larger percentage of time will be spent strengthening the HR systems between DOH and eTM, advocating for more counselors at sites, and engaging in dialogue that aims to create more efficient methods of service provision.

Human Resource (HR) Management:

A. Psychosocial support services: ZL will start the process of developing clear standard operating procedures and standards relating to service quality with particular attention paid to psychosocial services within the clinic and non-governmental organization (NGO) environment. KZN province currently employs more than 2,500 HIV counselors. Most of the services provided by the counselors have no standard operating procedures or service standards. Neither the quality of services provided nor the program outcomes are currently measured due to lack of standards or operating procedures/ best practices. Counselor mentors employed to mentor and supervise onsite counselors have no guiding protocols or tools to make their work meaningful. ZL has considerable expertise and experience in the provision of comprehensive psychosocial support services, and will begin to develop standards and tools to measure and improve services, to assess the productivity of counselors and effectiveness of the program, and to guide the processes of supportive supervision by counselor mentors.

B. Supportive supervision and mentorship: The concepts of mentorships and supportive supervision are not commonly understood in the South African public health environment. Nor are the benefits of this approach accepted. In FY 2007, ZL started internal use of this system and has found that ZL staff struggle with the concepts. This is due to both lack of exposure as well as lack of skills. In FY 2008, ZL will collaborate to develop a locally appropriate training resource to develop skills and tools in supportive supervision and mentorship. This will be piloted internally and with participating municipal clinic supervisors. ZL will work closely with the provincial DOH and district mentors to ensure buy in and practical input during this process. ZL will advocate for DOH budget to be allocated to training of all district mentors once the resource has been developed.

Workplace Program: ZL would like to explore expanding its workplace program to other parts of the country. This is one program that is not entirely dependent on geographical relationships being built. National companies that have accessed our workplace program services have requested that services be offered in other parts of the country. ZL has started developing relationships with organizations who could link with the workplace program in the Western Cape. If this is financially viable, and referral linkages can be ensured, ZL will explore this option further in discussion and with the approval of the activity manager.

Gender will be addressed by 1) increasing access to partner testing through offering CT services after hours and increasing exposure to partner testing importance; 2) increasing access to working men through the CT services offered as part of the workplace program; and 3) increasing disclosure counseling and couple counseling as a part of CT.

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

Activity Narrative: 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 eThekweni (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 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

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$6,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 10267.09

Mechanism: TBD National Institute for Communicable Disease NICD follow On (STD Program)

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23932.09

Planned Funds: ■

Activity System ID: 23932

Activity Narrative: This PHE activity, 'HIV/STI Brief Risk Counselling (BRISC) for STI Patients in Primary Care Settings' was approved for inclusion in the COP. The PHE tracking ID associated with this activity is ZA.06.0208.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation ■

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 10269.09

Mechanism: TBD Africare Follow On

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23701.09

Planned Funds: ■

Activity System ID: 23701

Activity Narrative: SUMMARY AND BACKGROUND:

The project will expand access to counseling and testing (CT) at community level and strengthen counseling and testing services at health facility level.

ACTIVITIES AND EXPECTED RESULTS:

Africare will carry out two separate activities in this program area.

ACTIVITY 1: Strengthening CT services at health facility level

The project will mentor staff at facility on implementing CT services including provider initiated CT for sexually transmitted infections (STIs), tuberculosis (TB) and antenatal care (ANC) clients. The project will train and place lay counselor at health facilities to counsel and refer clients for CT. All clients testing for HIV irrespective of their results will be referred to the support groups where they will receive more information and support on HIV/AIDS.

ACTIVITY 2: Implementing mobile CT services within the community

The project will implement mobile CT services that will services communities. These mobile services will operate during and after clinic hours. The project will provide mobile CT services whenever there is an event in the community e.g. candle light memorials, World AIDS Day, Stop TB Day, STI week and other sporting events in the community. This service will be coupled with mass media activities (radio talks about the mobile CT services, flyers) and community mobilization efforts to encourage community members to seek counseling and testing for HIV.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1201.09	Mechanism: HCI
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3114.23891.09	Planned Funds: \$389,896
Activity System ID: 23891	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

While Health Care Improvement (HCI), the follow-on to the University Research Corporation, LLC (URC)/Quality Assurance Project (QAP), will continue to focus on the four key activities described in the FY 2008 COP, with the emphasis during FY 2009 placed on expanding these and other activities, in the following ways:

ACTIVITY 1: Establish Quality Improvement Teams at the Facility Level

By improving and institutionalizing the formation of quality improvement teams at facility and district levels, HCI staff is involved in providing the knowledge and skills required for leadership and sustainability for the program. This is an ongoing initiative, which is specific to each area, district, and province, due to the variable nature of the different stakeholders involved and geographic location of HCI-supported sites and districts.

ACTIVITY 2: Human Capacity Development

As HCI is already in the process of recruiting and placing medical staff and lay counselors in health facilities, these staff will be tasked with ensuring all clients are referred for or offered CT services, as well as provision of clinical services to HIV-infected clients on a day-to-day basis. The medical staff will specifically provide training and mentoring for health facility staff regarding HIV/AIDS care, with specific reference to CT modalities and HIV treatment and care services on a weekly and monthly basis. As part of HCI's sustainability initiatives, HCI staff seek to build capacity and develop local skills, by providing training and support to Department of Health (DOH) clinic staff (doctors, nurses, counselors, pharmacists, etc.) to ensure that providers have appropriate knowledge and skills to deliver quality CT services to all clients enrolled in the program. HCI staff and DOH staff meet regularly to ensure that any additional knowledge regarding newer CT treatment options and research findings are readily shared.

ACTIVITY 3: Referrals and Linkages

Building on lessons from previous experiences, HCI is able to facilitate linkages between different stakeholders within the health system, by coordinating and providing leadership.

To improve existing referral networks, HCI staff members will identify and strengthen linkages between prevention of mother-to-child transmission (PMTCT), CT and antiretroviral treatment (ART) sites, by working with health facility staff at different levels of care and advocating for the development of integrated referral and follow-up networks. All staff at PMTCT and CT sites will be responsible for referring HIV-infected mothers and their newborns for onward care, treatment and support, while staff at ARV sites is responsible for care, treatment, support and follow-up of these patients. It is essential to ensure that all patients receive optimal care and remain within the health care system, ensuring adherence to treatment and an improved quality of life.

HCI staff will also ensure that health care workers are capacitated to provide appropriate infant care follow-up, opportunistic infection (OI) prophylaxis, and basic preventive care to HIV-exposed infants identified in the PMTCT programs. HCI staff will also build the capacity of community-based tracers to identify and follow-up PMTCT, tuberculosis (TB) or ART defaulters, including HIV-exposed babies who have been 'lost to follow-up.'

HCI plans to strengthen linkages between orphan and vulnerable children (OVC) programs, CT, routine maternal and child health and ART services. It is envisaged that 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 4: Strengthening Supervision Systems

HCI has been extensively involved in revision of the Clinic Supervision Manual for Healthcare Facilities, and will continue to lead the implementation and monitoring of supervision systems within the country, by training district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of CT and follow-up services.

ACTIVITY 5: Policy

URC/QAP will actively participate in the development, revision and implementation of the national CT guidelines and CT monitoring and evaluation framework, in collaboration with the national and provincial DOH staff, to ensure long term sustainability of this program.

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.

Activity Narrative: 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 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

Activity Narrative: million people affected by HIV.
New/Continuing Activity: Continuing Activity

Continuing Activity: 13874

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13874	3114.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$446,200
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$254,334

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 520.09

Prime Partner: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 23715.09

Activity System ID: 23715

Mechanism: CAPRISA Follow On

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$266,028

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The counseling and testing (CT) activities at the CAPRISA eThekweni site have been enhanced in the following way: Negotiations between management of the Prince Cyril Zulu Communicable Diseases Centre (PCZCDC) and CAPRISA ensured that tuberculosis (TB) patients presenting at PCZCDC would be actively referred by staff to the CAPRISA site. This has been the single-most successful step in ensuring that the CT coverage of the TB facility increased. In order to manage the high volumes of patients coming across from PCZCDC group pretest counseling sessions are held at the CAPRISA clinic and a shortened one-on-one pretest counseling session is conducted with those patients that accept the test. Informed consent is obtained from all patients that accept testing. Since the initiation of the group pre-test counseling, there has been a significant increase in the number of patients testing for HIV. This in turn increases the number of patients entering palliative care and entering onto treatment.

SUMMARY:

Activities are carried out to support comprehensive counseling and testing (CT) services in the rural area of Vulindlela and the CAPRISA eThekweni 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. CAPRISA follows 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 eThekweni 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-infected 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,

Activity Narrative: 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.

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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10272.09	Mechanism: TBD Medical Research Council of SA (MRC)
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 23711.09	Planned Funds: ■

Activity System ID: 23711

Activity Narrative: SUMMARY:

The HIV Counseling and Testing (CT) activities had previously been implemented by the Medical Research Council (MRC). However, this year these activities will be re-competed and a partner yet to be determined (TBD) will be implementing them to continue the work started by the MRC.

BACKGROUND:

MRC's That's It project began three years ago with the aim of integrating tuberculosis (TB) and HIV programs in public health facilities. This project was started as a pilot project but now has expanded to about 30 sites across South Africa and has become more of a service delivery project. Therefore, these activities are going to be moved from being implemented by the MRC, which is more of a research-oriented partner.

ACTIVITIES AND EXPECTED RESULTS:

This TBD partner will carry out two separate activities in this program area.

ACTIVITY 1: Expand CT for TB patients

The partner will seek to improve CT uptake for TB patients in order to increase their access to HIV care and treatment. Efforts will be made to work with public health care workers to routinely offer HIV testing and document their HIV status in TB registers.

ACTIVITY 2: Community Outreach

The partner will also implement community outreach to improve uptake of couple-counseling and testing and follow-up on referral. This is achieved by the utilization of a mobile clinic vehicle that attends to farm communities, businesses, factory workers and mothers and children at home in informal settlements and local townships. Health education is given on methods of TB and HIV prevention (group and individually).

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 481.09

Mechanism: N/A

Prime Partner: Living Hope

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23737.09

Planned Funds: \$59,487

Activity System ID: 23737

Activity Narrative: SUMMARY:

Living Hope will offer counseling and testing (CT) and adherence counseling services in partnership with government clinics and hospitals of the Deep South Peninsula of the Western Cape as well as a mobile clinic in partnership with Stellenbosch University. This will be achieved by the placement of trained counselors or lay counselors in the identified sites, and utilising the facilities made accessible through the partnerships.

BACKGROUND:

Living Hope endeavours to maintain a family centred approach by encouraging partners, husbands and children of the CT and PMTCT clients to come for testing and receive referrals to HIV care and support services. In particular, Living Hope's CT and PMTCT programme targets partners of pregnant women to provide them with couples CT and a referral network for prevention services and other health information or services they may need. Living Hope offers support for disclosure and encourages couples counseling to reduce stigma and potential violence in the community. The involvement of men in the programme also improves prevention with positives and provides interventions for discordant couples. Living Hope provides CT services through partnerships with government hospitals and clinics, as well as using its own facilities where the government does not have a presence. Living Hope offers the following training through the AIDS Training Information and Counseling Centre (ATICC): A 10 day information course, a 20 day intensive counseling course, a 10 day ARV course, and a 5 day paediatric counseling course. The two primary government partners are False Bay Hospital in Fish Hoek and the Nozamo clinic in Masiphumelele. These partnerships contribute to improving the links and proper function between HIV services which encourages community members to utilize them. The CT programme and the related PMTCT element also feeds HIV individuals into a confidential support group system whereby members receive ongoing health, nutrition, sexuality and HIV education as well as psycho-social support.

ACTIVITIES AND EXPECTED RESULTS:

Living Hope will carry out six separate activities in this program area.

ACTIVITY 1: Training

Living Hope offers the following training via other service providers: Nutrition counseling and breast feeding (with the support of a nutritionist from the Provincial Administration of the Western Cape), condom training and register training (with a sub-district co-ordinator), couples-counseling (through the Provincial Administration of the Western Cape), and support group facilitation training (with Philippi Trust). Living Hope also offers counselors in-house training via volunteers and its prevention manager on leadership (with Rolling Hills), dealing with stress (with Brentwood), public speaking (with Shades Mountain), personal motivation, and the "Seven Laws of the Learner" course.

ACTIVITY 2: Counseling

Living Hope provides pre- and post-test counseling in cooperation with Department of Health (DOH) at seven clinics in six different communities including Fish Hoek, Muizenberg, Ocean View, Masiphumelele, Simons Town and Red Hill. We also partner with government clinics and hospitals in Fish Hoek and Masiphumelele to provide help to lay counselors for the pre- and post-test component of the desperately needed voluntary counseling and testing (VCT) services.

ACTIVITY 3: Referrals

The clients that test positive for HIV are referred to False Bay Hospital, Ocean View clinic, Masiphumelele clinic, Living Hope's In-Patient Unit (hospice) or home-based care (HBC) service, depending on the patient's needs and location. The referrals involve access to services such as prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART), HBC, social services, counseling, chaplain care and support group meetings. In addition, Living Hope counselors network with Living Hope support group facilitators to refer clients to prevention or care services. This referral system ensures ongoing support for clients going through the CT programme and creates a better safety and service net of HIV services for the community.

ACTIVITY 4: Partner Counseling

Lay counselors continue to counsel the partners of post-test clients to educate them on the risks of HIV/AIDS, as well as encourage them to come for testing. The result has been a slight increase of males coming for testing and it is hoped that the partners will provide each other with mutual support as well as remaining sexually faithful to one another.

ACTIVITY 5: Facilitative Support to Access PMTCT

Living Hope also provides testing and counseling for pregnant mothers and encourages them to take up PMTCT services. After delivery, Living Hope follows up with new mothers to counsel them on proper feeding and encourages mothers to test their children for HIV. During her pregnancy, if a pregnant woman finds out that she is HIV-infected and has received counseling from a Living Hope counselor, she is referred to a Mother 2 Mother mentor who becomes her companion and mentor during the pregnancy. All HIV-infected pregnant women are also encouraged to attend regular support groups which are co-led by a Living Hope counselor, a Living Hope support group facilitator and a Mother 2 Mother mentor. After the delivery of the baby Living Hope discovered a gap of care for the mother and baby as they seem to get "lost in the community." Living Hope seeks to follow up with the mothers up and encourages them to continue to attend a support group where they are taught parenting skills, provided with information about early childhood diseases and development, and encouraged to continue to follow all that they were taught in the

Activity Narrative: PMTCT programme such as no mixed feeding.

ACTIVITY 6: Community Outreach

As part of the CT programme, LH will also participate in community outreach and awareness campaigns to raise awareness of HIV services, reduce stigma and increase the demand for CT services. To do this LH has embarked on partnering with other community organisations or using volunteer teams to work alongside its staff and offer blood pressure and sugar glucose testing at sites in the community, together with HIV testing and tuberculosis (TB) screening. The volunteers have assisted in providing entertainment for the community, while they wait for their respective tests to be done, as well as promoted the services offered at Living Hope.

Living Hope disaggregates gender data to help maximize data use for informed decision making, program design, budget allocation and developing recruitment strategies to improve the quality of the programme.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Health-related Wraparound Programs

- * Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,489

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 255.09

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: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23617.09

Planned Funds: \$0

Activity System ID: 23617

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to VCT through the Integrated Primary Health Care Project (IPHC), a collaborative project between the National Department of Health, the provincial Departments of Health in the Eastern Cape, KwaZulu-Natal, Limpopo, Mpumalanga and North West provinces and the United States Agency for International Development (USAID) awarded in 2004 and extended until December 2010 to Management Sciences for Health (MSH). Since this project has a ceiling which cannot be exceeded, no further funding can be added since the contract has reached its ceiling. MSH will work with the DOH to ensure that activities are sustainable to the maximum extent possible. The VCT activities of MSH will be completed according to schedule in 2010. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1066.09	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: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 3100.23642.09	Planned Funds: \$750,509
Activity System ID: 23642	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

IMBIZO: The IMBIZO men's health project will become more integrated with mainstream counseling and testing (CT) services. Rather than providing a separate and distinct service for men, the project team will visit CT centres and train staff to provide better services to men. In addition, the team will do outreach activities at places where men congregate such as shebeens, sports venues and hostels to encourage men to test, and provide follow-up counseling and services for men.

In all programs, the Perinatal HIV Research Unit (PHRU) will implement a system by which counseling will link in with prevention for clients who test HIV-negative and with relevant HIV-services for those that test HIV-infected. A CD4 count test is therefore the next step in the chain and PHRU will ensure that people are tested and that they receive CD4 count results. PHRU will investigate rapid CD4 count technologies to determine if this improves retention in care. All clients testing HIV-negative are encouraged to come back for a further test in six weeks to three months because of the window period which is explained to them, and then to return every six months to a year for retesting.

Counseling men includes addressing male norms and behaviours such as family responsibility, responsible sexual behaviour, safe disclosure and domestic violence. The focus on men increases gender equity in the South African context where more women than men access HIV-services.

PHRU will expand its CT services at the PHRU clinic such that clients will be offered a range of services to encourage clients to return on a regular basis. These will include tuberculosis (TB) and sexually transmitted infection (STI) screening, CD4 counts, counseling, treatment readiness and family planning advice. Clients suspected of having TB after screening will be referred to TB treatment sites and followed-up to see if they get treatment. Clients will be linked with other services such as family planning services as the need arises.

PHRU will provide training around issues such as counseling couples, men and adolescents. As described under human capacity development, PHRU in collaboration with HIVSA has developed an accredited training program for counselors. These counselors will now have a career path and will be able to specialise in some of these aspects of counseling.

All people who are doing rapid HIV-testing will undergo an annual proficiency test and a random sample of blood taken for rapid testing will be sent for an Enzyme-Linked Immunosorbent Assay (ELISA) test to confirm accuracy of results given in the field.

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

Activity Narrative: 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 contracting 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14266

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14266	3100.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$773,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$70,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4753.09

Prime Partner: LifeLine North West -
Rustenburg Centre

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8255.23095.09

Activity System ID: 23095

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Prevention: Counseling and
Testing

Program Budget Code: 14

Planned Funds: \$194,181

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, LifeLine Rustenburg will focus on superior service delivery by ensuring competent personnel to provide counseling and testing (CT) activities to increase the number of persons who know their HIV status. It will also add tuberculosis (TB) CT to its existing activities, expand and enhance couple counseling to include home-based family and child counseling inclusive of counseling and support on adherence for those on antiretroviral treatment (ART), and concentrate on increasing partner disclosure through more intensive counseling, support and referrals.

Lifeline will also augment its existing monitoring and evaluation activities with a state of the art data management and reporting system. This will enhance monitoring and evaluating activities to ensure accurate and reliable data compilation to guide and improve programs and aim for implementing future research activities.

Other activities include facilitating an increase in uptake of voluntary counseling and testing (VCT) of males, youth, adults, most at risk populations, and persons in the 15-24 year age group; implementing a more effective referral network system with existing and other partners to enhance consistent condom use, family planning, counseling and testing and substance/alcohol abuse services to increase prevention education to a wider population; reduce risk perception and promote risk reduction, and use evidence-based information to address the key drivers of the epidemic. Clients who are tested positive will receive counseling and guidance with regard to disclosure, with emphasis on partner and family disclosure. The client will then be referred to the TrendSetters in the prevention program for education on family planning, discordant partners, and correct, consistent condom use. Thereafter, clients will be referred to the local family planning services.

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 be 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 Rustenburg 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13992

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13992	8255.08	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	6678	4753.08		\$200,000
8255	8255.07	U.S. Agency for International Development	LifeLine North West - Rustenburg Centre	4753	4753.07	New APS 2006	\$157,000

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

Estimated amount of funding that is planned for Human Capacity Development \$6,890

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9691.09	Mechanism: N/A
Prime Partner: Lifeline Mafikeng	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 22494.23092.09	Planned Funds: \$242,726
Activity System ID: 23092	

Activity Narrative: SUMMARY:

The LifeLine North West Mafikeng Centre seeks to implement a mobile HIV counseling and testing (CT) 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 voluntary counseling and testing (VCT) service in the Bojanala District.

BACKGROUND:

The project addresses U.S. Government's HIV/AIDS objectives in South Africa by:

1) Improving access to and providing HIV CT 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 District. While Bophirima district is rural, Central district 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 & 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 CT and 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 and 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 CT at designated identified sites in the two districts, five per district. Lastly, LifeLine activities involve intensive human and organizational capacity development, both within LifeLine and through activities with six community based organizations (CBOs) and faith-based organizations (FBOs), with an additional two to be added in the second year.

LifeLine adheres to the principle of voluntary counseling and testing (VCT) with informed consent and upholding the strict confidentiality policy in line with South African law. LifeLine ensures each test-taker receives a high quality pre- and post-test counseling session. Test-takers complete a brief evaluation form upon completion. Those receiving an HIV-infected result are referred to the nearest health facility to their home for medical attention and to a CBO/FBO in closest proximity for psycho-social support amongst other services.

The referral system is a crucial aspect of these activities. When test-takers receive a positive result, they are referred to two places by the counselor. They are referred to the relevant health facility nearest to their home for ongoing CD4 and viral load checks, other medical attention, and the wellness program through the public system, which enables eventual antiretroviral (ARV) treatment. The Department tracks people living with HIV and AIDS in its wellness programs. Secondly, they are referred to the closest partner CBO/FBO, who would provide services such as psycho-social and spiritual support, amongst others.

ACTIVITIES AND EXPECTED RESULTS:

LifeLine will carry out two separate activities in this program area.

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 Central and Bophirima districts of the North West Province. One mobile will be based in Central district and the other in Bophirima district. Each unit will be staffed with one professional nurse, two counselors and two trend setters. Each unit will go out five days a week to hot spots (still to be identified) in each district. Hot spots will be areas of high transmission and farming communities which are under serviced. Each hot spot will be visited on a weekly basis for approximately seven hours per day. The main aim of the mobile service is to increase accessibility, referral to care and support services, create awareness, and provide education and training to the community. The mobile units provide VCT services, offering a full range of VCT services as well as prevention interventions. During the mobile visits, communities are educated on abstinence and being faithful (AB) messages by the trend setters. Counselors are trained in gender-based violence (GBV) and will monitor the impact of GBV on the women clients and refer them to relevant resources i.e. shelters, police etc. Trend setters will conduct educational programmes to encourage behavioural change and stigma reduction.

Activity Narrative: ACTIVITY 2: LifeLine Center

LifeLine center provides a counseling service and is a non medical VCT site with a nutritional supplement programme. The activities are conducted by LifeLine community outreach volunteers and trainers and are similar to those conducted in Activity three in the FY 2008 narrative. The non medical site is based in a high transmission area (HTA) and commercial sex workers will be specifically targetted for prevention and health care information. LifeLine works closely with two organisations that are male dominated and has focus groups which we can utilize to disseminate information regarding specific issues such as GBV and cross-generational relationships.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22494

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22494	22494.08	HHS/Centers for Disease Control & Prevention	Lifeline Mafikeng	9691	9691.08		\$250,000

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

Estimated amount of funding that is planned for Human Capacity Development \$74,140

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10470.09

Mechanism: NPI

Prime Partner: Sophumelela

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 24738.09

Planned Funds: \$0

Activity System ID: 24738

Activity Narrative: SUMMARY:

The Sophumelela Clinic Incorporated (SCI) has just received funds under the New Partnership Initiative. Funds were received and activities only commenced in September 2008. SCI has been a sub-partner under the Catholic Relief Services (CRS) Track 1 award for the past four years. Additional funds are being used to support HIV counseling and testing (CT) activities not covered under the current award with CRS.

BACKGROUND:

SCI is a non-profit faith based organization that was formed by the First City Baptist Church, Buffalo City, Eastern Cape, South Africa in 2005. SCI exists to provide comprehensive clinical, social and spiritual care to HIV impacted people and their families in a faith environment within the greater Buffalo City Metropolis. SCI began as, and is currently, an ARV roll out Sub-Contractor under the AIDS Relief PEPFAR Track 1 Treatment and Care grant to Catholic Relief services. Soon after opening the ARV clinic the decision was made to form a non-governmental organization (NGO). This was done because of the recognition that the simple provision of antiretrovirals (ARVs) to patients attending our existing clinic did not address their many individual needs and social problems. From its inception the vision of SCI was to provide comprehensive and holistic care services to people infected and affected by HIV/AIDS. There remains a critical shortage of voluntary counseling and testing (VCT) sites within the surrounding area as well as the Eastern Cape province.

ACTIVITIES AND EXPECTED RESULTS:

SCI will carry out the following activity in this program area.

ACTIVITY 1:

SCI will provide CT services at through three main venues: 1) the existing Sophumelela Clinic; 2) Life Line which is within one kilometer of SCI; and 3) after education programs with NGOs, churches and small businesses. SCI will provide test kits, salary and administrative support to secure a more reliable service to both SCI's patients and the broader community. SCI will aim to test all of the children of HIV positive mothers in their ARV program. In addition all partners and family members of SCI's patients will be offered this service. Positive patients will be provided with CD4 tests and will be eligible to enroll in the SCI care and treatment facility.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 4653.09

Mechanism: CDC VCT

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29249.09

Planned Funds: \$185,900

Activity System ID: 29249

Activity Narrative: This is a FY08 Collaborative Project that has been approved for \$185,900.

PHE tracking number: ZA.08.0202

Title: HIV Counseling and Testing to Optimize Patient Enrollment in HIV Care and Treatment

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$185,900

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7300.09

Mechanism: N/A

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26199.09

Planned Funds: \$242,726

Activity System ID: 26199

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. After discussions with the Centers for Disease Control and Prevention (CDC) South Africa and the National Department of Health, it was decided that the project should be piloted in the Northern Cape first. Therefore the project will be implemented in four clinics in the Northern Cape. The clinics will be selected by the Northern Cape Department of Health.
2. The project sites should be part of the South African DOH antiretroviral (ARV) sites and not the Pathfinder/Planned Parenthood Association of South Africa Youth Friendly Services (YFS) clinics. The sites will function as satellite antiretroviral (ARV) clinics for young people. This approach will mean that we don't have to undergo the lengthy ARV accreditation process for new clinics and also will assist in getting the provincial Department of Health to be a partner in the project. With this approach getting the services up and running will also be faster.
3. Provider initiated testing
4. Nurses to do counseling and testing
5. Sheltering of youth by support groups and peers
6. Nurses to collect the antiretroviral treatment (ART) for young people ready for treatment

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

Activity Narrative: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 9633.09

Mechanism: N/A

Prime Partner: Institute for Youth Development

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29704.09

Planned Funds: \$99,393

Activity System ID: 29704

Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4105.09

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: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29710.09

Planned Funds: \$184,856

Activity System ID: 29710

Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$30,003,298

Program Area Narrative:

South Africa's Operational Plan for Comprehensive HIV and AIDS Care, Management, and Treatment (Comprehensive Plan) was approved by the South African Cabinet in November 2003 and guides the roll out 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 roll-out program. The goals of this plan are reiterated in the South Africa National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP). The National Department of Health (NDOH) has allocated approximately \$410 million USD for the implementation of the Comprehensive Plan in FY 2009 (prevention, care, and treatment), mainly through conditional grants to the nine provinces. According to the NSP Costing Plan, the total need for funding for ART alone in 2009 is \$710 million for adults and an additional \$128 million for children (a total of \$838 million), clearly indicating the need for additional funding and support to the SAG and civil society. Much of this funding is directed to the purchase of antiretroviral (ARV) drugs, as all drugs for the public sector ART program are procured and supplied by the SAG. The SAG also provides, in some instances, the ARV drugs for non-governmental organizations (NGOs) and private sector programs, with PEPFAR funding other service components. 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. The FY 2009 USG budget to support ART in South Africa is \$217 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 (including several generic drugs) through the Medicines Control Council (MCC). Due to these stringent controls, parallel importation is not within the SAG policy.

Currently, of the 98 generic ARV drug formulations that have been approved by the FDA and can be purchased with PEPFAR funding, there are only 23 that are also registered by the MCC and can be purchased in South Africa with PEPFAR funding, 12 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 funds support NGO partners to expand treatment to specific target groups, including people with TB, men, and people in workplace settings. Another important focus extends ART through general practitioners at community clinic sites, especially in rural communities, which serves to increase access beyond the current SAG accredited roll-out 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 SAG. Some of these NGO and private partners either obtain (at no cost) or procure their drugs through provincial health departments.

In FY 2009, there will be an emphasis on creating capacity at the primary health-care 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 within 24 hours. Some of the treatment partners may utilize the Partnership for Supply Chain Management (PFSCM) in FY 2009 for limited procurement, distribution, and to handle emergency procurements in the event of stock-outs.

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 ARV drugs in FY 2008. There were shortages of cotrimoxazole, but this was due to the global manufacturing shortage. 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 occur in PEPFAR programs that obtain drugs through the SAG, private sector pharmaceutical suppliers are positioned and ready to provide the necessary back-up supplies in FY 2009.

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. As a result, the SAG is in the process of revising the national guidelines to allow for switching first-line drugs, including tenofovir, to deal with these adverse reactions. These revised guidelines will also raise the threshold for ART initiation to a CD4 count of 250, which will increase the number of people eligible for ART and thus lead to an increase in drug procurements.

The USG also provides critical on-site assistance through its partners at public sector facilities. This assistance aims to strengthen and improve 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 2009.

The achievements and targets for ART are found in the Adult and Pediatric Treatment sections 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 ART in the Western Cape and KwaZulu-Natal provinces, and one PEPFAR partner, CAPRISA, receives Global Fund support for the purchase of ARV drugs.

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4105.09	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: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 29706.09	Planned Funds: \$3,717,423
Activity System ID: 29706	
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including Southern African Catholic Bishops Conference (SACBC).	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9633.09	Mechanism: N/A
Prime Partner: Institute for Youth Development	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 29699.09	Planned Funds: \$483,712
Activity System ID: 29699	
Activity Narrative: Reprogramming is related to the transition of the Track 1 CRS care and treatment program to 3 local implementing partners, including IYDSA.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 588.09	Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 3087.23106.09	Planned Funds: \$970,905
Activity System ID: 23106	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SPS has been approached by other PEPFAR partners (i.e. Catholic Relief Services, REACTION, Right To Care) to explore opportunities to use RxSolution for procurement, storage, and distribution of their medicines and for dispensing and down referral activities. In some sites this also implies that an electronic interface with their own patient management system may have to be developed, tested and implemented. The Quantification models will also be updated (if required) to cater for any revisions of the national standard treatment guidelines.

SUMMARY:

With FY 2008 PEPFAR funds, Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14004

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14004	3087.08	U.S. Agency for International Development	Management Sciences for Health	6682	588.08	Strengthening Pharmaceutical Systems	\$2,328,000
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

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1066.09

Prime Partner: Wits Health Consortium,
Perinatal HIV Research Unit

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 3331.23643.09

Activity System ID: 23643

Mechanism: PHRU

USG Agency: U.S. Agency for International
Development

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$3,522,995

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Perinatal HIV Research Unit (PHRU) will continue with the activities below, but will increase support to South African government clinics to ensure expanded access to antiretroviral (ARV) treatment. This will be done through the training of staff, task shifting, implementing pharmacy management systems and assisting sites to be accredited to dispense ARV drugs. In addition, the importance of client retention and adherence will be reinforced in all the work. The PHRU will use the pharmacy staff to alert outreach staff when clients have missed a visit. PHRU will step up training to pharmacy staff to ensure that quality services are available for everyone including children, adolescents, men and women.

PHRU has assisted many sites to be accredited in Gauteng and rural Mpumalanga and Limpopo provinces and to be in a position to dispense ARV drugs. This has been achieved through the seconding of staff to the clinics in a cost efficient way. PHRU has trained pharmacy assistants to dispense ARV drugs, be able to provide adherence counseling and through drug management systems to manage the pharmacy under the supervision of a pharmacist who may not be on site. In addition, the PHRU has put in robust pharmacy management systems to allow the pharmacy assistant to manage the pharmacy. This has increased the number of sites that are able to be accredited for ARV services and thereby improving equity and the number of people on ARV treatment. This has been particularly important in the rural districts in which they work.

Innovative ways will be sought such as the Zuzimpilo (Franchise) clinic and novel down referral systems to expand access to quality ARV treatment.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14267	3331.08	U.S. Agency for International Development	Wits Health Consortium, Perinatal HIV Research Unit	6758	1066.08	PHRU	\$6,305,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.15: Activities by Funding Mechanism****Mechanism ID:** 520.09**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:** ARV Drugs**Budget Code:** HTXD**Program Budget Code:** 15**Activity ID:** 3073.23659.09**Planned Funds:** \$1,325,576**Activity System ID:** 23659

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In order to increase TB case finding among HIV-infected patients attending follow-up visits CAPRISA has implemented a quick TB symptom screening checklist. The TB symptom checklist is administered by nurses and consists of a series of questions pertaining to common TB symptoms and requires patients to indicate the duration of symptoms.

Positive prevention strategies implemented at both sites include sexually transmitted infection (STI) screening and management, adopting new STI management guidelines and procuring drugs that have now been introduced in STI management, such as Acyclovir and Cephalexin. Clinicians encourage female patients to go for their pap smears, which are available on-site. Risk assessment combined with risk reduction counseling, follow-up on high risk behavior at subsequent clinic visits, disclosure counseling, with follow-up on barriers to disclosure are some of the behavioral interventions that are implemented.

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 our 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 eThekweni 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 eThekweni/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 eThekweni 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 regimen 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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13859

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13859	3073.08	HHS/Centers for Disease Control & Prevention	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	6634	520.08	CAPRISA Follow On	\$1,906,300
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

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 10272.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 23716.09

Activity System ID: 23716

Mechanism: TBD Medical Research Council of SA (MRC)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: ■

Activity Narrative: SUMMARY:

These activities had previously been implemented by the Medical Research Council (MRC). However, this year these activities will be re-competed and a partner yet to be determined will be implementing them to continue the work started by the MRC. The overall aim of this project is to improve integration of TB and HIV programs and public sites.

The partner 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. Specific objectives of the project in the supported sites will be to fast-track down referral systems (to ensure a one-stop service) and prepare all supported TB hospitals in the Eastern Cape for accreditation according to the requirements of the Department of Health in South Africa. In this way bottlenecks in service delivery will be minimized and service delivery improved.

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 antiretroviral therapy (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 2009, 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 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. Routine offer 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. This project will support the cost of ART for initiation in sites not yet accredited or waiting to be accredited by government.

Referral links to an accredited ART site will be established for each TB patient initiated on ART in the participating sites in order to allow seamless transition and ART access upon discharge. Sites that are not yet accredited for ART roll out 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 analyzes, 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 ART 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 analyzes 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

Activity Narrative: accreditation requirements for ARV roll out, site staff training, and 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7861.09

Mechanism: NIAD/NIH Post Phidisa

Prime Partner: South Africa National Defense Force, Military Health Service

USG Agency: HHS/National Institutes of Health

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 17721.23918.09

Planned Funds: \$970,905

Activity System ID: 23918

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will continue antiretroviral (ARV) drug procurement for approximately 1,560 South African National Defense Force (SANDF) personnel and family members who were previously receiving ARVs via a collaborative clinical trial with the SANDF, HHS/NIH/NIAID, and the U.S. Department of Defense (DOD). The clinical trial, with approximately 1,260 participants currently on therapy, was initiated in 2004 and is in the process of being transferred to an observational cohort study entitled Phidisa IA. 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 accrual of an estimated additional 475 patients on antiretroviral therapy (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). All subjects transfer from the original trial will remain on their latest ARV regimens and all new patients will be prescribed ARVs and managed according to South African Government (SAG) national guidelines.

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.

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. A total of 1,771 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/NIH/NIAID and DOD, via SAIC, have been well integrated into the six military base hospitals and clinics and are working effectively.

Activity 1: Procurement and delivery of ART

PEPFAR funds will be used to support treatment for 1,260 SANDF personnel and family members living with HIV with continued accrual 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 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.

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 accrual 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/NIH/NIAID 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 Narrative: 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 accrument 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17721

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17721	17721.08	HHS/National Institutes of Health	South Africa National Defense Force, Military Health Service	7861	7861.08		\$1,000,000

Emphasis Areas

Military Populations
Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 4625.09	Mechanism: N/A
Prime Partner: McCord Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 23741.09	Planned Funds: \$394,187
Activity System ID: 23741	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

MODIFIED ACTIVITY: Site Accreditation: Due to the relationship between eThekweni Municipality (eTM) and the Department of Health (DOH), there is currently no service level agreement to support the accreditation of eTM sites. This is also due to the fact that eTM does not procure chronic medications through the DOH Provincial Medical Supply Centre (PMSC). Current accreditation criteria could never apply to eTM sites due to the absence of pharmacies at eTM sites, as well as eTM policy issues. Zoe-Life (ZL) and McCord Hospital (MH) will explore new accreditation criteria for eTM sites. This will not only enable sites to initiate antiretrovirals (ARVs), but will also lay a foundation from which other local governments in the country can base their accreditation criteria.

NEW ACTIVITY: Procurement planning: MH will work closely with the DOH, PMSC and the Financial Director of HIV AIDS STD and TB Unit (HAST) to assist with budgeting relating to decentralization. Provincial and District budgeting with regard to provision of ARVs has been poor, resulting in capping of ARV budgets for many hospitals. This is a real barrier to sustainability and scale up of decentralization. Through regular contact, feedback, training and relationship building at provincial and district level, MH will ensure that adequate budget is allocated to the decentralization processes.

NEW ACTIVITY: TRAINING - Dispensing Licenses: As new sites become ready to provide ARV treatment, nurses will not only require clinical skills, but also dispensing licenses according to legal requirements. This was not taken into account in COP 2008 due to unclear legislation. All nurses involved in ART provision at the primary care level supported by this program will require a dispensing license, which requires training at an approved institution.

GENDER: ZL will ensure that men in the workplace have access to ARV drugs through addressing policy regulation that would allow provision of ART through the workplace program. Access for women will be expanded through prevention of mother-to-child transmission (PMTCT) and through supporting the systems to provide ART at non-governmental organizations in the communities

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 eThekweni 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.

ACTIVITIES 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 ARVs 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 Narrative: 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 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 FY2008 reprogramming funds, McCord/Zoe Life will purchase additional antiretroviral drugs due to a shortfall in the allocation from the KwaZulu-Natal Department of Health (KZNDOH) for drug procurement. This is as a result of overspending by the KZNDOH in the 2007 fiscal year for HIV services; including treatment (demand exceeded the funding available). This is an interim measure, and it is expected that the full budget will be restored in the KZN 2009/10 fiscal year.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$11,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7338.09 **Mechanism:** UGM
Prime Partner: Family Health International SA **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** ARV Drugs
Budget Code: HTXD **Program Budget Code:** 15
Activity ID: 16090.22955.09 **Planned Funds:** \$0
Activity System ID: 22955
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for these activities. PEPFAR funds were allocated for Family Health International Umbrella Grants Manager (FHI UGM) to manage sub-partners working in this program area, but in FY 2009, there are no sub-partners receiving funding in this program area. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity
Continuing Activity: 16090

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16090	16090.08	U.S. Agency for International Development	Family Health International SA	7338	7338.08	UGM	\$363,750

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 226.09 **Mechanism:** N/A
Prime Partner: Foundation for Professional Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** ARV Drugs
Budget Code: HTXD **Program Budget Code:** 15
Activity ID: 7985.22960.09 **Planned Funds:** \$1,695,199
Activity System ID: 22960

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

A specific drive will be initiated to promote family-centered services through integration of services and by creating booking systems that allows a family group to gain access to services on the same day. The retention of family members in care services will be tracked through the EMR system and retention barriers will be identified.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13744

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13744	7985.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$873,000
7985	7985.07	U.S. Agency for International Development	Foundation for Professional Development	4481	226.07		\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,746,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 2801.09

Prime Partner: HIVCARE

Funding Source: GHCS (State)

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 3298.23072.09

Planned Funds: \$2,542,799

Activity System ID: 23072

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Netcare Group is the largest single purchaser of medical supplies in South Africa outside of the South African Government (SAG), and effective supply lines exist for the procurement of all commodities required by the program. The prices of products are continually updated and staff ordering stock have the latest prices at their disposal.

The program currently supports antiretroviral therapy (ART) at 15 primary health clinics, a youth clinic as well as two dedicated ART clinics. It is largely anticipated that the funding requirements in this budget period will be reduced as accreditation processes are completed and clinics are able to draw stock from SAG supplies.

All freight costs involved with delivering the medication to outlying areas has been included, and existing infrastructure is used in providing for the delivery and receipt of medicines and related commodities.

The clinic sites provide palliative care to all patients and all uncomplicated opportunistic infections are treated as part of the comprehensive ART care package offered. This includes the treatment of sexually transmitted infections.

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 committed to 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.

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13772

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13772	3298.08	HHS/Centers for Disease Control & Prevention	HIVCARE	6603	2801.08		\$2,910,000
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

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 271.09

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 2974.22940.09

Planned Funds: \$2,530,537

Activity System ID: 22940

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Right to Care (RTC) supports the South African Government in the implementation of the HIV and AIDS Program. However, in areas where health systems are weak and there are no ARV services, NGO treatment sites are capacitated by RTC as requested by government to provide comprehensive HIV and AIDS services. These sites which are earmarked for accreditation as government sites once governments budget becomes available serve a large number of very poor individuals who are mostly based in rural settings and cannot afford to access health care services. FY 2009 funding for ARV drugs will be used to only expand government requested assistance in developing non-governmental (NGO), faith-based organization (FBO), and community-based organization (CBO) clinics. Thusong, a private practitioner program for indigent patients is the treatment model used in areas where there are no government systems in place. The Thusong program is not planned for expansion, patients have started to be transitioned into the government program and this will continue in FY 2008 and FY 2009. However,, this program will remain operational to allow RTC to treat patients under this program where necessary. No new NGO treatment sites will be started without the support and commitment of government. The areas of emphasis where PEPFAR funds are used include: human resources (direct salary support for government seconded pharmacists, pharmacist assistants and therapeutic counselors and sub grants for NGOs), human capacity development, drug and commodity procurement and distribution, quality assurance, supportive supervision, infrastructure, and training. All of the government sites that RTC supports receive its drugs through internal government systems and the drugs are not procured using PEPFAR funds.

ACTIVITIES AND EXPECTED RESULTS:

In FY 2009, pharmaceutical procurement and supply will continue to be managed by RTCs partnership with Rightmed Pharmacy, this partnership has enabled all RTC supported facilities to have no stock-outs to date on any drugs despite global shortages of stavudine and lamivudine.

PROCUREMENT AND STORAGE:

The wholesalers deliver medicines to Rightmed and these are signed for by a pharmacist, the medication is checked against the invoice and stored at Rightmed under temperature-controlled conditions which are monitored and recorded daily.

PRESCRIPTIONS:

Prescriptions from the NGO treatment sites are either couriered or faxed daily (with follow up originals to be couriered weekly) to Rightmed and are dispensed as they are received and then batched for courier collection with the drug arriving at the sites within 48hours depending on the area of the site. All prescriptions must contain the patient's weight and site identifier as well as all information required by the South African Pharmacy and Medical Regulations. All prescriptions are checked to ensure all regimens and dosages conform to SA HIV treatment guidelines.

DISTRIBUTION AND DISPENSING:

A pharmacist or a qualified post basic pharmacist assistant is responsible for retrieving, labeling and packing the ordered medicine. The medication is individually labeled using labels printed by the Pharmassist software program. The labels will show the following information: the date the prescription was processed, drug trade name, drug strength, drug quantity, directions of use, prescription number, patient initials and surname, dispenser name and telephone number, prescriber name, pharmacy address and contact details. Patient details and treatment history are stored in an electronic dispensing program, which assigns prescription numbers to all prescriptions and chronologically stores all the prescription details. A second pharmacist quality assures the shipment by verifying that the correct drug was dispensed to the correct patient as well as all other dispensing and shipping details. It is highly unlikely that the patients need come to the pharmacy but they may, they may also call the pharmacy and speak to the pharmacist at any time during office hours or call the 24-hour toll-free line for after hours advice. All the pharmacy staff that work at Rightmed are highly trained and experienced in the field of HIV treatment. The expertise from Rightmed Pharmacy will continue to be used for training and mentorship for various government and NGO sites.

ACCOUNTABILITY:

A Complete Drug Accountability Record is kept at Rightmed with the following information: drug description (name and strength), batch number, expiry date, prescription number (which holds all script details), number of containers dispensed, and dispenser initials. The medication is packed into a carton and shipments are processed one shipment at a time. A packing list is sent with every shipment. Once the medication arrives at the site, the site checks the medication, signs the packing list and faxes it back to Rightmed. Drugs are then securely stored at the site and are issued to the patients on a monthly basis, in remote areas where it is hard to attract and retain scarce skills like pharmacists; this model removes the requirement to have a pharmacist on site because the drugs have already been dispensed at Rightmed. As the patient numbers grow and where the sites are able to harness the capacity of a pharmacist, direct procurement is facilitated. The medication is issued to patients by the site clinician who counsels the patient and ensures that the patient understands the directions. All the staff at the RTC supported sites is offered comprehensive HIV, TB and counseling training courses free of charge. The patients receive their drugs at no cost as this is funded by Right to care. Any unused medicine is returned to Rightmed for incineration or destroyed at site level using the services of a medical waste disposal company. At any one time a three-month buffer supply of stock is held at Rightmed so as to ensure uninterrupted drug supply to the patients. If there are any transferred or deceased patients, the site managers inform Rightmed so that pharmacy records are updated.

Activity Narrative: Following DOH accreditation of the NGO and CBO clinics, government takes over the costs of the drugs, labs and some staff salaries and the funding which was used for that is re-channeled to other areas that still need strengthening within the site or to other sites that need support. RTC is working with each site to ensure that there is a plan in place for the government to take over these salaries as soon as feasible and a RTC hand over to government has already occurred in the Mpumalanga province. In an effort to support the government to address the chronic shortage of pharmacists, RTC has embarked on a program to train pharmacist assistants in partnership with government using PEPFAR funding. This crucial training program will continue to be supported as the learners are earmarked for placement government sites once they are qualified. With the graduation of NGO sites and the training of pharmacist assistants sustainability is addressed. RTC will also expand the current pharmacist expertise in pediatric treatment. The provision of additional staff that are trained and the clinical infrastructural improvements contribute to the improvement of quality treatment outcomes.

With FY 2009 funding, RTC will continue to 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 government requests, 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.

With FY 2009 funding, 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.

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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13796

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13796	2974.08	U.S. Agency for International Development	Right To Care, South Africa	6612	271.08		\$1,173,000
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

Emphasis Areas

Construction/Renovation

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,905,277

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 193.09

Mechanism: N/A

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 3806.22766.09

Planned Funds: \$436,907

Activity System ID: 22766

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The ARV drugs funding will be used to supplement a Department of Health (DOH) ARV drugs budgetary shortfall anticipated at McCord Hospital. While there have been promises by the KwaZulu-Natal DOH to review the current insufficient budget, there has been no official revised budget to cover the anticipated shortfall.

Gender is a critical issue in HIV treatment, care and support services, with implications for the quality and effectiveness of the care provided and the disproportionate burden on women and girls to provide care. EGPAF will work with the DOH to ensure equitable access for both women and men to medicines and other care and support services and resources.

EGPAF overall support is in line with National DOH treatment policies and guidelines. National Strategic Plan (NSP) 2007-2011 Priority Area 2, Treatment, Care and Support, goal 6 and 7 are taken into consideration.

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.

ACTIVITIES 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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13766

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13766	3806.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6600	193.08		\$455,000
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

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 2797.09

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: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 3318.22751.09

Planned Funds: \$980,128

Activity System ID: 22751

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The FY 2008 activities as outlined in FY 2008 COP will be continued. In addition, systems and structures will be built at Ikhwezi Lokusa (ILWC) and Cator Manor to ensure program development and sustainability. The main issue at Ikhwezi and Cator Manor is the growth of the institutions to a point where they have the capacity to receive resources directly from the government and other donors.

Columbia University will support and strengthen the managerial, supervisory, logistics, financial and technical structures within these institutions including the management of the outreach doctors at ILWC. Monitoring and evaluation systems will be revamped to ensure quality, accurate and reliable information on the activities of the outreach team. An additional data officer will be hired to support and complement the current monitoring and evaluation support and to ensure focus and capacity at each of the sites. Issues of regulation, supervision and management of the outreach program will be addressed. These interventions will pave way for direct antiretroviral procurement and supply by the National Department of Health.

A service level agreement will be facilitated between the respective department of health and the Cato Manor and ILWC. This agreement will pave way for the government to supply drugs and laboratory services directly to these institutions while Columbia continues with technical support and assistance. In the longer term, once capacity has been developed at the two institutions, interventions will focus on the accreditation of the two centers for antiretroviral therapy.

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 cryptococcal 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 FY 2007 and FY 2008, 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.

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13734

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13734	3318.08	HHS/Centers for Disease Control & Prevention	Columbia University Mailman School of Public Health	6587	2797.08		\$1,067,000
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

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 190.09

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 2913.22610.09

Planned Funds: \$3,544,773

Activity System ID: 22610

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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.
- (6) 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.
- (7) Aurum will participate in the training of professional nurses in pharmacy skills. The SME Project will utilize the existing drug supply chain to provide medications for patients registered on the project. Funding allocated to SME Project will be directed to support and enhance the above mentioned activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13687

Continued 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.	11904	11904.06		\$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
13687	2913.08	HHS/Centers for Disease Control & Prevention	Aurum Health Research	6574	190.08		\$3,651,000
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

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 416.09	Mechanism: N/A
Prime Partner: Broadreach	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 3133.22618.09	Planned Funds: \$715,751
Activity System ID: 22618	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BroadReach Health Care (BRHC) implements several treatment models in South Africa using PEPFAR funds. BRHC uses PEPFAR funding to procure antiretrovirals (ARVs) for two treatment models involving private sector general practitioners. BRHC uses the majority of its PEPFAR funding to support expanding capacity of South African Government (SAG) health facilities to provide comprehensive care and treatment services. BRHC does not procure ARVs using PEPFAR funding for SAG sites. All ARVs at these sites are provided through the government of South Africa.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13696

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13696	3133.08	U.S. Agency for International Development	Broadreach	6576	416.08		\$737,200
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

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6155.09	Mechanism: UGM
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 12410.22883.09	Planned Funds: \$470,889
Activity System ID: 22883	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HCD

Pact's primary focus in implementing the Umbrella Grant Management Program (UGM) is the development of human capacity in South African non-governmental organizations (NGOs) and community-based organizations (CBOs) to promote the establishment and strengthening of viable and sustainable civil society organizations. However, the COP guidance is very specific in terms of what can be included in Human Capacity Development (HCD), and for this reason Pact will only address the Leadership and Management development aspects of the UGM HCD activities.

Prior to the signing of grant agreements, Pact provides extensive assistance to partner 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 emphasizes to management staff during this process the importance of ensuring that program and finance units work as a team rather than in isolation. The ability to clearly articulate program goals and activities and develop realistic budgets greatly enhances the ability of management to diversify their funding base and ensure sustainability.

Pact conducts organizational capacity assessments in collaboration with each partner. The core methodologies used in all of Pact's capacity building activities are as follows: assessment of sub-recipient organizational and technical capacity, development of institutional strengthening plans, delivering capacity building services, reassessment and refinement of institutional strengthening plans (ISP). Several individuals from partner organizations participate in the assessments in order to ensure that feedback is obtained from staff at all levels. This process develops the skills of senior management to objectively assess organizational strengths and weaknesses and utilize the results to develop a realistic strategy that will ensure that organizational objectives are achieved (including retention strategies for staff) and identified gaps are addressed. The strategy also details what interventions and support will be provided, by whom, when and how organizational change will be measured.

Pact also conducts workshops that primarily target senior management and board members. A resource mobilization course is offered annually to provide information to partner organizations on sources and strategies for diversifying their funding base. One day of the three-day workshop is devoted to developing the skills of participants in writing proposals. Board training is also offered annually to address issues related to fiduciary, legal and ethical roles and responsibilities of board members. Although Pact's Monitoring and Evaluation (M&E) course targets M&E staff and Program staff, senior management members of partners organizations are encouraged to attend in order to ensure that they understand how to utilize data to make organizational decisions.

Pact, in working with partner organizations over the course of the past four years has recognized that management skills among the leadership of many of the civil society organizations (CSOs) need to be further developed. For this reason, utilizing FY 2008 and 2009 funding, Pact will identify short-term management courses in South Africa that will enhance leadership and management skills. Attendance to leadership courses will be made available to all partner organizations and their sub recipients but will primarily target the partners that have experienced great difficulty in transitioning to the increased funding levels or have new management staff and structures.

Alignment with the National Strategic Plan (NSP) or other South African Government (SAG) policies or plans

In developing program descriptions with partners, Pact ensures that activities are aligned with District and Provincial business plans, the NSP and/or other SAG policies or plans.

Gender

Pact ensures that gender related activities are clearly articulated in partners' program descriptions and implementation plans. Programmatic and technical assistance provided to partners addresses gender issues as part of the assessments and recommendations for strengthening technical and organizational capacity.

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.

Activity Narrative: 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 PEPFAR 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 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 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 Narrative: 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.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 14255**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14255	12410.08	U.S. Agency for International Development	Pact, Inc.	6755	6155.08	UGM	\$485,000
12410	12410.07	U.S. Agency for International Development	Pact, Inc.	6155	6155.07		\$200,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$214,975

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.15: Activities by Funding Mechanism****Mechanism ID:** 4132.09**Mechanism:** N/A**Prime Partner:** Partnership for Supply Chain Management**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** ARV Drugs**Budget Code:** HTXD**Program Budget Code:** 15**Activity ID:** 7935.22886.09**Planned Funds:** \$0**Activity System ID:** 22886

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

While a major activity for SCMS in most SCMS focus countries, procurement in South Africa is unique due to the strict regulatory environment on parallel importing and registration of medicines. All medicines procured need to be registered with the Medicinal Control Council (MCC) in South Africa besides the USG FDA approval requirement. Procurement in South Africa takes place using local suppliers and at Single Exit Price (SEP), a set price at which drugs must be sold. Thus the SCMS mechanisms to drive prices down through use of generics and bulk buying directly from manufacturers do not apply to the South African situation. This also means that this activity has been scaled back, and the activities below will be funded using SCMS pipeline funds. Therefore no FY 2009 funding is requested.

ACTIVITIES AND EXPECTED RESULTS:

In South Africa, John Snow Inc. (JSI), through the JSI/SCMS Project will also work closely and collaboratively with Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) in order to ensure there is no duplication of effort between JSI/SCMS and MSH/SPS technical assistance or other activities, JSI/SCMS will work closely with the USG and MSH/SPS in coordinating work plan development and implementation.

ACTIVITY 1: Drugs and Related Commodity Procurement

Upon request, JSI/SCMS will procure drugs and related commodities for PEPFAR-supported care and treatment partners in consonance with USG agreements with the Government of South Africa regarding adherence to SEP and will make these commodities available via the South African domestic market.

JSI/SCMS will continue to focus procurement activities with SANDF. JSI/SCMS started procuring ARVs for the South African National Defense Force (SANDF) at the beginning of this reporting period using a locally developed procurement strategy specific to the South African regulatory environment. As of end of July 2008, JSI/SCMS has processed a total of seven orders for the SANDF and one for the Centre for AIDS Program Research in South Africa (CAPRISA). A total of 37,359 units at a value of ZAR 3.608 million (roughly \$533,000) have been procured to date.

JSI/SCMS was looking forward to assisting the provincial Government of the Western Cape (PGWC) with ARV procurement, but application to Treasury made by PGWC for additional funds required to expand the ARV program in that province was unexpectedly granted thus allowing for the expansion of ART services without JSI/SCMS assistance.

JSI/SCMS will only explore the feasibility of procuring for other partners with the USG's concurrence. A small amount of commodity funds have been put aside to assist with future ad hoc or emergency requests from IPs, if necessary. JSI/SCMS will continue to assist implementing partners (IPs) with strategic supply chain information and link them to relevant resources as requested and appropriate.

ACTIVITY 2: Assistance to the Provinces

Technical assistance (TA) to the provinces will focus on the following areas: warehousing, quality assurance, inventory management, and distribution logistics management information systems. JSI/SCMS will collaborate closely with MSH/SPS project to avoid duplications and to fill-in the gaps. TA will be provided by local staff and partners with possible support from international JSI/SCMS staff. TA will focus initially on Mpumalanga province where the Department of Health and Social Services has requested JSI/SCMS assistance in establishing their new Provincial Pharmaceutical Depot in Middleburg. JSI/SCMS has also been requested by the Limpopo Provincial Government to conduct an assessment of their depot and to make recommendations on system improvements. Other provinces such as Gauteng have also expressed interest along similar lines.

JSI/SCMS offers expertise in a comprehensive range of technical areas relating to warehousing and distribution including needs assessment, capacity planning, structural and systems improvement, human resource skills assessment and development, security and risk evaluation, standard operating procedures (SOP) development, and Good Manufacturing Practices (GMP) audit process design.

While official government letters expressing interest in JSI/SCMS's technical assistance have been received, no commitments have been made for these activities to date. JSI/SCMS has shared this information with USAID and further actions will be considered only if provincial MOUs are secured.

ACTIVITY 3: Human Capacity Development

JSI/SCMS offers a unique training opportunity in supply chain management in collaboration with its South African partner, the Fuel Group, as it has established a state-of-the-art pharmaceuticals freight forwarding and logistics service at its Regional Distribution Center (RDC) in Centurion. This facility is also utilized as an on-the-job training site. The Fuel Group's Pharmaceuticals & Healthcare Distributors (PHD) division operates the RDC and offers warehousing and distribution training through practical, hands-on work in the RDC itself.

SUMMARY:

The Supply Chain Management Systems (SCMS) Project is tasked with supporting PEPFAR by 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 (PLHIV). The major emphasis areas are human capacity development and local organization

Activity Narrative: capacity building.

BACKGROUND:

In September 2005, SCMS was awarded an agreement by USAID to support PEPFAR in terms of strengthening supply chains for ARVs and related commodities, with an initial focus on fourteen African countries, including South Africa. In collaboration with in-country and international partners, the SCMS mandate is to deploy innovative solutions to enhance supply chain capacity, ensure accurate supply chain information is gathered, shared and used, and provide quality, best-value healthcare products. The SCMS project team includes three organizations based in South Africa: the Fuel Group, where SCMS has established a regional distribution center to service Southern Africa and beyond; North West University which houses the only WHO-accredited quality assurance laboratory in sub-Saharan Africa; and Affordable Medicines for Africa (AMFA) which has provided medicines to faith-based organizations throughout Africa for many years.

ACTIVITIES AND EXPECTED RESULTS:

The SCMS Project will work closely and collaboratively with Management Sciences for Health's (MSH) Strengthening Pharmaceutical Services (SPS) project in assisting PEPFAR treatment and palliative care partners to improve the cost-effectiveness of their supply chains for the following: ARVs and related commodities, including drugs for opportunistic infections and palliative care; drugs for sexually transmitted infections (STIs); drugs and supplies for home-based care; drugs for TB; rapid HIV test kits; laboratory equipment and supplies; and other medical supplies. In order to ensure there is no duplication of effort between SCMS and SPS technical assistance or other activities, SCMS will work closely with the USG in coordinating work plan development and implementation. SCMS activities will focus on technical assistance and human and organizational capacity building in supply chain management and related areas and is prepared to assist the National Department of Health (NDOH) and provincial health departments should it be requested.

Activity 1: Drugs and Related Commodity Procurement

Upon request, SCMS will procure drugs and related commodities for PEPFAR-supported care and treatment partners in consonance with USG agreements with the Government of South Africa regarding adherence to Single Exit Pricing (SEP) and will make these commodities available via the South African-based Regional Distribution Center on an ongoing basis. All procurement will follow SEP pricing unless and until the PEPFAR Task Force is open to SCMS attempting to leverage lower pricing in South Africa that the project is able to secure through direct negotiations with manufacturers on a global basis. SCMS will also provide quality assurance for all commodities procured through the regional distribution center utilizing SCMS partner North West University drug quality assurance laboratories where appropriate. SCMS will focus procurement initially on Western Cape and the South Africa National Defense Force (SANDF) but will explore the feasibility of procuring for other provinces and PEPFAR treatment NGOs.

Activity 2: Technical Assistance

Technical assistance (TA) 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. TA will be provided by local partners as well as international SCMS staff. TA will focus initially on Mpumalanga Province where the Departments of Health and Social Services has requested SCMS assistance in establishing a Provincial Pharmaceutical Depot in Middleburg. SCMS will explore similar opportunities in other provinces.

Activity 3: Human and Organizational Capacity Development

SCMS will provide training as requested in technical areas of supply chain management for both PEPFAR treatment partners and provincial and NDOH counterparts. SCMS will take advantage of the in-house capacity of the Fuel Group's state-of-the-art Regional Distribution Center facilities and supply chain expertise, and the North West University's quality assurance laboratories and expert training staff to provide hands-on training and experience in freight forwarding and inventory management and quality assurance. Training will also be provided by international SCMS staff.

Activity 4: Pain and Symptom Control

Anecdotal evidence suggests that PLHIV in PEPFAR-supported care and treatment programs experience pain and symptoms related to HIV disease, opportunistic infections and/or side effects of ARV therapy which are not adequately addressed by health providers. Increasingly, ART clients are switched to second-line ARV treatment regimens due to medication side effects or other symptoms, raising questions as to whether symptoms could be more effectively managed first, without resorting to sudden changes in treatment regimens. In FY 2007 SCMS will assist the USG PEPFAR Task Force and its partners to review the occurrence of common symptoms and pain experienced by PLHIV, current strategies to manage symptoms and pain, including indications for switching PLHIV to second line treatment regimens.

Activity 5: Western Cape Support

In FY 2007 Plus Up Funds will enable PEPFAR to assist the Western Cape Department of Health with procurement of ARV commodities. Western Cape requested assistance from the USG to expand ART services to 13 new sites covering an anticipated 800 children and 7,000 adults. Specifically Western Cape requested trained ART staff for the new sites, funding to pay for the required HIV testing, and ARVs - the USG in turn requested SCMS to procure the ARVs. SCMS has a procurement plan in place for this procurement and is ready to initiate the procurement once Western Cape has approval from the National

Activity Narrative: Treasury to accept this donation within the strict tendering and related regulatory environment which governs the pharmaceutical marketplace in South Africa.

FY 2008 COP Activities:

ACTIVITY 1: Procurement

If the Western Cape procurement is successful, it is anticipated that additional provinces will request procurement assistance. For example, Limpopo Province is unable to keep pace with the influx of new ART patients, many of whom are entering South Africa from neighboring countries, especially Mozambique and Zimbabwe. Indeed the demand for services continues to outstrip the ability to respond across South Africa. Clearly, provision of adequate supplies of ARVs will be critical to expanding the national response.

ACTIVITY 2: Technical Assistance

SCMS will continue to provide technical assistance (TA) in warehousing and supply chain. Assuming the successful establishment of the Provincial Pharmaceutical Depot in Mpumalanga Province in FY 2007 (TA already requested from SCMS), it is anticipated that additional provinces will request TA in warehousing design, equipment specification, as well as inventory control, commodity tracking, and management systems. SCMS offers expertise in a comprehensive range of technical areas relating to warehousing and distribution including needs assessment, capacity planning, structural and systems improvement, human resource skills assessment and development, security and risk evaluation, standard operating procedures (SOP) development, and Good Manufacturing (GMP) audit process design. SCMS will also provide TA in quantification, forecasting, quality assurance, and logistics management systems. SCMS will work closely with SPS colleagues and the USG in coordinating these TA activities to ensure there is no duplication of effort.

ACTIVITY 3: Training

SCMS offers a unique training opportunity in supply chain management in collaboration with its South African partner, the Fuel Group, as it has established a state-of-the-art pharmaceuticals freight forwarding and logistics service at its Regional Distribution Center (RDC) in Centurion, and this facility is also utilized as an on the job training site. The RDC is currently distributing PEPFAR-funded ARVs and related commodities on behalf of SCMS to several sub-Saharan countries. The Fuel Group's Pharmaceuticals & Healthcare Distributors (PHD) division operates the RDC and offers warehousing and distribution training through practical, hands-on work in the RDC itself, where trainees learn about and experience best practices in action and develop work plans for how their new skills and knowledge can be transferred to practical systems improvements in their own workplaces in their home countries. Trainees to date have generally been from national warehouses. In the South African context, where there is no national warehouse, SCMS will offer the Warehousing and Distribution Excellence Course (one month) to interested Provincial Depots, starting with Mpumalanga Province that has already requested technical assistance and can benefit significantly from the RDC training. SCMS will contribute significantly towards meeting the PEPFAR goals by assisting treatment and palliative care partners to establish and sustain secure, reliable, and cost-effective supply chains of high quality products to meet the needs of HIV-infected care and support and ARV treatment patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14257

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14257	7935.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6756	4132.08		\$4,849,952
7935	7935.07	U.S. Agency for International Development	Partnership for Supply Chain Management	4480	4132.07	Supply Chain Management	\$6,700,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6151.09

Mechanism: UGM

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 12408.22565.09

Planned Funds: \$520,890

Activity System ID: 22565

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Academy for Educational Development's Umbrella Grant Management project (AED-UGM) will continue providing TA and capacity building (CB) to new and ongoing sub-partner organizations using the same strategy as mentioned above.

AED-UGM has one sub-partner, Population Council, working in this program area. Given the fact that Population Council is an organization that has a strong organizational structure and is technically sound, the AED-UGM views them as a partner who could potentially assist other sub-partners in the following ways: 1) sharing Strategic Planning and Organizational Management and Human Resources tools and expertise; 2) exposing them to ideas for project development and design; 3) sharing of administrative, financial and HR updates; 4) helping them to explore ways to incorporate men into HIV and AIDS programming; 5) helping to improve scientific writing skills; and 6) sharing experiences in networking and advocacy.

With FY 2009 funding, AED-UGM will organize and conduct Leadership Seminars, forge twinning relationships and convene trainings where Population Council's expertise will be used to strengthen sub-partner organizations. Examples of year two planned activities in this area are: 1) Leadership Seminar on Community Mobilization; 2) Leadership Seminar on HIV and AIDS operations research findings and thematic topics; and 3) exchange visits/twinning relationship between Population Council and GRIP on Rape Crisis Interventions, exploring opportunities for increasing access and adherence to ART.

Although no domain scores were assigned when conducting the Population Council's CB assessment in year one, their staff emphasized the benefit and usefulness of attending the AED-UGM's Monitoring and Evaluation workshops and would like to participate in future training of this nature. Additional areas where technical support would be helpful include: 1) Index training for improving their filing systems, 2) accessing long term support to address staff educational needs, and 3) exposure to research and thematic topics on HIV and AIDS-related issues. To date, the Population Council has received support from AED's Educational Training Fund (ETF) for participation in two courses: one on the Essentials of Human Resources and one on USAID Rules and Regulations; both offered by external training providers. It is anticipated that Population Council will continue to benefit from staff professional development courses sponsored by the AED-UGM.

AED-UGM is a capacity building program which ensures that sub-partner organizations collaborate and coordinate with the South African Government (SAG). AED-UGM seeks to ensure that all sub-partner service delivery strategies are aligned with the four priority areas in the NSP, namely: (i) Prevention; (ii) Treatment, Care and Support; (iii) Research, Monitoring and Surveillance; and (iv) Human Rights and Access to Justice.

AED-UGM is committed to gender equality and has established systems, procedures and monitoring and evaluation instruments to ensure sub-partners are sensitive to this issue. Since gender equality and gender equity are concerned with ensuring that the needs of women, men, girls and boys are addressed in all phases of program planning, AED-UGM monitors the integration of gender concerns in situation analyses, the formulation of objectives, program activities and MER plans. Thus, AED-UGM goes beyond the mere counting of the number of females and males attending training courses by actively promoting gender equality and gender equity, and providing support to sub-partners to enable them to address this issue effectively. As part of this process, sub-partners are required to report on gender-related activities in their quarterly monitoring reports. Gender equality consultants will also be engaged to strengthen the expertise of AED-UGM in this area.

Sub-partner organizations sign MOUs with provincial and district departments. Details concerning the status of MOUs in different provinces will be provided in sub-partner COPs. AED-UGM ensures that sub-partners report progress on SAG collaboration efforts and MOU status on a quarterly basis.

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 PEPFAR 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13364

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13364	12408.08	U.S. Agency for International Development	Academy for Educational Development	6451	6151.08		\$436,500
12408	12408.07	U.S. Agency for International Development	Academy for Educational Development	6151	6151.07		\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$275,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 4616.09

Mechanism: N/A

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 19522.22639.09

Planned Funds: \$0

Activity System ID: 22639

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The sub-partner Centre for the AIDS Programme of Research in South Africa (CAPRISA) has been graduated to a prime partner with its own award so these activities will continue through the new award. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19522	19522.08	HHS/Centers for Disease Control & Prevention	CARE International	6577	4616.08		\$69,410

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 2790.09

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 3309.22649.09

Planned Funds: \$0

Activity System ID: 22649

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Monitoring and Evaluation

In order to improve data collection, analysis and reporting, AIDSRelief plans to introduce an appropriate upgrade to the existing monitoring and evaluation system, in the form of an electronic database to be utilized at the site level (for data collection) and central level (for data consolidation and reporting purposes). The system is based on the system developed by the sub-grantee of the program, the Institute for Youth Development South Africa (IYD-SA). The draft database has been presented to CDC team members and development is continuing based on initial feedback provided. The final product will be technically appropriate to the level of skills available at the site level as well as able to report on PEPFAR and South African government (SAG) indicators under the program.

Laboratory Services

Given that AIDSRelief sites operate in rural and remote areas, where technical capacity and infrastructure is lacking, heavy emphasis is put on provision of laboratory services through a quality service provider. To overcome this challenge, a Johannesburg-based Toga Laboratories, another PEPFAR-funded partner, has been selected as the laboratory service provider for laboratory tests to be conducted under the program. The company has been established by Prof. Des Martin and Dr. John Sims, both long-time South African virology experts. Toga Laboratories has an ongoing quality assurance (QA) program to monitor and evaluate, objectively and systematically, the reliability of the laboratory data. There is an in-house laboratory quality unit which coordinates external quality assurance. For every test performed in the laboratory, there is a quality control plan stated in standard operating procedures (SOP). Internal quality controls (IQC) are performed daily on all instruments as well as for manual tests and recorded. External quality assessments include the UK National External Quality Assessment Scheme (UKNEQAS) as well as National Health Laboratory Services (NHLS) assessment programs, among others.

Collaboration with SAG

Due to increased access of quality services provided by the SAG, patients from two AIDSRelief sites (Sinosizo clinic in Groutville near Durban in KwaZulu-Natal and the Sisters of Mercy home-based care program at the Bethal District Hospital in Mpumalanga Province) have been fully absorbed into the public health care system and the AIDSRelief non-governmental organization activities became redundant, with funding reallocated to other resource-poor sites. At the same time, significant progress is being made collaborating more closely with SAG in other geographic areas. These include the Masibambisane treatment center in Eastern Cape Province, which moved into the Stutterheim District Hospital and subsequently have been successfully accredited as the SAG roll-out site. In this instance, AIDSRelief is providing staff and technical assistance while the SAG is providing laboratory tests and ARV drugs.

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

Activity Narrative: 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. Sinosiso 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 sites, 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. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13713

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13713	3309.08	HHS/Health Resources Services Administration	Catholic Relief Services	6580	2790.08		\$7,760,000
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

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 2792.09	Mechanism: Track 1
Prime Partner: Catholic Relief Services	USG Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 3287.22644.09	Planned Funds: \$2,619,350
Activity System ID: 22644	

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Activities funded with Track 1 funding are integrated with the local funding, and this comprehensive program (including progress and planned activities) is contained in the local funding COP entry.

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 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).

Activity Narrative: 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 sites, 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13715

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13715	3287.08	HHS/Health Resources Services Administration	Catholic Relief Services	6581	2792.08	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	\$3,191,216

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8683.09 **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:** ARV Drugs
Budget Code: HTXD **Program Budget Code:** 15
Activity ID: 19519.22876.09 **Planned Funds:** \$548,561
Activity System ID: 22876

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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-infected 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-infected 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 site 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19519

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19519	19519.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$565,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 8711.09	Mechanism: N/A
Prime Partner: Tshepang Trust	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: ARV Drugs
Budget Code: HTXD	Program Budget Code: 15
Activity ID: 19520.22822.09	Planned Funds: \$881,678
Activity System ID: 22822	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Under the PEPFAR-funded Workplace Intervention Program, the Tshepang Trust will continue to offer teachers, health care workers and people from the small medium and micro enterprises (SMMEs), together with their spouses and immediate dependents, life saving antiretroviral drugs (ARVs) in a safe, confidential, private and patient-friendly environment that promotes destigmatization through private general practitioners (GPs) in their consulting rooms.

The mode of delivery of ARVs is that they are couriered into GPs rooms already dispensed, labeled and patient-ready on a monthly basis through a reputable pharmaceutical distributing and dispensing company within a 48-hour turnaround period. Every time the drugs are delivered, the patients receive text messages on their cell phones from this company to alert them that their medication has arrived and is ready for collection at the GP's office. The same company uses text messages to alert the patients for repeat blood tests a month before they are due and to alert GPs to write repeat prescriptions for active patients a month before prescriptions are about to expire.

When the Trust started, it was using ethical drugs as it had negotiated preferential access prices with all the major pharmaceutical companies providing ARVs. However, it now accepts generic ARVs that are Food and Drug Administration and Medical Control Council-approved in order to bring the costs of medication down and increase its chances of putting more individuals on treatment.

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 and 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 and 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19520

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19520	19520.08	HHS/Centers for Disease Control & Prevention	Tshepang Trust	8711	8711.08		\$1,105,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 257.09

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: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 2954.22925.09

Planned Funds: \$1,130,133

Activity System ID: 22925

Activity Narrative: Funding allocated for 2009.
NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for these activities. As the Medical Research Council of South Africa (MRC) is dealing with research and not the implementation of programs, a decision was made during the PEPFAR South Africa Interagency Partner Evaluation to discontinue the TB/HIV multi-drug resistance budget as well as treatment, care and counseling activities, and put them under a TBD Funding Opportunity Announcement. Therefore there is no need to continue funding this program area with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14022

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29549	29549.08	U.S. Agency for International Development	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	12105	12105.08	USAID Track 2.0 NELA	\$660,527
29548	29548.07	Department of Defense	To Be Determined	5831	3934.07	DAO	
29547	29547.07	HHS/Centers for Disease Control & Prevention	US Department of State	12101	12101.07	State Department	\$555,052
29546	29546.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	12100	12100.08	CDC RFA	\$50,000
29545	29545.08	HHS/Centers for Disease Control & Prevention	Excellence Community Education Welfare Scheme (ECEWS)	12100	12100.08	CDC RFA	\$50,000
29544	29544.08	HHS/Centers for Disease Control & Prevention	Salesian Mission	12099	12099.08	CDC RFA	\$50,000
29543	29543.08	HHS/Centers for Disease Control & Prevention	Salesian Mission	12099	12099.08	CDC RFA	\$100,000
29542	29542.08	HHS/Centers for Disease Control & Prevention	The African Field Epidemiology Network	12109	12109.08	AFENET	\$40,000
29541	29541.08	HHS/Centers for Disease Control & Prevention	US Department of State	12098	12098.08	State Department	\$372,776
29540	29540.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	12097	12097.08	Multicountry CT PHE	\$1,000,000
14022	2954.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,164,000
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

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$5,889,767

Program Area Narrative:

In 2001, South Africa restructured its public sector medical laboratory service and created the National Health Laboratory System (NHLS), a parastatal organization funded through the National Department of Health (NDOH) and further supported by its fee-for-service revenue generating activities. The NHLS is accountable to the NDOH through its Executive Board and is responsible for public sector laboratory service delivery to approximately 85% of South Africa's health systems. The NHLS governs activities and funds the National Institute of Communicable Diseases (NICD) to provide surveillance, research, and programmatic operations. The NHLS also funds the National Institute of Occupational Health (NIOH) to develop policies and to support occupational health exposure surveillance. 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 the nine South African provinces and their associated district hospital laboratories. Each district laboratory supports a network of local clinics that provide primary care services.

In previous years, PEPFAR has provided limited direct support to the NHLS with a significant portion of COP activities focused within the NICD to carry out the majority of laboratory related activities in the COP. In FY 2008, a new Cooperative Agreement was awarded to the NHLS, expanding laboratory support activities across the NHLS, NIOH, and providing continued support of the existing PEPFAR supported NICD activities. PEPFAR funds will be used to continue to address gaps identified by the NDOH, NHLS, NIOH, and NICD, and to address laboratory-specific unmet needs and policy or administrative issues that impede full implementation of public laboratory programs, which support the national antiretroviral treatment (ART) rollout and the Tuberculosis Strategic Plan for South Africa, 2007-2011. Consistent with the priorities identified by the NDOH, and implemented by the NHLS, NIOH, and NICD, 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 second year PEPFAR partner that aims to establish a network of HIV monitoring laboratories and associated service access tools to ART settings in resource-constrained areas where existing public NHLS laboratory coverage is limited or stretched.

Toga is an organization based on the framework of an existing private molecular diagnostics laboratory. Toga provides molecular diagnostic support to 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 comprised of 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 HIV laboratory support and clinical management. Toga is committed to driving increased access to molecular HIV diagnostic testing and treatment monitoring for all South Africans under the framework of the national HIV and ART rollout and scale-up.

With the continuing expansion of HIV and TB services within NHLS and with significant increases in multi-drug and extensively drug-resistant TB (MDR/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 54 CD4 laboratories in the 9 provinces within the NHLS system, but coverage within each health district is limited. There are only 14 laboratories in 5 provinces that are able to provide viral load testing, and only 9 laboratories in 5 provinces are able to provide infant polymerase chain reaction (PCR) diagnostics. NHLS will expand services to provide at least one CD4 laboratory per health district and will ensure that viral load and infant PCR services are available in all the provinces. NHLS also recognizes their limited TB laboratory capacity due to high burden and inability to capture and report MDR/XDR-TB cases to the National TB Control Programme (NTP). In response, NHLS will roll out the line probe assay in 20 existing facilities. There is an urgent need to provide increased access to TB diagnoses and referral services and to strengthen the management and reporting of MDR/XDR-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 extract laboratory data from existing NHLS laboratory information systems and data can be imported into the ETR.Net database. The current system does require strengthening and NHLS is actively working to improve the capacity and utility associated with this system, as well as a new patient management system to be piloted this year.

National policies and standards on infection control programs within laboratories are limited. The NIOH is authorized to develop policies for occupational health. PEPFAR funds will be used to promote an infection control network, and to develop robust and manageable infection control policies and surveillance activities. 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 and monitoring 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-Saharan Africa. Both organizations will expand and strengthen existing regional support mechanisms and will enhance collaboration with other PEPFAR-funded countries through the African Center for Integrated Laboratory Training (ACILT). 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. All regionally supported activities will be funded by requesting countries within their COP submissions, and are not directly funded by South African

PEPFAR monies.

During FY 2009, PEPFAR funds will be used to continue support to NICD. Support includes: a) evaluating HIV incidence testing methodologies; b) using EQA to monitor PCR DNA testing of infants and of molecular testing associated with ART for the NHLS; c) providing quality assessments of HIV rapid test kits for the NDOH; d) assisting the NDOH in training staff in 4,000 VCT sites on proper HIV rapid testing procedures and quality management systems, utilizing the WHO/CDC HIV Rapid Test training package; e) implementing an operational plan to scale-up early HIV diagnosis in infants utilizing PCR testing of dry blood spots; f) assisting the National TB Reference Laboratory in equipping and readiness preparation when completed in late 2008; and (g) providing laboratory training for clinical laboratorians and renovating temporary student housing to accommodate long term-training sessions under ACILT.

NICD will continue to support important strategic information activities to help inform the decisions of policy makers and program officials regarding their HIV prevention and ART roll-out programs. These activities include HIV-1 and TB national drug resistance and transmission surveillance; sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected persons; microbiological etiological and antimicrobial resistance surveillance for other opportunistic infections; provision of training for South African epidemiologists and laboratory workers; and collection of trend data on HIV incidence. Detailed descriptions of these activities can be found in the Strategic Information section in the COP.

New collaborative NHLS activities aim to: a) increase national coverage of HIV and TB diagnostics (line probe assay rollout in 20 facilities) and treatment monitoring capabilities; b) ensure uniform quality assurance measures among laboratories; c) support activities to initiate new and strengthen existing EQA programs; d) strengthen laboratory reporting systems in support of rural clinics and laboratories; e) promote efforts to synchronize infection control activities in collaboration with the NIOH; f) investigate, assess, validate, and implement new automated laboratory diagnostic equipment and high capacity instrumentation for high burden diagnostics and service delivery needs; and g) expand upon the regional support and collaboration with other PEPFAR-funded countries through the established ACILT.

Toga aims to increase national coverage of HIV diagnostics in remote rural areas by engaging local and provincial government and placing four additional Togatainers in FY 2009. 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. Togatainer addresses the need for peripheral deployment of these required laboratory services, 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).

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 7316.09	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 Budget Code: 16
Activity ID: 16285.22722.09	Planned Funds: \$166,899
Activity System ID: 22722	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: Technical assistance and scale-up of early infant diagnosis

Using FY 2009 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 (& other countries on request) to help escalate 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 for the introduction of the new automated Taqman assay to replace the HIV DNA polymerase chain reaction (PCR) assay will be provided. In particular, monitoring the performance of this new assay in the field will be done in relation to the new dual therapy PMTCT program, the age of the infant and the ability to use the assay for viral load monitoring on dried blood spots. Monthly PCR test statistics for monitoring the progress of the program will be provided to HIV program managers in Gauteng & the monitoring database will be upgraded to a national level (except for KwaZulu-Natal data); incorporation of rapid HIV tests for infants and children; updating of diagnostic algorithms for children in an evidence-based manner; and establishing a system for feedback from clinics for central monitoring, e.g., service issues, quality control, etc. A program that increases peripartum HIV testing of women to improve identification of HIV-exposed infants is being assessed. All women are offered HIV testing in the peripartum period, newly diagnosed HIV-infected women's babies are given post-exposure prophylaxis and infants are followed to 6-weeks of age for PCR testing. Monitoring of the accuracy of the rapid tests supplied by DOH is done using Determine as a gold standard test because healthcare worker confidence in these tests that are frequently changed is low.

ACTIVITY 2: Capacity Building

In FY 2009, The Wits Paediatric HIV Clinics (WPHC) and National Health Laboratory Service (NHLS) will continue to facilitate training of clinic healthcare workers including nurses, doctors and lab technicians 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 3,500 to 4,500 per month in the Johannesburg laboratory. Serum panels from infants and children will be prospectively stored for testing of rapid HIV tests which are currently evaluated only on adult samples.

ACTIVITY 3: Linking the expanded program for immunizations (EPI) at primary healthcare clinics (PHC) with early infant diagnosis. In FY 2009, WPHC 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.

SUMMARY: The Wits Paediatric HIV Clinics (WPHC) & 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 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. 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

Activity Narrative: available, e.g., to "Concerned Pediatricians" to monitor progress; to optimize current & 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 & NHLS will continue to facilitate training of clinic healthcare workers including nurses, doctors and lab technician in the area of early infant diagnosis & update training content as practice evolves. The training will ensure that infants exposed to HIV accessing immunization clinics at 6 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 & 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16285

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16285	16285.08	HHS/Centers for Disease Control & Prevention	Wits Health Consortium, NHLS	7316	7316.08	CARE UGM	\$191,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 2797.09

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: Laboratory Infrastructure

Budget Code: HLAB

Activity ID: 22794.09

Activity System ID: 22794

Program Budget Code: 16

Planned Funds: \$186,899

Activity Narrative: SUMMARY:

The International Centre for AIDS Care and Treatment Programs (ICAP) will enhance its technical, financial and managerial support to the National Health Laboratory Services (NHLS) to strengthen the laboratory infrastructure, capacity and services in the rural ART sites to ensure efficient and quality laboratory services for care and treatment scale-up in the Eastern Cape (EC).

BACKGROUND:

The National Guidelines for Antiretroviral Treatment (ART) recommends CD4 cell counts as a prerequisite for the initiation of ART and subsequent six monthly monitoring of treatment outcomes. It also recommends baseline plasma viral load before starting ART in addition to periodic monitoring. In the rural ART sites of the EC and KwaZulu-Natal (KZN) provinces where the HIV epidemic is most severe, care and treatment services are compromised by deficient and often non-existent laboratory infrastructure, expertise, networking and access. As a result, laboratory services are often not performed in a timely manner, despite the massive scale-up of care and treatment services. Therefore, ICAP supports the NHLS to strengthen the laboratory infrastructure, capacity and services in the rural ART sites. With this support, an effective network of laboratories and the rural ART sites have been established to ensure efficient and quality laboratory services.

ACTIVITIES AND EXPECTED RESULTS:

The following activities will be supported and undertaken under the partnership:

ACTIVITY 1 : Assessment, gap identification and interventions to address laboratory unmet essential needs and coverage in the EC, KZN, Northern Cape (NC) and Free State (FS)

ICAP will provide technical, managerial and financial support to the NHLS to overcome barriers that hinder full implementation of laboratory support services for comprehensive HIV care and treatment programs by:

- a) Enhancing laboratory infrastructure to support HIV DNA testing using dried blood spot (DBS) technology, TB diagnosis, CD4 count and viral load testing;
- b) Improving specimen transportation in currently under-served rural areas in OR Tambo and Sisonke districts;
- c) Improving IT and LIS to facilitate transfer of patient details and results between clinical service sites and the laboratories;
- d) Upgrading district hospital infrastructure for basic laboratory assays and specimens;
- e) Expanding laboratory staff training to support increased need for DBS technology, CD4 testing and viral load;
- f) Supporting quality assurance (internal and external) and IT;
- g) Identifying and supporting basic program evaluation priorities in affordable HIV-related diagnostics, monitoring and surveillance.

ACTIVITY 2: Increase TB diagnostic services coverage

In the Eastern Cape the NHLS is performing 24 hour TB tests at the Port Elizabeth and Mthatha laboratories due to the increasing workload and demand for TB diagnostic services. ICAP will provide technical, financial and managerial support to expand access to quality sputum smear and culture. Further decentralization of sputum smear-microscopy will be supported.

ACTIVITY 3: Best laboratory practices

ICAP will promote and strengthen standardized best laboratory/clinical practices (GCLP) and uniform quality assurance measures in the supported laboratories and healthcare facilities in regards to monitoring performance.

ICAP will establish links with institutions that offer GCLP courses and ensure that key NHLS and DOH staff members attend and disseminate the information to others on their return.

Mthatha and Livingstone Hospital (Port Elizabeth) laboratories subscribe to two External Quality Assurance schemes - CDC and Quality control programs for molecular diagnostics (QCMD), for DNA PCR and viral loads. ICAP will support activities that strengthen existing External Quality Assurance (EQA) and Proficiency Testing (PT) programs. Assistance in preparing for accreditation, measuring clinical performance, reporting indicators, and disseminating performance reviews for action will be provided by ICAP.

ACTIVITY 4: Strengthening of the Quality Management Systems (QMS)

ICAP will support the strengthening and provision for QMS training at all healthcare facilities and laboratories that perform HIV rapid testing in line with South African national testing algorithms and policies.

ACTIVITY 5: Strengthening of the procurement systems

A unified approach to procurement and distribution of laboratory commodities will be supported by ICAP.

Provide financial support for a coordinated healthcare facility specimen collection and courier system.

ACTIVITY 6: Investigating new automated laboratory diagnostic equipment

ICAP will work with NHLS to investigate and acquire new automated and high capacity instrumentation for

Activity Narrative: high burden diagnostics in limited staff regions.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 6777.09	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 Budget Code: 16
Activity ID: 14328.22870.09	Planned Funds: \$2,635,683
Activity System ID: 22870	

Activity Narrative: SUMMARY:

Activities will be carried out to address laboratory-specific unmet needs that impede full implementation of national laboratory programs. Activities will increase national coverage of HIV and TB diagnostics and treatment monitoring capabilities; ensure uniform quality assurance measures among laboratories; strengthen laboratory reporting systems; promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupational Health (NIOH); and to expand upon the regional support and collaboration with other PEPFAR-funded countries.

BACKGROUND:

The NHLS is accountable to the National Department of Health (NDOH) through its Executive Board and is responsible for public sector laboratory services. 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.

ACTIVITY 1: HIV testing at point of care

HIV testing at point of care settings using HIV rapid tests is set to increase in terms of the National strategic plan developed by the NDOH. Project Goals and Objectives: (1) Assess rapid HIV kits performance at a laboratory level; (2) routine monitoring of new lots/batches prior to release to testing sites and (3) produce training materials for HIV QMS, external quality assurance (PT) and internal quality controls (IQC) for testing sites for quality assurance purposes. The target would be 200 sites in 5 provinces over a year period to determine feasibility of the program. This will include piloting of dried plasma PT panels. Project Outputs: The objective of HIV assessment at field level allows for rational decision making in terms of algorithm setting and alternatives to current tests. Post marketing surveillance permits early warning systems to become operative. IQC usage will allow for program managers to become aware of any problems that could be site-specific or systematic. The EQA/PT program will assess overall program performance.

ACTIVITY 2: HIV Rapid kit Quality Management Training

As part of the National Strategic Plan to reduce infections by 50% by 2011 there is a need to expanded services for counselling and testing. Project Strategy: To continue QMS training implemented in 2008 and to provide direct support to the Provinces in terms of a train the trainer-type approach or direct training as needed. The current time spent per training is 2-3 months per province at the trainer level. The outcome will be that at least 5 provinces will be trained by the third quarter of 2009. The training will be integrated with implementation of EQA and IQC programs as well as M&E programs. Project Goals and Objectives: (1) Training of trainers in 9 Provinces in HIV rapid Test QMS and implementation of training at provincial level. (2) Integration of QMS training with implementation of EQA and IQC programs in at least 6 provinces. (3) Implementation of an M&E program that integrates with provincial-level monitoring of HIV rapid testing. Project Outputs: Monitoring of numbers trained: trainers and direct technical assistance, provincial coverage, IQC coverage and EQA scores, M&E evaluation scores in terms of numbers of sites trained and implementation of QMS program.

ACTIVITY 3: HIV-1 NAT EQA

External Quality Assessment (EQA) and IQC will be an integral part of the laboratory quality management system (QMS) that will detect weak spots in performance as well as improve on the reliability and confidence when performing HIV-1 NAT. Project Strategy - Description and Methodologies: The NICD will source local material as well as characterize materials in collaboration with QCMD for HIV viral load and subtyping PT and IQC. NICD will make the program available to 25-30 participating laboratories for two distributions: first and last quarters of 2009. Data will collated by an independent secretariat that includes the NICD and QCMD for data analysis. For the IQC program software development allows for web-based submission of data with real time analysis and trend analysis. A positive standard has been selected (subtype C, 5000 copies/ml) and characterized for this purpose. The program will be introduced in the first quarter of 2009. The NICD intends to introduce IQC program for HIV DNA testing on DBS in the second quarter of 2009 to 11 participating laboratories. Project Outcomes: (1) The implementation of an EQA program that will monitor laboratory performance related to the ART program. (2) Capacity development of the NICD to perform as a molecular EQA provider. (3) The development of an IQC program for HIV viral load testing and infant diagnosis that can provide real time monitoring (4) The use of locally relevant materials to be characterized and included in panels.

ACTIVITY 4: Early Infant Diagnosis

Project Goals and Objectives: (1) To develop a clinical and laboratory infrastructure that supports early testing and HIV diagnosis in infants. (2) To assess the most appropriate method for early and accurate diagnosis of HIV infection in infants. The primary objective is to utilize the DBS HIV DNA PCR as a tool for diagnostic purposes in a setting with approximately 6000 infants over a 12 month period from the second quarter of 2009. The objectives would be the identification of processes that will ensure high throughput that will allow for access to diagnostics, care and follow-up as required. Project Outputs: The primary outcome will be the establishment of technologies that can be applied in the public health setting for the early diagnosis of HIV infected infants as well as monitoring antiretroviral therapy. An algorithm of cost-effective testing will be a primary accomplishment. The application will be at an operational level to ensure that clinical sites that do not have easy access to diagnostic services benefit.

ACTIVITY 5: Increased access of TB culture and referral services

In light of the significant increase in MDR and XTR-TB cases within South Africa, and recognizing that there is a significant lack of laboratory capacity to capture and report suspect TB cases, it has been determined

Activity Narrative: that an immediate expansion of TB culture and referral services are required. TB culture facilities have been established in all provinces but to make a significant impact quickly, it has been proposed that a further 3 TB laboratories be renovated to meet current demands during this funding period, in Mpumalanga, the Western Cape, and KZN. The selected sites would provide a responsive and regional impact in respect to TB culture services and the overall ability to capture possible MDR and XTR-TB cases. The proposed sites would provide relief to the existing laboratory services and improve overall performance and TB diagnostic capacity within the entire region. Proposed funding would be used to provide equipment purchases and renovations for the proposed sites.

ACTIVITY 6: Approaches to increase TB laboratory throughput

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. The project with full details and project plan has been submitted. There is strict adherence to the time lines in the project plan and budget. Completion date of project will be January 2010.

ACTIVITY 7: National TB Quality Programs

Proficiency testing: Second line DST EQA for culture laboratories is a priority and will be developed during this funding period, as there is NO PT for second line anti-TB drugs in the NHLS. Description and Methodology: Simulated specimens for DST testing will be prepared and distributed to all culture facilities within the NHLS. The resistance profile among the organisms will vary from organism to organism and measure the proficiency of the laboratories to correctly identify resistance to second line drugs amikacin or kanamycin, ethionamide and ofloxacin. Capreomycin. Objectives of the program include: (1) capacity building, (2) improvement of quality (3) institution of corrective actions where deficiencies are detected and follow up, as well as (4) providing support to peripheral laboratories. Outputs: Second line DST is performed by MGIT liquid culture in the following NHLS Laboratories: Green Point, Port Elizabeth, Umtata, Albert Luthuli, Braamfontein. All these laboratories will be required to participate in the PT.

ACTIVITY 8: Rechecking program

A blind rechecking program is in the process of being rolled out in the NHLS. Goals and objective: (1) Blanket approach of rechecking random selected slides from the laboratory register is inadequate. (2) Selection of sample size is based on implementation and sustainability, rather than rigorous analytical methods. (3) The recommended sample size provides relative information on the sensitivity of microscopy. (4) Sample size is based on annual laboratory volume and the proportion of positive smears. (5) Positive slides are included to achieve blinding, but numbers are insufficient to determine specificity. (6) Guidelines to interpret Discrepancies.

ACTIVITY 9: Line Probes

Project Strategy: 20 NHLS regional laboratories will be identified for roll out of the line probe over the next 24 months. This entails (1) Identify additional space for PCR laboratories (2) Renovate the space for PCR laboratories to an acceptable standard (3) Purchasing of equipment (4) Training newly employed scientists (5) Validation of the assays (6) Institute quality systems for the ongoing monitoring of performance. A partnership will be established with Davies Diagnostics, the local supplier of the Hain line probe, for technical assistance in the training and roll out of the assay. Project Goals and Objectives: The overall goal is the establishment of line probe assays in 20 regional laboratories throughout South Africa for the early identification, isolation and treatment of new MDR-TB cases to improve outcomes in these patients. Project Outputs: PCR Laboratory space would have been identified and renovated, capital equipment put in place and scientists trained to perform the assay. Quality systems will be in place. These laboratories would be confident in performing routine diagnostic PCR investigation on smear positive sputa for the identification of MDR-TB patients.

ACTIVITY 10: National Tuberculosis Reference Laboratory

Molecular Biology: Goals and objectives: (1) With an emphasis on the MDR-TB and XDR-TB strains isolated nationally, molecular characterization of sensitive and resistant M tuberculosis will be commenced on the collection of MDR and XDR organisms from all provinces in South Africa. (2) Molecular investigations into outbreaks will be performed and unique mycobacterial strains and NTM species encountered will be identified and characterized by conventional, molecular and HPLC technology. (3) Molecular genotyping on a sample of the isolates obtained from drug resistance survey (about 14,000 strains) to accurately reflect the genotypic epidemiology of M tuberculosis in South Africa. Outcomes expected: (1) Characterizing general circulating M tuberculosis strains, MDR-TB strains and longitudinal characterization of repeat isolates from MDR-TB patients (2) Sequencing the resistance genes of M tuberculosis MDR-TB strains and promoters, (3) Molecular investigations into outbreaks (4) Characterizing general circulating M tuberculosis strains, MDR-TB strains and longitudinal characterization of repeat isolates from MDR-TB patients. Assays planned to be performed in the NTBRL include RFLP, spoligotyping, sequencing of drug resistance loci.

ACTIVITY 11: ACILT - African Centre for Integrated Laboratory Training

Objective: Recent reviews of TB and HIV laboratory practices throughout Africa have affirmed the principle

Activity Narrative: that accurate laboratory results are not only based on the number of people employed in laboratories, but on the quality of their work. This is chiefly a matter of better training, motivation and management according to good laboratory practices. The primary objective is to train technical staff from across Africa in current technologies and methodologies for TB and HIV. Strategy: It is proposed that a Technical Advisory Committee be formed which would provide technical expertise to the Centre management on issues related to management, laboratory curriculum development and training programs, review the training centre's training priorities and strategies so that they are in line with the regional requirements and targets, and give support to the faculty. Outputs: courses to be focused on in the short-term are: (1) TB culture/DST and molecular diagnostics. (2) Early Infant Diagnosis PCR (3) Laboratory management (4) Quality management systems (QMS) (5) Commodity management (quantification).

ACTIVITY 12: CDC Management & Administration

The NHLS/NICD has implemented financial and administrative processes to ensure improved focus and oversight of the funding of this Cooperative Agreement. These processes are broadly divided into two, being 1) processes around the budget development and the funding needs affecting the application, and 2) financial controls for project finances. Budget development and funding needs affecting the previous application were addressed by having a centralized budget development function. All the budgets and carry-forward requests are consolidated in conjunction with individual PIs, the Cooperate Services Manager of the NICD, the NHLS Cooperate Services and the PI managing the CDC grant overall. Secondly, financial controls affecting funds have been investigated and are currently being implemented in alignment with NHLS policies and procedures. The processes followed for committing expenditure and the treatment thereof have been documented. This forms the basis for the implementation of financial controls, including monthly reporting of expenditure, and the review of these expenditures by the relevant PIs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14328

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14328	14328.08	HHS/Centers for Disease Control & Prevention	National Health Laboratory Services	6777	6777.08		\$12,000,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$2,177,049

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6134.09

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 Budget Code: 16

Activity ID: 12307.22835.09

Planned Funds: \$2,172,108

Activity System ID: 22835

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

It is anticipated that service access will increase the number of patients tested at existing sites from 4000 to 6,500 patients. Three new Togatainer deployment sites have been identified. The implementation will provide laboratory testing for an additional 2500 patients. The implementation of additional White Rabbit reporting and requesting systems is anticipated. Thirty healthcare professionals in the vicinity of deployed Togatainer will be trained in the implementation and management of ARVs. The clinical support service will be expanded to include these healthcare professionals. The emphasis in FY 2009 expansion activities will be the strengthening of healthcare systems where little resource exists, contributing to greater uptake of patients. Alignment will be sought with public partners.

The White Rabbit (WR) deployment has been problematic to date with the current IT system. Therefore, the WR enhancements of the Toga in-house IT system strengthening will be accelerated during FY 2009. This is a high priority area.

The development of a clearly defined sustainability plan is a key focus for FY 2009. Part of the roll-out program is to ensure its sustainability. In support of this process currently, once a site is identified a feasibility evaluation is performed on the possible support of other stakeholders or partners surrounding the area. The access to affordable testing allows patients to receive treatment, and the greater the number of patients served through the container, the greater opportunity exists for sustainability and cost reduction. The networks with local Department of Health (DOH) as well as voluntary organizations and individual clinicians will allow for each laboratory to run as business units allowing for surplus funds to be applied to further the interest of patients and care and enhance sustainability efforts. The Training of Healthcare workers is not limited to the clinics directly involved with Togatainer but is also open to allow interested partners to be exposed to advanced training as well as supporting the container as part of a community project further enhancing sustainability.

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.

Activity Narrative: 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

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13842

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13842	12307.08	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6630	6134.08		\$2,041,000
12307	12307.07	HHS/Centers for Disease Control & Prevention	Toga Laboratories	6134	6134.07		\$1,000,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$208,200

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.16: Activities by Funding Mechanism****Mechanism ID:** 262.09**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 Budget Code:** 16**Activity ID:** 2959.22859.09**Planned Funds:** \$0**Activity System ID:** 22859**Activity Narrative:** NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 14075

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29599	29599.06	U.S. Agency for International Development	Population Services International	12128	12128.06		\$200,000
29598	29598.06	U.S. Agency for International Development	University Research Corporation, LLC	12127	12127.06		\$225,000
29597	29597.06	U.S. Agency for International Development	Management Sciences for Health	12120	12120.06	USAID Track 2.0 LMS Leader	\$455,000
29596	29596.06	U.S. Agency for International Development	Management Sciences for Health	12126	12126.06	USAID Track 2.0 ACT	\$386,090
29595	29595.06	U.S. Agency for International Development	Management Sciences for Health	12120	12120.06	USAID Track 2.0 LMS Leader	\$22,913
29594	29594.06	U.S. Agency for International Development	Management Sciences for Health	12120	12120.06	USAID Track 2.0 LMS Leader	\$71,000
29593	29593.06	U.S. Agency for International Development	Christian Aid	12124	12124.06	USAID Track 2.0 Christian Aid	\$849,802
29592	29592.06	U.S. Agency for International Development	Sesame Street Workshop	12125	12125.06	USAID Track 2.0 Sesame Street	\$400,000
29591	29591.06	U.S. Agency for International Development	Management Sciences for Health	12126	12126.06	USAID Track 2.0 ACT	\$329,000
29590	29590.06	U.S. Agency for International Development	Management Sciences for Health	12120	12120.06	USAID Track 2.0 LMS Leader	\$56,000
14075	2959.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$400,750
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	\$1,149,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 500.09

Prime Partner: National Department of Health, South Africa

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 23600.09

Activity System ID: 23600

Mechanism: In Support - CDC

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$728,178

Activity Narrative: SUMMARY:

In close collaboration with the National Department of Health (NDOH) and the National Health Laboratory System (NHLS), the CDC Laboratory Branch will provide HIV and TB laboratory programmatic support to the national and provincial departments of health. The aim of the "In Support of the NDOH Laboratory Infrastructure" project is to provide technical assistance to the NDOH and provincial health departments to ensure expansion and strengthening of existing laboratory services in all nine provinces. Activities will be carried out to address laboratory-specific unmet needs that impede full implementation of national laboratory programs, ensure uniform quality assurance measures and effective monitoring and evaluation among laboratories; strengthening of laboratory reporting systems; and promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupational Health (NIOH); The major emphasis area is policy driven, with additional support in training, accreditation, establishing Public Private Partnerships (PPPs), Quality Assurance and Quality Control (QA/QC), strategic planning, technology development and establishing possible collaborations and coordination of training and other possible support networks for laboratories in South Africa.

BACKGROUND:

With the establishment of a Laboratory Branch within the South Africa CDC, Global AIDS Program in FY 2008, current funds will be used to support the implementation and to provide support to the National Department of Health (NDOH) through collaboration with the NHLS, National Institute of Communicable Diseases (NICD), and NIOH. The NHLS is accountable to the NDOH through its Executive Board and is responsible for public sector laboratory services. The NHLS also governs activities and provides funding to the NICD to provide surveillance, research and programmatic operations, as well as funding to the NIOH for policy development activities related to occupational health.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: National Policy

Collaborate and support the development and implementation of effective NDOH laboratory monitoring indicators and assessment mechanisms to assist in the monitoring of national laboratory quality, HIV rapid testing, and to assess overall laboratory coverage; Establish a working group with Public/Private laboratories to strategize further collaborative partnerships, and to establish a national lab advisory committee

ACTIVITY 2: Training

Promote and strengthen quality of HIV testing in public Counseling and Testing (CT) sites within SA and with PEPFAR partners; Strengthen specimen collection techniques and result management activities in public and PEPFAR TB and HIV sites; Strengthen laboratory safety and infection control practices within laboratories in TB and HIV sites; Continue to provide regional and local laboratory support through the established African Center for Integrated Laboratory Training (ACILT).

ACTIVITY 3: Services

Support Public/Private laboratories in acquiring International Standards Organization (ISO) and the South African National Accreditation System (SANAS) accreditation as requested that are involved in TB & HIV activities.

ACTIVITY 4: Capacity Development

This activity is broadly focused on capacity development and improvement of laboratory activities within public primary health facilities.

ACTIVITY 5: QA/QC

Support activities to improve quality of HIV testing in public CT sites and NHLS laboratories and with PEPFAR Partners

ACTIVITY 6: Geographical Information Systems (GIS) Mapping

Identify specific laboratory service coverage issues within SA and with PEPFAR partners; Integrate existing PEPFAR partner GIS data with laboratory GIS data for further strategic planning.

ACTIVITY 7: Technology

Continue to support technology development to decrease lab burden and increase laboratory throughput and turn around time; Continue to support the development of an integrated laboratory patient management system with NHLS (biometrics) to increase the ability of clinics to track patients and to incorporate real-time laboratory test results.

ACTIVITY 8: Conferences/Workshops

Establish a Public/Private Laboratory Conference to discuss possible collaborations and possible coordination of training and other possible support networks.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$16,992,903

Program Area Narrative:

For FY 2009, South Africa (SA) Strategic Information (SI), as part of the larger PEPFAR program, is oriented toward further aligning health management information systems (HMIS) and monitoring and evaluation (M&E) systems to South African government (SAG) standards. SASI will enhance the use of SI with an emphasis on strengthening surveys and surveillance, understanding data quality and using geographic information systems (GIS), and moving toward comprehensive SI capacity building activities. SASI accomplishments include: 1) developing and using an electronic, web-based partner reporting system, the Data Warehouse (DW); 2) incorporating systematic data quality assessments into partner performance cycles; 3) developing a South Africa SI Manual (the South Africa-specific indicator guide) for use by implementing partners; 4) hosting M&E capacity building workshops held several times per year; and 5) conducting innovative evaluations of partner performances, which are embedded into the FY 2009 COP process, and include key members of the SAG and USG HQ technical staff.

Despite these accomplishments, the SI team faces significant challenges in FY 2009 including: 1) the disparate nature of HMIS among PEPFAR-supported implementing partners, the SAG systems supported by the Departments of Health and Social Development, and partners' systems supported by other donors; 2) the tendency for abundant collection and reporting of results-oriented data among all stakeholders without due attention paid to data quality or an understanding or appreciation of their broader use; and 3) a lack of human capacity in the country team, resulting in SI team members spending much time on COP issues and partner management rather than core SI functions. Addressing these challenges is an essential goal for FY 2009; implementation plans are outlined below.

Functioning of Strategic Information Team within the Country Team

The SI team comprises one M&E Advisor each from CDC and USAID who both serve as the SI liaisons to OGAC. An additional M&E Advisor is seconded to the National Department of Health (NDOH). The team has expanded to include two M&E assistants, one each at CDC and USAID, an HMIS specialist, and an epidemiologist/surveillance officer based at CDC. In FY 2009, a USG SI Knowledge Management specialist based at USAID will take the lead on developing the USG GIS strategy, in addition to serving as full-time manager of the USG DW. Like other PEPFAR focus countries, the SI team also relies upon key in-country partners to help implement the USG SI vision. In SA, John Snow International was recently awarded a contract to assist the SI team to implement activities such as training, provision of technical assistance to implementing partners and the SAG, GIS data use, etc.

The SI team plans and implements activities as one USG team and receives final inter-agency vetting and approval. In previous years, the team deliberated within the context of an SI Technical Working Group (TWG) consisting of members from the other USG agencies and program areas. The "Staffing for Results" exercise conducted in 2008 led to a decision to disband the SI TWG. With the added strength of the new hires mentioned above, the SASI team plans to develop a more broadly based Technical Team that will greatly enhance its ability to plan and lead SI activities that benefit the program.

The SASI team developed the DW to which PEPFAR partners submit their plans and reports. All USG partners currently use the same templates and reporting guidelines. Results for OGAC reports are jointly drafted by all USG agencies. In FY 2009, a high priority is set on the transition of the DW from an in-bound reporting platform to an interactive database that will allow users to customize queries on indicator results by program area, by site, and by geographical unit across reporting periods. The new USG DW manager will develop a scoring system per quarter to track the transition; all changes will be vetted and approved by DW user groups. The SI team views the DW as a hub for a broad set of data use activities; hence, the long-term goal is to expand the DW beyond its narrow PEPFAR reporting functionality to a role that can be widely used and appreciated by SAG stakeholders.

The SI team leads the formulation and review of country targets. Direct targets are a sum of partner targets. The USG Activity Managers and SI Advisor review partners' targets to ensure that they are reasonable and achievable. All partners report treatment activities on a quarterly basis by site. A customized version of the Track 1 treatment form is used. 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. For FY 2009, the SI team will provide substantial leadership and technical assistance toward finalization of a national orphans and vulnerable children (OVC) management information system, which will be linked to the OVC results reporting templates of PEPFAR-funded partners, and to other non-PEPFAR OVC organizations. This activity will be implemented in response to requests from the National Department of Social Development (DOSD) and is an important example of how SI contributes to the third of the Three Ones. Upon completion of this national harmonized database, the SI team expects to have acquired the necessary OVC data to estimate the number of OVC benefiting from USG indirect support.

The antiretroviral treatment and counseling and testing targets are based on current uptake and projections and reflect modifications in national policy. The total HIV care and support target is difficult to measure since it is not collected at the national

level as defined by OGAC. The SI team has a wealth of experience in formulating targets and in developing data systems to assist with the supporting of results reporting against such targets. During FY 2009, the SI team will further enhance the underlying reporting and data systems and will continue to provide technical assistance to USG and to the OGAC SI Division in how results and targets are formulated, interpreted, and reported in the field.

Overarching SI System

M&E is a priority in the South Africa HIV & AIDS and STI National Strategic Plan, 2007-2011 (NSP) and the USG will continue to respond to these needs by providing direct funding and targeted technical assistance to various SAG departments. In collaboration with the National Department of Health (NDOH) and other key stakeholders, the USG has contributed to the development of the NSP's M&E framework. During FY 2009, the USG aims to increase collaboration and harmonization of M&E systems. Currently, a District Health Information System (DHIS) exists, but it is not implemented in all provinces, and the quality of the HIV data is variable. The SI team plans to align the PEPFAR results reporting systems with the DHIS. Additionally, the SI team continues to emphasize data quality of reported results via targeted capacity development workshops involving SAG M&E personnel that affects DHIS reporting as well as PEPFAR required results. Finally, 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 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 (see above example with DOSD and the national OVC database).

The SI team emphasizes rapid and comprehensive responses to SAG requests for technical assistance in SI. For FY 2009, the response strategy involves forming close partnerships with relevant SAG stakeholders so that assistance is more sustainable (i.e., all SI tools are shared and adapted for the particular context). The team's long-term goal is to turn over SI functions and activities to SAG counterparts and local partners. The strategy is based on rigorous M&E capacity development at increasingly lower levels and harmonization of measurement and data collection objectives.

The SI team has worked with several provincial departments of health to provide technical assistance in M&E in the past year; this support will be continued in FY 2009. Coordination with the NDOH had been strained, but collaboration is expected to accelerate during FY 2009. This is partially because of the groundwork laid during FY 2008 and partially because of the new enthusiasm for public health and HIV activities engendered by the new direction and leadership within the NDOH.

Surveys and Surveillance

Seroprevalence and behavioral surveillance activities in the general population are primarily supported through the National Institute for Communicable Diseases, the Medical Research Council (MRC), and the Human Sciences Research Council (HSRC). These organizations and the SAG drive the process; PEPFAR provides partial support for these surveys, and the SI team provides technical assistance with survey design and implementation. Johns Hopkins University in collaboration with USG PEPFAR partners will implement the next national communication survey during FY 2009 to monitor trends in behavior in relation to media exposure. The SI Team plans to incorporate these surveillance activities and survey findings into its capacity development activities to enhance data use among partners and stakeholders. Thus, the analysis and further use of these survey results will be an important set of activities for FY 2009.

The USG continues to provide technical assistance for these activities, including direct personnel support at the national and provincial health departments, development of surveillance systems, and training to specific NDOH programmatic units.

Health Management Information Systems (HMIS)

To date there is not a comprehensive SAG HMIS strategy. As a result, the SI team looks for key opportunities to leverage PEPFAR resources toward the use of systems that complement existing SAG systems and help pave the way toward harmonization. For FY 2009, the USG HMIS strategy addresses the challenge of harmonizing systems toward national standards. PEPFAR supports HMIS at the partner level, but the USG has not been prescriptive about design and implementation. Many treatment partners have developed systems in the absence of a national or provincial MIS. An HMIS assessment of treatment partners was conducted in FY 2008. Results indicated the importance of harmonization of such systems to ensure communication with facility level systems and interoperability with the DHIS, which will be the focus of data quality improvement activities.

Monitoring and Evaluation

A local PEPFAR contractor routinely conducts Data Quality Assessment (DQA) to build partner M&E capacity, and to ensure results reported to OGAC are valid and reliable. Through FY 2008, the rapid increases in PEPFAR funding and number of partners in SA limited the time and resources that could be expended on evaluating partner performance and using data effectively for program planning. The SA Team awarded a contract to a SA organization to enhance the ability of USG Activity Managers to measure partner performance and to assess data quality. The SI team has made considerable progress in improving data quality among implementing partners; however, data quality within the SAG M&E system remains a concern. Priority for strengthening data quality with the SAG systems is a priority for FY 2009.

The USG conducted a substantial partner evaluation in FY 2008 as part of COP preparation. The evaluation critically reviewed partners' performance, current and future plans, and budgets. Results of the evaluation directly affected FY 2009 COP budgets awarded to implementing partners and provided useful feedback to partners on current and future implementation strategies. SAG members were fully involved in this partner evaluation process. A further refined methodology will be used during the FY 2010 COP preparations.

The USG supports a comprehensive and systematic approach to partner M&E capacity building that will continue during FY 2009. These activities include: 1) M&E workshops that assist partners in developing M&E plans; 2) DW enhancement to assist USG and partners with the collection, reporting, and analysis of data; 3) DQA initiative mentioned above; and 4) the establishment of a fellowship program to place recent South African master's degree graduates with partners in need of more intensive M&E training. The success of these four initiatives is substantial and has been documented in previous COP narratives. The plan for FY 2009 is to go beyond the standard five-day M&E training workshops and offer a series of trainings that reflect a broader range of SI topics to a wider set of participants. The SASI team intends to test various methodologies and metrics to evaluate training effectiveness. The vision for capacity building involves a comprehensive program in SI training, akin to a graduate program in an applied field with an emphasis on developing cadres and networks of skilled SA practitioners.

Finally, in January 2009, the SI team has requested that a team of people with SI expertise from USG HQ agencies visit South Africa to conduct an external evaluation of the SI portfolio. The primary objective of this visit will be to guide a long- and short-term vision of the SI strategy in South Africa.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4625.09	Mechanism: N/A
Prime Partner: McCord Hospital	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 23587.09	Planned Funds: \$204,861
Activity System ID: 23587	

Activity Narrative: SUMMARY:

McCord Hospital (MH) and Zoe-Life (ZL) will strengthen strategic information systems at both facility level and health management level at eThekweni municipality (eTM) clinics, at 5 non-governmental organizations, at organizations working with orphans and vulnerable children (OVC) linking with services supported by MH/ZL, and in workplace programs. Emphasis areas are development of strategic information systems which support data collection, patient tracking and referrals across vertical programs (CT, PMTCT, TB/HIV), community programs and to secondary and tertiary facilities; local organization capacity building (major emphasis); strategic information systems to support quality assurance, improvement and supportive supervision; strategic information support to training programs; and strategic information systems to report on and manage 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).

BACKGROUND:

Until recently, public health utilized strategic information at a very high level using aggregated data which was not often used at facility or patient level. The HIV pandemic has highlighted the need for robust strategic information systems to not only be in place, but to be used for policy making, systems improvement, program management, workforce planning and indeed, individual patient management. The millennium goals of the five ones carry a consistent theme of one monitoring and evaluation system which will support the strengthening of services. In developing countries with no patient linked strategic information systems, and outdated facility-based health management information systems (HMIS), it is evident that there are multiple layers of strategic information development required in order to fill the data gaps which are evident. Many of the data elements and source documents required for comprehensive HIV care and treatment are available at hospital level and are functioning relatively well in an environment where audit and technology are available and expected. At primary health level however, a different environment exists where individual patient care is not the norm and technology or even paper-based systems to support the HMIS required for comprehensive HIV management is not available. In addition, primary health standards and procedures are not yet standardized for adults. Primary health care standards for children with HIV have not linked with the integrated management of childhood illness (IMCI) strategic information systems to form a combined HMIS. Without these systems in place at primary health care level, comprehensive integrated management of people with HIV at community level will continue to be of substandard quality and decentralization will cause more harm than good.

This project seeks to work on some of the strategic information gaps at primary health level and to develop simple user friendly methods of integrating and using data.

ACTIVITIES AND EXPECTED RESULTS:

SI will continue to be a focus for FY 2009. The following elements will be integral to the program:

ACTIVITY 1.

Program level data: ZL will continue to develop and implement an SI system within the eTM clinics which will enable them to monitor and evaluate the implementation of new HIV services at their clinics. This data will be in line with National Department of Health (NDOH) requirements. ZL will continue to feed data back to eTM management for decision-making purposes. New in FY 2009 will be engaging eTM management in the analysis and presentation of data. This is key to sustainability. It is vital that the eTM management own the data, rather than the data being collected and presented by ZL. ZL will increasingly hand over responsibility of the data collection, analysis and use to the eTM management so that they can start to make program related decisions, including cost analyses and workforce planning. This will strengthen their appeal to the NDOH for increased budget for HR and other requirements relating to implementation of HIV services.

ACTIVITY 2.

HMIS: Implementation of a paper-based HMIS at all facilities will be a priority in FY 2009. Lessons learned during implementation will be documented, analyzed, and presented to both eTM and District/Provincial Information Officers to assist with the District/Provincial scale up, as well as to encourage eTM to implement in all their other clinics. If practical and appropriate, ZL will work with other stakeholders to develop an electronic version of the HMIS.

ACTIVITY 3.

Other technologies: ZL will start to develop ideas and engage other stakeholders/partners with the idea of developing an HMIS which integrates Adult, Pediatric integrated management of childhood illnesses (IMCI) and TB care algorithms and M&E onto a hand-held PDA which can be used both in the clinics and NGOs as well as in the community with GPS and GPRS functionality. The aim of the PDA would be to integrate care and support prompts, patient tracking and scheduling, family coordination and data collection into a simple tool which has internet connectivity for web-based data collection, text message reminders to clients, lab connectivity for real time results, drug dispensing and ordering options and blended learning capacity. This would be a significant intervention that would require a different funding source. However, lessons learned during the implementation of the pediatric care and support, adult services, and HMIS scale-up will inform the needs and possibilities with regard to this proposal and will be further explored in FY 2009.

ACTIVITY 4.

Psychosocial support services monitoring and evaluation (M&E): ZL will continue to develop standards, procedures, tools and measurement protocols to bring qualitative measurement to psychosocial services offered at facility and community level. Currently there are few measurement tools or indicators to measure

Activity Narrative: the effectiveness of the psychosocial support services, the program productivity or impact on client well being and adherence to care/treatment. ZL will continue to develop this aspect of monitoring and evaluation together with the District and Provincial Department of Health and other psychosocial providers. This, in turn, will strengthen the health services through establishing a professional standard with regard to HIV counselors and psychosocial service providers and will strengthen the case for a professional body for HIV psychosocial service providers. The data which can be gathered from these tools and standards will assist in workforce planning and budgeting at all levels.

ACTIVITY 5:

GENDER: Currently programming around gender has not been well informed by supportive evidence. ZL will incorporate gender indicators into all aspects of M&E to inform program improvement and intervention design. This will include trends relating to access of care by men, improvement in partner testing, and reporting of sexual coercion by girls attending psychosocial support services.

FY 2009 will see a more significant drive towards eTM management taking over all data related activities from ZL. This will require mentorship and training at a management level, advocating for budget from the NDOH for eTM to employ data capturers at all eTM clinics, and integration of the eTM data systems with the NDOH reporting systems for HIV. There will also be a need to strengthen IT support at the eTM. ZL will provide IT training in Microsoft Excel and Access to equip eTM management to use data more effectively. This strengthening will be to prepare for the possible use of an electronic HMIS used to enhance the paper-based HMIS. ZL will explore the development of an electronic HMIS, or will use whatever electronic HMIS that has been developed by the provincial Department of Health for use in HIV patient management.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$22,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9225.09

Mechanism: Enhance SI

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 Budget Code: 17

Activity ID: 19708.23630.09

Planned Funds: \$3,107,866

Activity System ID: 23630

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

The Enhancing Strategic Information (ESI) project 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:

The proposed activities are new and focus on providing M&E technical support to PEPFAR implementing partners and USG/SA. The ESI project is managed by John Snow Inc. along with its partners Khulisa Management Services, Health Information Systems Program (HISP) and Tulane University and aims to further strengthen M&E capacity of PEPFAR partners in the area of data management, data quality, data usage, and basic evaluation techniques through sustained technical support by Technical Task Leads, strengthened by partner support from Khulisa, Tulane and HISP. The project also intends to conduct a series of capacity building activities to strengthen M&E and program management at the implementation level.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Partner Capacity Building

(1) ESI will continue the implementation of basic five-day M&E trainings for PEPFAR partners. Where possible, partners will be requested to send both M&E and program management staff to enhance the likelihood of establishing an M&E culture in their organization post attendance at this training.

(2) ESI proposes to further strengthen the M&E unit of the University of Pretoria (UP), School of Health Systems and Public Health, to establish its role in substantial M&E training for South African government employees, USG IPs and other NGOs. Project ESI will emphasize the adaptation / development of instructional materials for new (high level) courses geared towards PEPFAR implementing partners, provide collaboration and mentoring through team teaching, joint provision of technical assistance, and administrative and logistical support. ESI will contribute to strengthening the capacity of the UP Centre for Excellence and the regional M&E capacity-building (CB) teams through the following activities:

- a. Collaborate with relevant institutions to develop and pilot higher level M&E courses on subjects such as data analysis, questionnaire design, survey sampling, economic evaluation biostatistics, and introductions into various statistical, survey and other M&E software packages.
- b. Begin collaboration with other regional partner institutions to identify a core group of M&E training facilitators in order to guard against high turnover and ensure the sustainability of capacity to conduct M&E training at the regional level.
- c. Begin identification of regional institutions, upon approval by USAID, to lead capacity building efforts.
- d. Begin the establishment a national network of M&E training facilitators, whose role will be to work towards a common understanding of M&E concepts, harmonize/streamline M&E training tools, and upgrade skills and knowledge among M&E professionals and trainees.
- e. Facilitate annual meetings of regional CB teams in the context of the national network of M&E training facilitators.
- f. Development of a tracking system that will enable institutions to follow up with trainees.
- g. Development of a central SI listserv to enable continuing education and information sharing.

(3) Partner-specific workshops: ESI will provide direct technical assistance to PEPFAR IPs, the USG and other stakeholders as appropriate. TA will be provided by project staff and CB partners, including the UP centre for excellence and the regional SI CB teams. Much of this TA would be linked to other Tasks (Task 2, 3, and 4) and focused on building capacity in those areas and includes:

- a. Partner specific action plans to address identified gaps in SI capacity of IPs to collect, collate, analyze, report and use data.
- b. Provide CB related to the locally tailored data quality assessment tool (Task 4). Project ESI will tailor TA to help partners self-assess their data management systems and data quality as well as provide Post Audit TA to assist partners addressing the identified audit issues.
- c. Provide targeted TA, using a multi-disciplinary team approach for the implementation of action plans to fill identified capacity gaps.
- d. Institutionalize targeted TA in the Center of Excellence and the Regional Teams to enable local institutions to provide targeted TA in the future.
- e. This activity will address needs for M&E and enhancing SI for IPs; this includes the development of IP specific program M&E workshops designed to optimize monitoring of specific areas under/in the PEPFAR program. Such programs include ART, PMTCT, OVC, TB/HIV, VCT and other prevention areas.

(4) Technical Assistance to IPs:

- a. The ESI Team will also address the organizational and behavioral aspects of information systems development. In FY 2009, this process will begin with a situational analysis.
- b. ESI will use a participatory approach to providing TA, allowing the team to interact with users at their level, and gradually increase their skills, and develop organizational capacity. ESI will use Data Users Groups to provide opportunities for organizational issues to be highlighted. TA activities will also link to ESI Task 6 to integrate spatial data into HMIS systems and encourage GIS data use for program planning.
- c. Training in Data Quality: ESI will use existing curricula on data quality (as adopted by USAID) to serve as the basis for specially tailored data quality workshops (to be led by HISP as the lead for ESI Task 4) under this project (linked with Task 1). ESI, with extensive in-house experience in data quality assessment (DQA),

Activity Narrative: will ensure that HISP and other partners' staff who may be involved in DQA workshops, are fully trained and prepared. ESI will conduct at least two levels of training - an introduction to data quality for new partners and partners with weaker data management systems, and an advanced training for partners that have begun to implement data quality initiatives.

(5) Additional capacity building activities

- a. ESI will undertake to synthesize all trainings conducted by USG implementing partners. The aim of this activity will be to ensure that all trainings relating to M&E have been documented and based in a repository and that the development of new trainings will be built on existing or previous curricula.
- b. The CB lead will ensure a presence of CB activities on a web-based system to access training materials and PEPFAR partner reporting tools. The aim of this exercise is also to create a repository for CB materials and to enable wide-spread dissemination of all activities through the internet. Partners in South Africa have relatively well developed IT infrastructure and the CB lead will update this periodically with new and relevant CB materials.
- c. ESI will have a presence at CDC/USAID treatment meetings to support discussions on HIV care and treatment M&E and provide up to date strategies on CB, data quality and overall M&E.
- d. ESI will also aim to synthesize and document capacity building methodologies for training and mentoring implementing partners. ESI's CB approach to the implementing partner or the Department of Health has to be systematic and methodical and soft skills management play an integral role in the delivery of high quality technical assistance. ESI staff will be well versed on soft skill management prior to conducting work with any stakeholder and the methodology for this will be documented and taught.

ACTIVITY 2: Collaboration with USG/SA SI team

(1) Provide strategic and operational M&E support to the USG team, including support for the regular updating of the South Africa Strategic Information (SASI) modular manuals, intermittent compilation and analyses of partner result reporting and facilitation of in-house training.

(2) Facilitate regular M&E CB sessions in the context of PEPFAR partner meetings (and linked with the data use groups mentioned above). These will increasingly focus on areas such as data use and evidence-based decision making and provide opportunities for continuing education.

ACTIVITY 3: Increased demand, availability and utilization of SI

(1) ESI will make use of a Decision Support System (DSS), an automated data analysis and results reporting tool designed to facilitate the process of turning data into action.

- a. Activities in FY 2009 will focus on conducting a situational analysis, development of methodology (in agreement with USAID) and subsequent work plans to operationalize activities under this task.
- b. Using simple bar charts, line graphs, tabular reports and thematic mapping, the DSS translates raw data into easily understood graphics at health facility, district, regional or national level. Indicators can be examined in multiple ways by changing the administrative level, periodicity, geography or reporting source. ESI will use a two-pronged approach for DSS implementation: 1) a desktop solution with an import facility (using DW aggregated data or pre-populated databases) for those users that have limited access to the DW and do not want instant analysis on current data in the DW; and, 2) a web-based DSS that sits on top of the DW database and can do instant dynamic online queries.

(2) ESI Task 6 focuses on GIS systems in the broader concept of data use and dissemination. GIS uses tools to map and analyze characteristics of people, objects and events in space and over time. Spatial analysis allows an understanding of relationships between variables that are otherwise difficult to determine using traditional approaches. Potential applications for the PEPFAR program for SA include:

- a. Coverage of the PEPFAR program and/or coverage broken down by program areas;
- b. Determining and planning for underserved areas on the basis of weighted multivariate criteria;
- c. Determining areas where possible double counting occurs (link to Task 4)
- d. Distribution of NGO, private, CBO, FBO assisted programs;
- e. Spread and density of PEPFAR investment vs. people supported;
- f. Obstacles or favorable conditions for program roll-out;
- g. Determine geographical distribution and variation of the illness presentation;
- h. Analyze spatial and temporal trends in program uptake;
- i. Monitor diseases and interventions over time;
- j. Manage materials, supplies and human resources;
- k. Monitor the utilization of service points;
- l. View the PEPFAR program in relation to the rest of the health system; and,
- m. Develop a PEPFAR support atlas.

(3) Linking GIS with the DW and Decision Support System: The majority of analytical GIS needs would be met by the mapping component within the decision support system of the DW. GIS will contribute specific special analyses as requested to support the mapping needs of PEPFAR. Some users will only require basic maps and will be able to access these quickly via the Data Warehouse. Other users will require more complex GIS applications/analyses and will make requests to the GIS specialist under ESI Task 6 to conduct these analyses. An industry standard GIS software package such as ArcGIS 9.0 will be procured for the creation of multi-dimensional maps. Similarly the GIS Task lead will coordinate with Task 5 to provide technical assistance for data analyses and GIS mapping in the DW using the DSS.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21161	19708.08	U.S. Agency for International Development	John Snow, Inc.	9225	9225.08		\$3,201,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 5191.09**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:** Strategic Information**Budget Code:** HVSI**Program Budget Code:** 17**Activity ID:** 23614.09**Planned Funds:** \$169,908**Activity System ID:** 23614

Activity Narrative: SUMMARY:

The Reproductive Health Research Unit (RHRU) will continue to support the development by the South African government, of key technical documents, programmatic implementation plans, policies and position papers in the areas of HIV and reproductive health.

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. Through 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), rural and urban programs (Gauteng and North West provinces) 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 (C&T), 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 health care 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 prevention program on high-risk groups such as commercial sex workers and their clients, people infected with HIV, on reducing MTCT and also on building capacity of health care workers, 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, and commercial sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:**ACTIVITY 1: National**

Key PEPFAR-funded RHRU staff participate in strategic policy making bodies such as the South African National AIDS Council (SANAC) and the Southern African HIV Clinicians Society. These staff members work on developing policy in support of the NSP. ECHO staff members have been integrally involved in development of updated PMTCT guidelines which have been implemented since April 2008. RHRU and ECHO staff members have, in conjunction with other partners, developed a training program around this and will continue to support Provincial Guidelines in the provision of dual AZT and NVP to mothers and babies.

ACTIVITY 2: Provincial

RHRU will provide the Department of Health at provincial, district and facility levels with technical assistance for strategic information activities. This will include the training of NDOH and sectoral staff in implementing national and provincial monitoring and evaluation systems and health management and information systems. Focus areas include data collection, analysis, interpretation and dissemination. This will serve to strengthen the monitoring of national outputs against targets, internal RHRU outputs with concomitant reporting of results to government, donors and civil society.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$105,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 6777.09	Mechanism: N/A
Prime Partner: National Health Laboratory Services	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 23603.09	Planned Funds: \$3,472,753
Activity System ID: 23603	

Activity Narrative: SUMMARY:

Activities will be carried out to address laboratory-specific unmet needs that impede full implementation of national laboratory programs. Activities will increase national coverage of HIV and TB diagnostics and treatment monitoring capabilities; ensure uniform quality assurance measures among laboratories; strengthen laboratory reporting systems; promote efforts to synchronize infection control activities in collaboration with the National Institute of Occupational Health (NIOH); and to expand upon the regional support and collaboration with other PEPFAR-funded countries.

BACKGROUND:

National Health Laboratory Services (NHLS) is accountable to the National Department of Health (NDOH) through its Executive Board and is responsible for public sector laboratory services. 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.

ACTIVITY 1: Point of care testing

HIV testing at point of care settings using HIV rapid tests is set to increase in terms of the National strategic plan developed by the NDOH. Project Goals and Objectives: (1) Assess rapid HIV kits performance at a laboratory level; (2) routine monitoring of new lots/batches prior to release to testing sites and (3) produce training materials for HIV QMS, external quality assurance (PT) and internal quality controls (IQC) for testing sites for quality assurance purposes. The target would be 200 sites in 5 provinces over a year period to determine feasibility of the program. This will include piloting of dried plasma PT panels. Project Outputs: The objective of HIV assessment at field level allows for rational decision making in terms of algorithm setting and alternatives to current tests. Post marketing surveillance permits early warning systems to become operative. IQC usage will allow for program managers to become aware of any problems that could be site-specific or systematic. The EQA/PT program will assess overall program performance.

ACTIVITY 2: HIV Rapid kit Quality Management Training

As part of the National Strategic Plan to reduce infections by 50% by 2011 there is a need to expanded services for counseling and testing. Project Strategy: To continue QMS training implemented in 2008 and to provide direct support to the Provinces in terms of a train the trainer-type approach or direct training as needed. The current time spent per training is 2-3 months per province at the trainer level. The outcome will be that at least 5 provinces will be trained by the third quarter of 2009. The training will be integrated with implementation of External Quality Assessment (EQA) and IQC programs as well as M&E programs. Project Goals and Objectives: (1) Training of trainers in 9 Provinces in HIV rapid Test QMS and implementation of training at provincial level. (2) Integration of QMS training with implementation of EQA and IQC programs in at least 6 provinces. (3) Implementation of an M&E program that integrates with provincial-level monitoring of HIV rapid testing. Project Outputs: Monitoring of numbers trained: trainers and direct technical assistance, provincial coverage, IQC coverage and EQA scores, M&E evaluation scores in terms of numbers of sites trained and implementation of QMS program.

ACTIVITY 3: HIV-1 NAT EQA and IQC

HIV-1 NAT EQA and IQC will be an integral part of the laboratory quality management system (QMS) that will detect weak spots in performance as well as improve on the reliability and confidence when performing HIV-1 NAT. Project Strategy - Description and Methodologies: The NICD will source local material as well as characterize materials in collaboration with QCMD for HIV viral load and subtyping PT and IQC. NICD will make the program available to 25-30 participating laboratories for two distributions: first and last quarters of 2009. Data will collated by an independent secretariat that includes the NICD and QCMD for data analysis. For the IQC program software development allows for web-based submission of data with real time analysis and trend analysis. A positive standard has been selected (subtype C, 5000 copies/ml) and characterized for this purpose. The program will be introduced in the first quarter of 2009. The NICD intends to introduce IQC program for HIV DNA testing on DBS in the second quarter of 2009 to 11 participating laboratories. Project Outcomes: (1) The implementation of an EQA program that will monitor laboratory performance related to the ART program. (2) Capacity development of the NICD to perform as a molecular EQA provider. (3) The development of an IQC program for HIV viral load testing and infant diagnosis that can provide real time monitoring (4) The use of locally relevant materials to be characterized and included in panels.

ACTIVITY 4: Early Infant Diagnosis

Project Goals and Objectives: (1) To develop a clinical and laboratory infrastructure that supports early testing and HIV diagnosis in infants. (2) To assess the most appropriate method for early and accurate diagnosis of HIV infection in infants. The primary objective is to utilize the DBS HIV DNA PCR as a tool for diagnostic purposes in a setting with approximately 6000 infants over a 12 month period from the second quarter of 2009. The objectives would be the identification of processes that will ensure high throughput that will allow for access to diagnostics, care and follow-up as required. Project Outputs: The primary outcome will be the establishment of technologies that can be applied in the public health setting for the early diagnosis of HIV infected infants as well as monitoring antiretroviral therapy. An algorithm of cost-effective testing will be a primary accomplishment. The application will be at an operational level to ensure that clinical sites that do not have easy access to diagnostic services benefit.

ACTIVITY 5: Increased access of TB culture and referral services

In light of the significant increase in MDR and XTR-TB cases within South Africa, and recognizing that there is a significant lack of laboratory capacity to capture and report suspect TB cases, it has been determined

Activity Narrative: that an immediate expansion of TB culture and referral services are required. TB culture facilities have been established in all provinces but to make a significant impact quickly, it has been proposed that a further three TB laboratories be renovated to meet current demands during this funding period, in Mpumalanga, the Western Cape, and KZN. The selected sites would provide a responsive and regional impact in respect to TB culture services and the overall ability to capture possible MDR and XTR-TB cases. The proposed sites would provide relief to the existing laboratory services and improve overall performance and TB diagnostic capacity within the entire region. Proposed funding would be used to provide equipment purchases and renovations for the proposed sites.

ACTIVITY 6: Approaches to increase TB laboratory throughput

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. The project with full details and project plan has been submitted. There is strict adherence to the time lines in the project plan and budget. Completion date of project will be January 2010.

ACTIVITY 7: National TB Quality Programs

Proficiency testing: Second line DST EQA for culture laboratories is a priority and will be developed during this funding period, as there is NO PT for second line anti-TB drugs in the NHLS. Description and Methodology: Simulated specimens for DST testing will be prepared and distributed to all culture facilities within the NHLS. The resistance profile among the organisms will vary from organism to organism and measure the proficiency of the laboratories to correctly identify resistance to second line drugs amikacin or kanamycin, ethionamide and ofloxacin. Capreomycin. Objectives of the program include: (1) capacity building, (2) improvement of quality (3) institution of corrective actions where deficiencies are detected and follow up, as well as (4) providing support to peripheral laboratories. Outputs: Second line DST is performed by MGIT liquid culture in the following NHLS Laboratories: Green Point, Port Elizabeth, Umtata, Albert Luthuli, Braamfontein. All these laboratories will be required to participate in the PT.

ACTIVITY 8: Rechecking program

A blind rechecking program is in the process of being rolled out in the NHLS. Goals and objective: (1) Blanket approach of rechecking random selected slides from the laboratory register is inadequate. (2) Selection of sample size is based on implementation and sustainability, rather than rigorous analytical methods. (3) The recommended sample size provides relative information on the sensitivity of microscopy. (4) Sample size is based on annual laboratory volume and the proportion of positive smears. (5) Positive slides are included to achieve blinding, but numbers are insufficient to determine specificity. (6) Guidelines to interpret Discrepancies.

ACTIVITY 9: Line Probes

20 NHLS regional laboratories will be identified for rollout of the line probe over the next 24 months. This entails (1) Identify additional space for PCR laboratories (2) Renovate the space for PCR laboratories to an acceptable standard (3) Purchasing of equipment (4) Training newly employed scientists (5) Validation of the assays (6) Institute quality systems for the ongoing monitoring of performance. A partnership will be established with Davies Diagnostics, the local supplier of the Hain line probe, for technical assistance in the training and roll out of the assay. The overall goal is the establishment of line probe assays in 20 regional laboratories throughout South Africa for the early identification, isolation and treatment of new MDR-TB cases to improve outcomes in these patients. PCR Laboratory space would have been identified and renovated, capital equipment put in place and scientists trained to perform the assay. Quality systems will be in place. These laboratories would be confident in performing routine diagnostic PCR investigation on smear positive sputa for the identification of MDR-TB patients.

ACTIVITY 10: National Tuberculosis Reference Laboratory

Molecular Biology: Goals and objectives: (1) With an emphasis on the MDR-TB and XDR-TB strains isolated nationally, molecular characterization of sensitive and resistant M tuberculosis will be commenced on the collection of MDR and XDR organisms from all provinces in South Africa. (2) Molecular investigations into outbreaks will be performed and unique mycobacterial strains and NTM species encountered will be identified and characterized by conventional, molecular and HPLC technology. (3) Molecular genotyping on a sample of the isolates obtained from drug resistance survey (about 14,000 strains) to accurately reflect the genotypic epidemiology of M tuberculosis in South Africa. Outcomes expected: (1) Characterizing general circulating M tuberculosis strains, MDR-TB strains and longitudinal characterization of repeat isolates from MDR-TB patients (2) Sequencing the resistance genes of M tuberculosis MDR-TB strains and promoters, (3) Molecular investigations into outbreaks (4) Characterizing general circulating M tuberculosis strains, MDR-TB strains and longitudinal characterization of repeat isolates from MDR-TB patients. Assays planned to be performed in the NTBRL include RFLP, spoligotyping, sequencing of drug resistance loci.

ACTIVITY 11: ACILT - African Centre for Integrated Laboratory Training

Objective: Recent reviews of TB and HIV laboratory practices throughout Africa have affirmed the principle that accurate laboratory results are not only based on the number of people employed in laboratories, but

Activity Narrative: on the quality of their work. This is chiefly a matter of better training, motivation and management according to good laboratory practices. The primary objective is to train technical staff from across Africa in current technologies and methodologies for TB and HIV. It is proposed that a Technical Advisory Committee be formed which would provide technical expertise to the Centre management on issues related to management, laboratory curriculum development and training programs, review the training centre's training priorities and strategies so that they are in line with the regional requirements and targets, and give support to the faculty. Courses to be focused on in the short-term are: (1) TB culture/DST and molecular diagnostics. (2) Early Infant Diagnosis PCR (3) Laboratory management (4) Quality management systems (QMS) (5) Commodity management (quantification).

ACTIVITY 12: CDC Management & Administration

The NHLS/NICD has implemented financial and administrative processes to ensure improved focus and oversight of the funding of this Cooperative Agreement. These processes are broadly divided into two, being 1) processes around the budget development and the funding needs affecting the application, and 2) financial controls for project finances. Budget development and funding needs affecting the previous application were addressed by having a centralized budget development function. All the budgets and carry-forward requests are consolidated in conjunction with individual PIs, the Cooperate Services Manager of the NICD, the NHLS Cooperate Services and the PI managing the CDC grant overall. Secondly, financial controls affecting funds have been investigated and are currently being implemented in alignment with NHLS policies and procedures. The processes followed for committing expenditure have been documented. This forms the basis for the implementation of financial controls, including monthly reporting of expenditure, and the review of these expenditures.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,260,192

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$0

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8708.09

Mechanism: N/A

Prime Partner: JHPIEGO SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 23529.09

Planned Funds: \$0

Activity System ID: 23529

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO anticipated will not be taking place and the funding mechanism will continue to be through field support. Therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under this program area are expected to continue under the FY 2009 COP and funds are being requested in the new COP entry. Therefore there is no need to continue funding this activity with FY 2009 COP funds in this COP entry.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 328.09

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: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 2987.23082.09

Planned Funds: \$1,092,268

Activity System ID: 23082

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

All three of the FY 2008 activities will continue into the FY 2009 funding cycle. There are a few changes to the specifics of these program area implementation:

ACTIVITY 1: Strategic Partner Evaluations

These partner evaluation activities will be extended to include the following partner organizations:

- A formative evaluation will be undertaken of the John Hopkins University (JHU) new partner The Turntable Trust (TTT) to examine the expectations of the community to enhance and improve program implementation and efficacy.
- Footballers4Life is a project that is coordinated through Matchboxlogy. This evaluation will aim to assess the extent to which the use of former footballers within club settings is meeting the needs of professional footballers and their fan clubs.
- The Lighthouse Foundation will conduct a comprehensive outcome evaluation of the program to explore its impact on the community that it is servicing.
- Cell-Life is a Cape Town-based not-for-profit section 21 company which develops and implements open source technical systems to support the fight against HIV and AIDS. This evaluation will measure the impact that cellular communications is having on prevention, care and support and treatment.

ACTIVITY 2: Dissemination Workshops

Within FY 2008, the ground work and analysis for Second National HIV and AIDS Communications Survey will be completed. This analysis will be extended to include the provincial analyses of findings. These reports will be disseminated to the various provincial departments through capacity building workshops that will aim to build the capacity of provincial governments in undertaking evidence-based interventions.

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 which TLPPs can be used to task shift from health care workers and

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29872	29872.08	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	8517	8517.08	Safe Blood For Africa	\$150,000
13958	2987.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6668	328.08		\$776,000
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

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$67,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$360,500

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 4642.09	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 Budget Code: 17
Activity ID: 3345.23086.09	Planned Funds: \$1,521,893
Activity System ID: 23086	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Data Warehouse (DW) activity will work closely with the newly-awarded John Snow Inc. (JSI) Enhance-SI project, with JSI focusing more on improving data extraction and outbound reports. A new cube viewer has been developed during FY 2008 and this will be further enhanced to assist users to create custom queries. With the hope that the PEPFAR partner GIS data will be improved as a result of current USG initiatives, the DW team will roll out the online mapping system that was developed this year. Further refinement will be made to pre-populating performance results onto reporting and planning forms. More resources will be put into development testing. Finally, the DW will work with the large treatment partners to allow electronic transfer of data that these partners already collect with existing computerized systems.

For the Data Quality Assessments (DQA) project, in FY 2008 Khulisa initiated a revision of the data quality audit tools with the intention of moving them from a "deficit-oriented" assessment, to a "strength-oriented" assessment. This initiative was taken to further support the PEPFAR goal of making the DQA more collaborative and useful for capacity building. The new tools were still being piloted at the end of FY 2008. Khulisa is also exploring the possibility of aligning the South Africa DQA tool with an adapted version of the Global Fund/PEPFAR DQA tool.

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

Activity Narrative: 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.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13981

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13981	3345.08	U.S. Agency for International Development	Khulisa	6674	4642.08		\$1,800,000
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

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 10267.09

Mechanism: TBD National Institute for Communicable Disease NICD follow On (STD Program)

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 23691.09

Planned Funds: ██████████

Activity System ID: 23691

Activity Narrative: SUMMARY:

This project aims to screen 1,500 youth for a number of key sexually transmitted infections (STIs), which may enhance both HIV acquisition and transmission. Many STIs in youth are asymptomatic and will thus not be treated in the syndromic management approach adopted by South Africa. There are very limited data available on the burden of asymptomatic STIs among youth. Youth will be screened for gonorrhoea, chlamydial infection, trichomoniasis, and, if a genital ulcer is present, for chancroid, syphilis and genital herpes. All youth will be offered serological screening for syphilis and be offered on-site rapid tests for HIV and HSV-2 antibodies. Sera, de-linked to patient details, will be tested anonymously for HIV and HSV-2 antibodies in the laboratory to obtain prevalence data for all youth who undergo serological screening for syphilis. All STIs diagnosed will be treated etiologically by the project nurses, and contact tracing initiated. Sex partners are encouraged to return to the project site, or else to local health care facilities, for appropriate STI treatment, prevention activities (including training on use of male and female condoms and provision of condoms), and routine offer of HIV testing and counseling. As well as providing important surveillance data on the burden of HIV and STIs in youth, the activity is anticipated to contribute directly to PEPFAR's 2-7-10 goals by increasing HIV VCT outlets, training of staff on STI and HIV management, detection and treatment of STIs, and detection of new HIV cases and onward referral to HIV wellness/treatment sites.

In the FY 2009 COP, the STI microbiological surveillance activity will be modified in that only the youth component of the five groups mentioned in the FY 2008 Activity Narrative will be pursued in terms of this new STI Reference Center (STIRC/NICD)-DSTD(CDC-Atlanta) follow-on co-operative agreement.

The proposed activity will now use two nurses rather than one in order to address gender-specific requests for genital examinations by the youth. Two counselors rather than one will also be employed to ensure that youth do not have to wait long for HIV counseling/results and will allow counselor sufficient time to assist with provision of negative STI results and HIV prevention messages to youth. In addition, the employment of two nurses and two counselors will overcome the sorts of operational difficulties experienced on other PEPFAR funded activities undertaken by the STI Reference Center in FY 2008 when staff left for other positions (one 'care' project had to stop for several months pending appointment of a new nurse) and to ensure cover is available for sickness, other leave and training.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 262.09

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 Budget Code: 17

Activity ID: 2958.22860.09

Planned Funds: \$0

Activity System ID: 22860

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is being funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. This will no longer be funded in FY 2009 due to the existing National Institute for Communicable Diseases (NICD) Cooperative Agreement ending. A new Cooperative Agreement is now in place with the National Health Laboratory Service (NHLS), the parent organization for the NICD, and a smaller Funding Opportunity Announcement is being developed with the Sexually Transmitted Infections Reference Center (STIRC), an STD division within the NICD. The TB/HIV funds earmarked for FY 2009 have been moved into LAB for FY 2009, so that there are only 2 program areas for NHLS in FY 2009, LAB and SI. All existing program activities in these areas will be supported under the new NHLS Cooperative Agreement in the FY 2009 COP. Care, treatment, and a smaller SI budget will continue to be supported, but through a new TBD COP entry for a NICD continuation (STIRC) in FY 2009. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29589	29589.06	U.S. Agency for International Development	Tuberculosis Control Assistance Program, KNCV Foundation	12123	12123.06	USAID Track 2.0 TB CAP	\$14,837
29588	29588.06	U.S. Agency for International Development	Network on Ethics/Human Rights Law HIV/AIDS-Prevention, Support and Care	9324	9324.06		\$150,000
29587	29587.06	U.S. Agency for International Development	Management Sciences for Health	12126	12126.06	USAID Track 2.0 ACT	\$320,157
29586	29586.06	U.S. Agency for International Development	Centre for Development and Population Activities	12121	12121.06	USAID Track 2.0 CEDPA	\$374,552
29585	29585.06	U.S. Agency for International Development	Academy for Educational Development	9323	9323.06		\$1,061,318
29584	29584.06	U.S. Agency for International Development	Management Sciences for Health	12120	12120.06	USAID Track 2.0 LMS Leader	\$184,000
29583	29583.07	U.S. Agency for International Development	Academy for Educational Development	9213	9213.07		\$190,000
29582	29582.07	U.S. Agency for International Development	Management Sciences for Health	12106	12106.07	USAID Track 2.0 LMS ACT	\$46,000
29581	29581.07	U.S. Agency for International Development	Society for Family Health-Nigeria	4179	3682.07	CIHPAC	\$225,846
29580	29580.07	U.S. Agency for International Development	Macro International	12117	12117.07	USAID Track 2.0 Macro	\$1,000,000
14076	2958.08	HHS/Centers for Disease Control & Prevention	National Institute for Communicable Diseases	6700	262.08		\$3,835,438
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

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 226.09

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 Budget Code: 17

Activity ID: 6407.22962.09

Planned Funds: \$607,446

Activity System ID: 22962

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Due to requests from both PEPFAR partners as well as fellows, the majority (80%) of master's degree fellows work timeframes will be extended from the current six-month period to that of one year placements on the monitoring and evaluation (M&E) systems of South African PEPFAR partners.

A PEPFAR Partner Host Organization orientation process will be added in order to improve on the supervision, management and appropriate skills development of fellows; stable hosts will be identified for repeat placement of Fellows.

Due to experience to-date with the logistical implications of laptop packages and internet contracts provided to fellows as functional support and the maintenance and risk management complexity there-of, host organizations will be expected to provide such facilities to fellows in future. Only in selected circumstances will this service be provided to fellowship placements with the primary focus on smaller organizations with limited funding and resource possibilities.

Higher focus will be placed on placements with South African government (SAG) facilities that require and request SI-related technical support.

The fellowship training program will be expanded to include a broader range of skills and will be facilitated throughout the 12 month placement timeframe to create follow-up, feedback and mentoring sessions to maximize the element of leadership potential and management skills development.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13746

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13746	6407.08	U.S. Agency for International Development	Foundation for Professional Development	6591	226.08		\$625,650
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

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$625,650

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 242.09

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 21089.23180.09

Activity System ID: 23180

Mechanism: ACCESS

USG Agency: U.S. Agency for International Development

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$235,444

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Building on the expansion of Training Information Monitoring System (TIMS) in FY 2008 to the National PMTCT Unit, Northern Cape, KwaZulu-Natal, Department of Public Service and Administration and Mpumalanga provinces, Jhpiego will continue to support the existing TIMS sites in FY 2009 by providing technical assistance with intermittent troubleshooting. The on-site technical support will entail visiting sites for support on data cleaning, generation of reports, and trouble-shooting for the sites established in 2008. The technical support provided for sites established prior to 2007 is mainly trouble-shooting, depending on site requests. Furthermore, Jhpiego will expand TIMS to Gauteng and Free State provinces in FY 2009.

In FY 2009 Jhpiego proposes to intensify PMTCT monitoring and evaluation (M&E) on-site supervision and follow-up to four additional sites in the North West province. Jhpiego proposes to use the PMTCT M&E and supervision tool developed in the Northern Cape, which outlines PMTCT M&E standards. This intervention will be coupled with PMTCT program support aimed at capacity building and quality improvement in service delivery within the North West province, bringing about synergy to Jhpiego's interventions. Facility-based health-care workers will be assisted to implement interventions to improve M&E capacity. Jhpiego's TA will focus on interventions such as record keeping, data quality, interpretation of data and reporting, as well as the use of information for decision making. Jhpiego will encourage facilities to use the M&E performance tool as an internal method for supervising their effectiveness for M&E.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21089

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21089	21089.08	U.S. Agency for International Development	JHPIEGO	6605	242.08	ACCESS	\$242,500

Emphasis Areas

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$17,358

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 2813.09	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 Budget Code: 17
Activity ID: 3343.23163.09	Planned Funds: \$1,891,322
Activity System ID: 23163	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2009, second generation HIV surveillance will continue to be the main focus of Strategic Information (SI) activities. FY 2009 funds will be used to:

- (1) Conduct analyses of trends in HIV and risk behavior using surveillance information from past national household HIV surveys conducted in 2002, 2005, and 2008;
- (2) Conducting training and preparatory work for the 2011 national household HIV survey (a NEW activity);
- (3) Developing and enhancing M&E capacity; and
- (4) Work with SAG partners to harmonize health management information systems (HMIS) (a NEW activity).

ACTIVITY 1: 2008 HIV Prevalence Survey

No FY 2009 funds will be used for the 2008 national household HIV survey because fieldwork and primary analyses will have been completed. A portion of FY 2009 funds will be used to conduct analyses of trends in HIV and risk behavior using surveillance information from past national household HIV surveys conducted in 2002, 2005, and 2008.

ACTIVITY 2: Surveillance of HIV and Risk Behavior Among men who have sex with men (MSM)

No FY 2009 funds will be used for this activity because FY 2008 funds are sufficient to complete this activity.

ACTIVITY 3: Surveillance of Discordant Couples and Assessment of HIV Prevention Strategies and Support Needs

A portion of FY 2009 funds will be used to support this activity because the scope has increased. A population-based survey will be conducted to identify HIV serodiscordant couples. In order to estimate the prevalence of HIV discordance with a 4% margin of error, an estimated 7,200 households will need to be visited in order to obtain 2,880 eligible couples. Preparation for this study (protocol development and approval) and preliminary fieldwork will be done using FY 2008 funds. However the bulk of the household survey activities and analysis and write-up of results will be done using FY 2009 funds.

ACTIVITY 6: Preparation for the 2011 national HIV household survey

This is a NEW activity that will start in FY 2009. FY 2009 funds will be used for preparatory activities for the 2011 national household HIV survey including:

1. Formative research using qualitative methods (e.g. focus group discussions) to collect in-depth information on survey-relevant topics in preparation for the 2011 national household HIV survey;
2. Development and pre-testing of questionnaires and survey instruments in preparation for the 2011 national household HIV survey;
3. Recruitment and training of fieldworkers and survey staff in preparation for the 2011 national household HIV survey;
4. Conducting studies to assess the feasibility of providing participants with HIV test results in the 2011 national household HIV survey, and to devise practical methods for providing participants in the 2011 survey with voluntary counseling and testing (VCT) under the field conditions and methods used in previous national household HIV surveys. (The provision of VCT in the 2011 national household survey will be a departure from previous national household HIV surveys where anonymous unlinked HIV testing (UAT) has been used, in keeping with WHO and UNAIDS guidelines for HIV testing in population-based surveys.)

The methods used for preparatory activities for the 2011 national household HIV survey will be modeled on those used in preparation for previous national household HIV surveys.

ACTIVITY 7: M&E capacity enhancement and M&E support for the national strategic plan (NSP)

Some of the core indicators specified in the NSP, required for effective M&E of the HIV epidemic in South Africa, are not currently available from routine information sources. Measures will be taken to ensure that information is obtained for all critical indicators required by the NSP.

The HSRC will use FY 2009 funds to provide ongoing technical support and training to enhance M&E capacity within the South African National AIDS Council (SANAC). The HSRC will provide technical support to the deputy-chairperson of SANAC, as well as research advice, scientific reviews, and expert input to SANAC through the Research Sector. Training will be provided to HSRC/South Africa staff, SANAC staff, and relevant government officials in the analysis and use of strategic information, and ongoing mentoring will be provided.

ACTIVITY 8: Harmonization of HMIS

This is a NEW activity that will start in FY 2009. The HSRC will partner with Statistics South Africa (StatsSA), the NDOH, and other relevant organizations, to ensure the availability and optimal use of data obtained in previous national surveys. This activity will ensure that key national HIV data are properly archived and are made available to a wide range of stakeholders. This will assist with the development of a coordinated national M&E system and will support the dissemination of data.

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

Activity Narrative: 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 C (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

Activity Narrative: complement the surveillance information on the general population, and will provide strategic information 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 United Nations High Commission for Refugees (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 by means of a retrospective cohort study of a selection of patients from government-accredited ART sites in all provinces. Information will be collected by means of individual interviews with patients receiving ART, and patients who have discontinued ART, and by means of reviews of medical records (including the records of persons who have died).

New/Continuing Activity: Continuing Activity

Continuing Activity: 13972

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13972	3343.08	HHS/Centers for Disease Control & Prevention	Human Science Research Council of South Africa	6671	2813.08	HSRC	\$2,348,000
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

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$292,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 466.09**Prime Partner:** Health Policy Initiative**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 3017.23065.09**Activity System ID:** 23065**Mechanism:** HPI**USG Agency:** U.S. Agency for International
Development**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$310,689

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

BACKGROUND:

To ensure the HIV and AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) is successfully implemented in all sectors and at all levels, costing and tracking government expenditure is key in the implementation and success of the NSP. With limited skills and capacity in costing identified in HIV and AIDS activities within all government departments, more departments are in need of capacity and skills in costing to ensuring appropriate resource allocation; therefore the increase in activities.

Due to the specific needs from the South African government for technical assistance in strategic information, the GOALS model will not be applicable to the South African context and to address the technical gaps in planning, reporting and tracking HIV and AIDS interventions, the Health Policy Initiative (HPI) will develop tailor-made models and capacity building activities. This will support evidence-based program planning and the overall success of the NSP.

ACTIVITY 1: National Department of Health (NDOH) HIV and AIDS, Comprehensive Care, Support and Treatment Sub Directorate Costing

HPI will continue to work with NDOH HIV and AIDS, Comprehensive Care, Support and Treatment Sub Directorate (CCMT) focusing on capacity building programs for costing of HIV and AIDS care and treatment interventions at the provincial level. The programs will also include costing for TB and sexually transmitted infections (STI). The objective of this activity will expand in scope by developing a tailor-made costing model for the HIV and AIDS, Comprehensive Care, Support and Treatment Managers. This model will standardize and guide a benchmarked approach within all provinces in ensuring effective resource needs required for HIV and AIDS care and treatment in their specific province. This will impact greatly on producing more realistic budgets and will ensure adequate funding. Consensus will have to be reached on the use of a single costing model for all provinces to ensure accurate and provincial specific budgets. The workshop program will be initiated to capacitate DOH staff with the aim to create provincial-level budgets which are based on clear and realistic assumptions about resource needs in the area of care and treatment. Available data on unit cost relating to treatment programs specific to South Africa, needs to be collated for the use in the development of a costing model.

HPI in collaboration with Futures Institute will develop the model for the NDOH. The tools will be piloted through a consultative workshop, drawing participants from selected provinces, and later implementation to all nine provinces. The tools will focus on costing national and provincial response to treatment, care and management as well as ensure capacity to provide adequate budget justification and explanations to executive management.

CCMT program managers will be trained on the model, and followed-up on the application of the model within NDOH and PDOH. To strengthen the above costing activity and ensure that there is enough evidence to proof human capacity development in costing for program managers within NDOH and PDOH in HIV/AIDS, HPI will carry out a rigorous monitoring activity to measure the impact, successes and results of the application of the model within all the NDOH and PDOH.

ACTIVITY 2: Department of Public Service and Administration (DPSA) Costing

HPI will continue workshops at provincial-level departmental staff in the use of the DPSA Costing Model to support the implementation of the model nationally. However, the focus in provinces will be monitored to ensure proper and effective use of the model to design improved budgets for HIV and AIDS workplace interventions in the public sector. The aim of the monitoring process is to ensure successful institutional capacity implementation as well as social capital within the departments. The experiences of the provincial departments in the use of the DPSA costing model will be captured and fed into the finalization of the guideline for the costing model. Any significant data that will improve on the quality of this model will be used for updating the model. An online version of the DPSA costing model will be designed to ensure that government departments are able to access the latest version of the model as well as updated costing through the internet.

While the application of the model is monitored, lessons from this process will be utilized to finalize a national costing curriculum. This curriculum will be integrated into public servant training courses within the South African Management and Development Training Institute (SAMDI) and other universities in the country. The curriculum will illustrate how costing can be used to address questions of efficiency, equity and sustainability of HIV and AIDS activities for which program managers are responsible for.

ACTIVITY 3: National Department of Transport

The National Transport Sector Council (NTSC) on HIV and AIDS requested technical assistance from HPI in the development of the sector's monitoring and evaluation (M&E) plan to complete the NDOT strategic plan. HPI in partnership with ILO provided technical assistance through a consultative platform to develop the transport sectors' M&E plan. HPI will continue supporting the NDOT and the NTSC to build their capacity to implement a standardized M&E framework. This will be done through sector workshops, collaborative, consultative and informed dialogue between member organizations of the council as well as support of the implementation of the HIV and AIDS M&E system to all member organizations.

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15076	3017.08	U.S. Agency for International Development	Health Policy Initiative	7034	466.08	HPI	\$121,250
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

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$40,715

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 500.09**Prime Partner:** National Department of Health,
South Africa**Funding Source:** GHCS (State)**Budget Code:** HVSI**Activity ID:** 3044.22852.09**Activity System ID:** 22852**Mechanism:** In Support - CDC**USG Agency:** HHS/Centers for Disease
Control & Prevention**Program Area:** Strategic Information**Program Budget Code:** 17**Planned Funds:** \$1,456,357

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

PEPFAR funds will support the National Department of Health (NDOH) to implement Epidemiology and Strategic Information (ESI) activities in the HIV and AIDS programs. Emphasis areas include the development of Health Management Information Systems (HMIS) strategies and their implementation monitoring and evaluation (M&E) support, epidemiologic use of data, expansion of survey and surveillance activities and additional staff for ESI. Target populations include South African policy makers, members of the National AIDS Control Program, 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

This activity is ongoing and in the past year has primarily focused on improving data in the CT, PMTCT and Care and Support programs.

Funds will be used to supplement the cooperative agreement funds with the NDOH and will be used to conduct M&E trainings for HIV and AIDS program staff at the national, provincial and district levels. The M&E trainings will include both program and information officers and will cover the importance of M&E and epidemiologic use of data in measuring the effects of the HIV epidemic. In addition, focus will be given to the new PMTCT indicators created by NDOH and currently being rolled out to provinces. Staff will be trained to use the District Health Information System (DHIS), health indicators, and more sophisticated M&E techniques for program planning. HIV and AIDS program staff will also be trained in data management techniques.

ACTIVITY 2: Staff

There are seven ESI 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 other PEPFAR implementing partners on data issues, reporting and other program monitoring and evaluation activities.
- (3) A Health Management Information Systems (HMIS) Specialist will continue to work closely with the NDOH and with other PEPFAR implementing partners to develop and implement HMIS strategies and ensure alignment at the national level.
- (4) An M&E Assistant will continue to work closely with the M&E Advisor based at the CDC office to provide feedback to NDOH and other PEPFAR implementing partners with regard to data quality and analysis of data from the data warehouse.
- (5) A Surveillance Program Specialist/Epidemiologist will be hired to expand epidemiologic technical assistance to the NDOH and other PEPFAR implementing partners involved in surveys and surveillance.
- (6) A HMIS assistant/GIS Mapping Specialist will be hired to provide technical expertise to the NDOH and other PEPFAR implementing partners to utilize mapping techniques and to inform our strategy.
- (7) A Statistician will be hired to provide technical assistance to the NDOH and other PEPFAR implementing partners for study design and sampling determinations and various analyses.

Additional funds will be used to support SI staff as per recommendations from the Staffing for Results exercise or NDOH requests.

ACTIVITY 3: Support to the South African government (SAG)

Relations between the United States and South African governments are steadily improving. In an effort to continue to strengthen this relationship, funds have been budgeted for technical assistance that both the national and provincial Departments of Health frequently request on an ad hoc basis. These requests are increasing on daily basis. Recent examples include technical assistance to the KwaZulu-Natal Premier's Office for improving data quality and data use in the province, to the NDOH for conducting a Data Quality Assessment of the TB/HIV data management system in the NDOH, to the North West province providing M&E related activities and to the Northern Cape Department of Health providing data management and capacity building.

ACTIVITY 4: Strengthening Management Information Systems

PEPFAR South Africa has prioritized the harmonization and coordination of MIS within PEPFAR-supported partners and with the SAG M&E systems. The USG recognizes that as PEPFAR programs are scaling up and a need exists for a more strategic plan for developing and implementing systems that focus on patient care, community-based care, and managing aggregated data. The USG HMIS staff person will provide

Activity Narrative: 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. In order to provide guidance to PEPFAR partners on the use of new technologies when designing added functionalities to existing HMIS, FY 2009 will be expanded to allow for new technologies to be trialed and tested using structured evaluation and assessment methodologies. These technologies will include (but are not limited to) digital pens, quick forms, smart cards and cell phones.

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.

ACTIVITY 5: GIS/Mapping

FY 2009 will be expanded to include mapping activities for PEPFAR related sites and services, geospatial analysis and to acquire geospatial data sets and related consulting services. Internal GIS and mapping capacity will also be built by staff attending selective training, acquiring the necessary software and hardware tools and appointing the necessary skills.

ACTIVITY 6: Surveys and Surveillance

FY 2009 COP will be expanded to include survey and surveillance activities that involve sentinel surveillance, TB/HIV co-surveillance, facility surveys and epidemic modeling. Triangulation and/or cross-validation studies may also be developed and conducted to strengthen the information that has already been collected.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14062

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14062	3044.08	HHS/Centers for Disease Control & Prevention	National Department of Health, South Africa	6698	500.08	CDC Support - with CARE UGM	\$3,213,058
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 2823.09	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 Budget Code: 17
Activity ID: 3796.22713.09	Planned Funds: \$355,025
Activity System ID: 22713	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

ACTIVITY 1: The Rollout and Training on Child Healthcare Problem Identification Program (Child PIP)

The training package has been developed and will be available to all sites. It will be used for training at the provincial workshops as well as by individual provincial coordinators at sites.

ACTIVITY 2: Saving Children Report

The process of compiling the fourth Saving Children Report will begin during FY 2008 and the report will be published and disseminated during FY 2009. The executive summary will be published as a separate advocacy document and distributed widely.

ACTIVITY 5: Provincial Workshops to be Held During FY 2008

The provincial coordinators have planned workshops that will suit the needs in each individual province.

Four of the provinces will be conducting individual provincial workshops (Eastern Cape, Free State, KwaZulu-Natal and Western Cape). Gauteng and North West will be conducting a combined promotional workshop, and Mpumalanga and Limpopo a combined training workshop. In the Northern Cape, the provincial coordinator is conducting smaller Child PIP training sessions in each district.

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 Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13863	3796.08	HHS/Centers for Disease Control & Prevention	University of Pretoria, South Africa	6635	2823.08	University of Pretoria - MRC Unit	\$270,000
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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$123,100

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 257.09**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 Budget Code:** 17**Activity ID:** 8044.22927.09**Planned Funds:** \$995,177**Activity System ID:** 22927

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Medical Research Council of South Africa (MRC) has already conducted systematic reviews of the monitoring and evaluation (M&E) system in the Western Cape and developed participatory approaches towards addressing them. This has led to the establishment of a unified approach with the information, M&E and program managers meeting and planning jointly. FY 2009 funding will focus on getting better M&E processes implemented at the district levels. It will also further develop tools and approaches for strengthening M&E systems in KwaZulu-Natal.

ACTIVITY 2:

The focus will be to institutionalize the use of Respondent Driven Sampling (RDS) Surveys for surveillance at the NDOH and build capacity at the provincial level to incorporate the outputs from HIV and behavioral surveillance systems into decision making, planning and implementation of HIV prevention interventions.

ACTIVITY 3:

This will no longer be part of the COP in FY 2009.

ACTIVITY 4:

This activity has been moved to prevention.

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 be 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14024

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14024	8044.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$1,050,000
8044	8044.07	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	4508	257.07		\$800,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 7315.09

Mechanism: Care UGM

Prime Partner: Scientific Medical Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 22902.09

Activity System ID: 22902

Program Area: Strategic Information

Program Budget Code: 17

Planned Funds: \$825,269

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Scientific Medical Research (SMR) activity area for FY 2009 COP within the Center for Disease Control and Prevention (CDC) was changed from "Counseling and Testing (CT)" to "Laboratory, Infrastructure, Strategic Information and Policy" because SMR's activities are broader than one activity area.

To further the activities described in FY 2008, SMR implemented the high-level evaluations of partner organizations which are linked to strategy development.

ACTIVITIES AND EXPECTED RESULTS:

A) Development of pilot tools for CT:

In FY 2008, SMR developed the CT evaluation tool, and held a workshop with CDC on the draft tool. The tool evaluates fourteen thematic areas: Management/Staffing; Infrastructure; Policies, Process/Systems; Rapid HIV Test QA; Training; Integration; Consultation; Marketing; Sustainability; Data/QA Plan; M&E; Project-Specific Objectives; VCT Client Profile; and Budget. Input and comments from CDC were taken into consideration in finalizing the tool which was then approved by CDC for pilot testing. In parallel to this process, an evaluation Standard Operating Procedure (SOP) was also developed by SMR, and following CDC's input and comments, a final SOP was approved by CDC.

B) Pilot testing of the tool in the field with partner organizations:

The CDC approved the evaluation tool and SOP which were piloted initially with two partners, one offering a client-initiated CT, while the second partner operated in a provider-initiated CT environment. Following the pilot, a report back meeting was held with both the evaluated partner and the CDC. Both the tool and the SOP, together with the strategic recommendations were made to improve partner's efficiency and alignment with PEPFAR were well received by the evaluated partners. Feedback on issues raised from both the partners and the CDC was used to further improve and refine both the tool and the SOP. Additionally, two partners were evaluated after March 2008 and provided with feedback and strategic advice on how to improve their program's efficiency at a combined partner/CDC report back meeting, and the recommendations were again well received. Of importance, is the fact that one of the evaluated partner operates in a private sector setting, while the other partner is in a provider-initiated CT environment. Thus, a total of four partners to date have been evaluated and provided with strategic advice on program improvement and alignment with PEPFAR.

For FY 2009:

C) Development of additional tools for further partner program areas:

Draft tools for two additional program areas have been developed, i.e., Care and Treatment, and PMTCT. A workshop for the draft Care and Treatment tool has been held with CDC, and the tool is currently being finalized and will be presented to CDC in September 2008 for final review and possible approval, and once approved, it will be pilot tested at selected partners before rolled out to a larger number of partners. A workshop will also be held with CDC to discuss the draft PMTCT tool.

The CT evaluations that have been done to date have been very well received by both CDC and the partner organizations. The challenge is now to scale up these activities to new levels, so as to impart as much strategic wisdom as possible to the partner organizations, so that they may operate as optimally as possible and be well-aligned with the national program. The tools have also been streamlined by sub-dividing them into Part A which evaluates common business, administrative and logistic thematic areas; followed by Part B which addresses the HIV program-specific thematic areas.

FY 2009 COP activities will be expanded to include: (1) expanding program monitoring and evaluation at additional CT, Care and Treatment, and PMTCT sites as identified by CDC, Pretoria; (2) developing additional monitoring modules for the following program areas: TB-HIV Services, and Laboratory Services; (3) monitoring and evaluation at additional sites for care and treatment program area, PMTCT, and with additional partners for: TB-HIV, and Laboratory program areas, as identified by CDC, Pretoria; and (4) assessing feasibility of (in consultation with CDC Pretoria) expanding the CHAQA monitoring and evaluation model. SMR activities are also aimed at Health Systems Strengthening for sustainability of HIV/AIDS services in multiple program areas.

SMR's FY 2009 COP activities are synergistic/additive to activities contemplated in the upcoming South Africa PEPFAR Partner Performance Assessment (SAPPPA) contract, and SMR would be willing to work in conjunction with (and mentor) the organization selected for contract implementation.

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

Activity Narrative: 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 and treatment sites, as identified by CDC, Pretoria; and (4) assessing feasibility of (in consultation with CDC Pretoria) expanding the 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 588.09	Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 23196.09	Planned Funds: \$242,726
Activity System ID: 23196	

Activity Narrative: SUMMARY:

With FY 2009 PEPFAR funds, Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project will continue to support the "HIV & AIDS and STI National Strategic Plan, 2007-2011" (NSP). Under Strategic Information (SI), SPS will assist selected provincial pharmaceutical directorates to: 1) conduct follow-up surveys (to the ones conducted in 2006-2007) in order to assess compliance with legislation of health facilities providing pharmaceutical services, including the development of standard operating procedures; 2) review and/or develop performance indicators to monitor the delivery of pharmaceutical services at all levels and also develop provincial monitoring and evaluation plan; and 3) implement medicines information centers to support the treatment program.

BACKGROUND:

At the SPS launch held in August 2008, Heads of Pharmaceutical Services for all provinces, Metros, the Department of Correctional Services and the South African Military Health Services requested support in the area of monitoring and evaluation of pharmaceutical services at a national and a provincial level, assistance in reaching legislative compliance in all activities relating to the supply of medicine and the monitoring thereof, the development of Standard Operating Procedures and the provision of medicine information.

ACTIVITY 1: Compliance with legislation

SPS will continue to assist provincial and Metro authorities to ensure that pharmaceutical services provided at provincial and Metro facilities comply with the legislation relating to the supply of medicine. Compliance with legislation facilitates the accreditation of facilities to provide antiretrovirals. This activity includes providing training of health care providers as well as training at a pre-service level regarding the legislative requirements. Assistance will be provided to at least three of the provinces in conducting a full survey of provincial facilities to assess the state of compliance. Data will be analyzed and reports prepared.

One of the key aspects of legislative compliance is the availability of standard operating procedures (SOPs). Workshops will be conducted in the provinces and Metros on the principles of the development of SOPs. Assistance will then be provided to provinces in the development, review and/or revision of sets of generic sets of SOPs for pharmaceutical services and the adaptation thereof for use at facility level. Once SOPs are finalized support will be provided in the implementation thereof. A key focus of this activity will be capacity building and the transfer of skills to personnel of the province or Metro to ensure sustainability.

ACTIVITY 2: Monitoring and evaluation of pharmaceutical services

Workshops will be conducted in all nine provinces to provide training on the basic principles of monitoring and evaluation and the application of these principles to pharmaceutical services. Technical assistance will then be provided in the development of provincial indicators to be used in the monitoring of service provision. Aspects that will be addressed will include all aspects of medicine supply management, the availability of medicine including medicine used in the prevention and treatment of HIV and AIDS, TB and associated morbidities, compliance with legislation, quality of care provided to patients, pharmacovigilance and the rational use of medicine. Assistance will be put in place to ensure routine collection of the data needed for the monitoring pharmaceutical services as well as the preparation of reports. Assistance will also be provided in the evaluation of specific projects as needed. A key focus of this activity will be capacity building and the transfer of skills to personnel of the province or Metro to ensure sustainability.

ACTIVITY 3: Medicine information

Work will continue in setting up systems for the supply of medicine information in selected provinces, whenever feasible this activity will be conducted jointly with a provincial academic institution.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Family Planning
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$62,500

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechanism****Mechanism ID:** 486.09**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 Budget Code:** 17**Activity ID:** 3031.23001.09**Planned Funds:** \$0**Activity System ID:** 23001**Activity Narrative:** NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Department of Correctional Services is in its fourth year of funding with a very high carryover amount. All the proposed FY 2009 activities will be supported using carryover funds. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 14040

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14040	3031.08	HHS/Centers for Disease Control & Prevention	National Department of Correctional Services, South Africa	6691	486.08		\$145,500
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

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 274.09	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 Budget Code: 17
Activity ID: 2981.22789.09	Planned Funds: \$48,545
Activity System ID: 22789	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Support similar to that given in FY 2008 is required for FY 2009. There will be a need to purchase computers, printers and fax machines for the new and existing antiretroviral roll-out sites to maximize monitoring and evaluation (M&E).

Training of the Nodal HIV and AIDS coordinators on M&E, Project Management and other management related courses. In addition, it has been identified that a certain percentage of members from the Multi-skilled development (MSD) program will be trained in basic recording and capturing of data at clinic-level to improve the reporting system.

There will not be a knowledge, attitude and practice (KAP) Survey in FY 2009, but rather a focus on the implementation of intervention programs. There will, however, be preparation for the KAP survey which will be conducted in 2010.

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.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13829	2981.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$50,000
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

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$21,416,356

Program Area Narrative:

The South Africa HIV & AIDS and STI National Strategic Plan, 2007 – 2011 (NSP) emphasizes the strengthening of health systems as one of the key pillars in mitigating HIV and AIDS and meeting the Millennium Development Goals. During the last two years, PEPFAR has aligned its programs to strengthen the public health system through programming. Some of the main areas of focus for health systems strengthening has included: a) developing management and leadership at national, provincial and district levels; b) developing and implementing policy at national and provincial levels; c) strengthening monitoring and evaluation capacity of civil society organizations and the National Department of Health (NDOH); d) improving quality of services at district and facility levels; e) integrating HIV and AIDS programs into other primary health-care services; f) strengthening pharmaceutical systems within the public sector; g) strengthening the National Health Laboratory System (NHLS) and developing capacity at district and provincial levels to train health-care providers on HIV and AIDS and TB programs; and h) strengthening the human resource system.

Strengthening Capacity of Host Government Institutions

PEPFAR South Africa has and will continue in fiscal year (FY) 2009 to strengthen the capacity of the South African government (SAG) to develop policies that are in line with international guidelines, while taking cognizance of the local context of HIV & AIDS and TB. PEPFAR South Africa has and continues to support parastatal organizations such as the Human Sciences Research Council and Medical Research Council to conduct HIV prevalence and behavior change studies that will inform policies at national and provincial levels.

PEPFAR South Africa will continue to strengthen the national laboratory system by building on existing activities. These include support for strengthening the national laboratory information management system for multi- and extensively drug-resistant TB; support for the African Centre for Integrated Laboratory Training, a southern African regional activity; and renovation of 20 national laboratories to allow NHLS to perform line essays on sputum that will allow for two-day turn-around time on TB sputa. (See Lab Program Area Narrative, and NHLS COP entry.)

The University of Washington I-TECH, a PEPFAR-funded partner, will continue to assist the NDOH to strengthen their Health Promotion and Quality Assurance Training Centres through direct technical assistance to the Human Resources for Health Unit. These centers are the hub for knowledge translation and in-service training and quality assurance for the primary healthcare system in all provinces. The Health Promotion and Quality Assurance Training Centers are mandated to manage the training of health-care providers at district level within each province. These centers are currently funded through the South Africa national conditional grant but the provinces lack the capacity to set up these structures and systems to implement the programs. PEPFAR, through its partners, provides technical assistance to these training centers in development of curricula, assessment of curricula, integration of HIV and AIDS training into existing PHC training programs, updated training programs to reflect policy changes (e.g., prevention of mother-to-child transmission (PMTCT) policy), and provision of mentoring to staff at the centers in the management and implementation of such programs.

Strengthening Leadership and the Policy Environment

The PEPFAR program in South Africa will continue to address strengthening policies and capacity in FY 2009 through support to the national government, particularly through the placement of CDC activity managers within the national HIV & AIDS and STI Directorate to assist in policy development.

In FY 2008, PEPFAR South Africa assisted the NDOH in developing the new PMTCT policy that now authorizes dual antiretroviral treatment for pregnant mothers. In addition, PEPFAR assisted with the development and implementation of the new counseling and testing policy that recognizes routinely offered counseling and testing. In FY 2009, the focus will be on implementation of these policies through training of healthcare providers and through PEPFAR partners. Health Policy Initiative will continue to work with the NDOH's HIV and AIDS Comprehensive Care, Support, and Treatment (CCMT) sub-directorate focusing on capacity building programs for costing of HIV and AIDS care and treatment interventions at the provincial level. The programs will also include costing for TB and sexually transmitted infections (STI). This activity will expand in scope by developing a tailor-made costing model for the CCMT managers. This model will standardize and guide a benchmarked approach within all provinces in ensuring effective resource needs required for HIV and AIDS care and treatment in their specific province. This will greatly affect the production of more realistic budgets and will ensure adequate funding.

PEPFAR continues to encourage partners to integrate gender-related issues into all program areas to address gender violence, male norms, and behaviors within the cultural context, women empowerment, and alcohol and substance abuse in relation to violence and HIV transmission. Approximately 60% of partners have a gender-related component in their COP.

Strengthening Leadership and Policy Environment for HIV Care and Treatment for Children

In FY 2009, PEPFAR South Africa will continue to provide direct technical assistance to the National Department of Social Development to set standards for quality of care for orphans and vulnerable children (OVC) and to assist in the development of a policy framework on the Children's Act (see OVC program area narrative).

Pediatric Care is highlighted this year as a new program area. Although PEPFAR partners have been providing Pediatric Care as a component of the care and treatment programs in the past, several activities will be highlighted in FY 2009. The focus will be on a family-centered approach to pediatric care, support, and treatment and on integration of pediatric HIV care and treatment into routine primary health-care settings. There will also be a special focus on the community component of the Integrated Management of Childhood Illnesses (IMCI) to integrate pediatric HIV care and treatment into these modules. In addition, community health workers and home-based caregivers will be trained on IMCI to strengthen infant follow-up and to improve child health outcomes at the district level. PEPFAR will work closely with counterparts at the NDOH to integrate pediatric HIV care into existing child health programs (e.g., IMCI and the immunization program). PEPFAR aims to meet some of the Millennium Development Goals for child survival by strengthening and integrating the PMTCT program into the mother-child and women's health programs with a special emphasis on the community aspect.

Strengthening Quality of Care

In FY 2009, the United States government will continue to strengthen and expand quality of care at facility and community level in the following areas: 1) external Quality Assurance (EQA) for laboratory services; 2) CDC/WHO quality management systems training to ensure quality HIV rapid test kits; 3) laboratory surveillance system to identify and record opportunistic infections (there are currently 15 sentinel sites country-wide); 4) quality assurance implementation by partners in all program areas with a special emphasis on therapeutic monitoring of patients on antiviral treatment and pharmacovigilance; and 5) proficiency testing for viral loads and infant polymerase chain reaction (PCR) tests.

Strengthening Strategic Information

PEPFAR will continue to train local organizations in monitoring and evaluation, recording and reporting on data, and using information in decision-making. Direct technical assistance will continue to be provided to the national, provincial, and district health system in the use of information for decision-making.

The United States government will also continue to strengthen the national health system to improve patient care through: 1) harmonizing health information systems (lab, pharmacy, patient information systems, etc.); 2) strengthening pharmaceutical management systems (see SPS COP entry); and 3) improving infection control for TB programs at all levels of government.

A significant focus of South Africa's PEPFAR program addresses institutional capacity issues by building the capacity of local non-governmental, faith-based, and community-based organizations. 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 Community Grants Program include formal training, on-site mentoring, improved monitoring and evaluation systems, good governance, and resource mobilization.

Strengthening the GFATM Management Structure and Improving Donor Coordination

The South Africa PEPFAR team works with other donor organizations in coordinating efforts in South Africa through participation in the donor coordination forum. PEPFAR collaborates with other donors to maximize support to strengthen the South African health system. PEPFAR is represented on the European Union (EU) Plus Working Group on HIV and AIDS where information sharing and programmatic issues are discussed. The USG is also represented on the NDOH Donor Coordination Forum. There are several health system areas where joint funding is coordinated (e.g., the national Human Resource Information System (UK Department for International Development (DFID) and PEPFAR) and the Clinical Associates Program (DFID, PEPFAR, EU, and WHO).

PEPFAR continues to support the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) management structure through representation from our partners on the South Africa National AIDS Council (SANAC) and its Resource Mobilization Committee, which serves as the coordinating and management structure for the GFATM.

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 274.09	Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 7916.22790.09	Planned Funds: \$48,545
Activity System ID: 22790	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

More focus will be given to the capacity development of the human resource component in terms of training. For example, training will be provided in project management, monitoring and evaluation (M&E), good clinical practice, Diplomas and masters programs in HIV/AIDS and management training.

Training material of the South African Military Health Service (SAMHS) will be evaluated for quality assurance by external moderators/experts so that all training material may be accredited. Furthermore, a structured quality assurance process will be implemented for the evaluation of the peer educator program, starting with the training of the peer educators to the implementation of activities by peer educators at the unit level. M&E activities will be further enhanced by more organized data capturing, collation and reporting to the appropriate levels for management reporting.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13830

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13830	7916.08	Department of Defense	South African Military Health Service	6625	274.08	Masibambisane 1	\$50,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8682.09

Mechanism: N/A

Prime Partner: Education Labour Relations Council

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19529.22761.09

Planned Funds: \$0

Activity System ID: 22761

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. During the PEPFAR South Africa Interagency Partner Evaluation, the review committee determined that the activities of the Education Labour Relations Council (ELRC) were not having significant impact and were lagging behind in terms of targets. The committee recommended ending funding for this activity. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19529	19529.08	HHS/Centers for Disease Control & Prevention	Education Labour Relations Council	8682	8682.08		\$450,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4763.09	Mechanism: N/A
Prime Partner: Xstrata Coal SA & Re-Action!	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 22743.09	Planned Funds: \$291,271
Activity System ID: 22743	

Activity Narrative: SUMMARY:

Re-Action! will assist the Department of Health (DOH) to strengthen health service delivery through public-private partnerships within three additional provinces (Limpopo, North West and Northern Cape) in eight health districts. This will focus on district-level improvement and support activities that build on existing public-private mix (PPM) projects that Re-Action! has been implementing with Xstrata Coal in Mpumalanga province. These activities will strengthen service delivery networks within these districts, prepare facilities to meet provincial and national healthcare standards (NHS) towards accreditation and increase the points of access to services.

BACKGROUND:

The PPM health systems strengthening approach identifies all public and private sector contributors to address identified systems constraints to scaling up HIV and TB services within the target districts. This is conducted in partnership with district health management teams and local government.

Expansion of these partnerships into the additional provinces will be a developmental activity leading to signing a partnership and co-investment agreements with companies and Memorandums of Understanding with the provincial Departments of Health.

ACTIVITIES AND EXPECTED RESULTS:

Re-Action! will carry out nine separate activities in this program area.

ACTIVITY 1: Developing the Competencies of DOH District Management Teams

ReAction! will develop the competencies of DOH district management teams for effective stewardship, planning and management of district-level services through training (including human resource management and leadership training), mentorship and responding to specific technical assistance needs. An organizational and leadership development practitioner will be appointed for this. A technical support network will be established for identifying and procuring short-term technical assistance from external contractors.

ACTIVITY 2: Strengthening Referral Networks and Service Linkages

ReAction! will strengthen referral networks and service linkages by engaging all health service providers at a further three public sector hospital and primary care clinic sites (to a total of eight); at least five additional private general practitioners; two company occupational health clinics; and community-based service organizations. This requires appointing an additional 3 PPM Project Coordinators (one per province) to identify providers, establish service networks and facilitate training, with supportive supervision.

ACTIVITY 3: Improving Clinic Infrastructure

The aim of this activity is to increase service delivery capacity by refurbishing and equipping a further three health facilities, and continuing to upgrade a total of seven facilities.

ACTIVITY 4: Strengthening Public Sector Pharmaceutical Supply Management

This will contribute to improvements in antiretroviral therapy (ART) management, procurement, storage, distribution and use to increase access to quality HIV treatment at seven down-referral sites, whilst contributing overall to improving the capacity of district health services.

ACTIVITY 5: Improving Health Management Information Systems (HMIS)

This activity will focus on HMIS improvement through strengthening patient monitoring within health facilities; conducting service availability mapping; collecting household-level health risk assessment data; and building the technical capacity of public service managers for using strategic information in planning and service improvement.

ACTIVITY 6: Healthcare Worker Recruitment

Assisting the DOH to recruit health workers for approximately 40 vacant staffing positions, that will be contracted out to Human-Scale Resources. This includes temporarily placing not more than five additional health workers in critical service posts whilst these are being filled through public sector recruitment.

ACTIVITY 7: Providing Clinical Mentorship and Training

Clinical mentorship and in-service training will be provided to 50 health workers through clinical outreach teams visiting service sites on a periodic basis. An additional two full-time equivalent professional nurses, two counselors; part-time nutritionists and social workers will be appointed for this.

ACTIVITY 8: Community Health Worker Capacity Building

An additional 20 community health workers will be recruited and trained based on the national 59 day training curriculum, up-skill of 40 existing community health workers, and providing supportive supervision to household-level health service outreach, covering communities of approximately three million people.

ACTIVITY 9: Monitoring and Setting Standards

This activity will focus on documenting progress and establishing good practices through service quality

Activity Narrative: improvement activities. This requires appointing a health advisor and procuring specific additional external technical assistance, as required.

Overall, these activities will strengthen facility and community-based health services in both the public and non-state sectors, to increase points of access, improve service linkages and align basic service planning and delivery with government plans and programs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

- Construction/Renovation
- Health-related Wraparound Programs
- * TB
- Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$60,000

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 227.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 2934.22602.09

Planned Funds: \$0

Activity System ID: 22602

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. PEPFAR funds were allocated to the Association of Schools of Public Health (ASPH) and sub-contracted to the Harvard School of Public Health and the Centre for the Support of Peer Education to support a coherent national inter-sectoral system of rigorous peer education. Funding for ASPH will not continue under its current agreement in FY 2009 because the contract ends in September 2009. Instead, the agreement will be re-competed through a Funding Opportunity Announcement. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13387

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
29349	29349.08	Peace Corps	US Peace Corps	7029	247.08		\$224,900
29348	29348.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	11999	11999.08	Prisons Project	\$25,000
29347	29347.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$77,500
29346	29346.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$248,082
29345	29345.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$52,687
29344	29344.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	12004	12004.08	Umbrella	\$349,564
29343	29343.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$575,227
29342	29342.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	12002	12002.08	Umbrella	\$170,270
29341	29341.08	HHS/Centers for Disease Control & Prevention	Liverpool VCT and Care	12004	12004.08	Umbrella	\$59,147
29340	29340.08	HHS/Centers for Disease Control & Prevention	International Medical Corps	11999	11999.08	Prisons Project	\$100,000
13387	2934.08	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	6459	227.08	ASPH Cooperative Agreement	\$100,000
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

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 2809.09

Mechanism: Twinning Project

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 7928.22597.09

Planned Funds: \$0

Activity System ID: 22597

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The American International Health Alliance (AIHA) Cooperative Agreement ends in March 2009. The project will be re-competed through a TBD Funding Opportunity Announcement thus allowing continuation of these activities. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13382	7928.08	HHS/Health Resources Services Administration	American International Health Alliance	6457	2809.08	Twinning Project	\$780,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 257.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 21635.22928.09

Planned Funds: \$0

Activity System ID: 22928

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. Based on the PEPFAR South Africa Interagency Partner Evaluation, the review panel felt that this Medical Research Council of South Africa (MRC) activity was not a system strengthening activity and was better placed under the Other Sexual Prevention program area. The activity has therefore been moved to the Other Sexual Prevention program area. Therefore there is no need to continue funding this program area with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21635

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21635	21635.08	HHS/Centers for Disease Control & Prevention	Medical Research Council of South Africa	6686	257.08		\$127,716

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8681.09

Mechanism: N/A

Prime Partner: South African Democratic Teachers Union

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19528.22843.09

Planned Funds: \$288,844

Activity System ID: 22843

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Provincial coordinators will primarily be dedicated to monitoring and evaluation (M&E). Regional leaders will be specifically trained on M&E, data quality and effective data use to guide program implementation in their areas.

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 1: 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 and in efforts to combat violence against women; and 4) develop strategies to reduce stigma and discrimination 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19528	19528.08	HHS/Centers for Disease Control & Prevention	South African Democratic Teachers Union	8681	8681.08		\$350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9625.09

Prime Partner: University of the Western Cape

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 22330.22675.09

Activity System ID: 22675

Mechanism: N/A

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$357,937

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

The University of the Western Cape (UWC) program forms part of the University Technical Assistance Program (UTAP), which is aimed at strengthening human capacity development and ensuring sustainability of efforts in multiple program areas. The activities in this program area focus on improving human resource information systems (HRIS) that enable managers at the district and sub-district levels to more effectively use the information collected for human resource planning and management. Another key emphasis is on strengthening the management capacity of health and human resource managers within health departments. The project also focuses on expanding health-related resources and promoting effective partnerships between the education and health sectors, through the establishment of health promoting schools at the secondary school level.

BACKGROUND:

During FY 2008, this project identified and started working with three secondary schools in a low resource community in Elsies River, Cape Town. Teachers, learners and parents of learners have participated in workshops at individual schools. Using FY 2009 funds, the project will continue to work with the learners, teachers and parents in the three identified secondary schools. There will be workshops with the learners, teachers and parents. There will be mentoring of teachers. There will be leadership camps for the learners. Links will also be made between the schools and community groups. Joint initiatives will be developed between the three schools. Also, the English language version of the training manual will be completed.

The training involves a series of workshops for parents, teachers and learners that will be held over a period of 10 months. Empowerment activities will be used to build self-esteem and support healthy school-community and family values. Forty-six individuals (15 teachers, 15 learners, 15 parents, and 1 school nurse) will be trained. Twenty learners will participate in a leadership camp which will focus on empowering activities while learning about addressing HIV and TB. Local community groups, such as the theatre group Sound Track 4 Life and Children's Resource Centre will be involved in this training.

ACTIVITIES AND EXPECTED RESULTS:

UWC will carry out three separate activities in this programmatic area.

ACTIVITY 1: Management and Leadership Training for HIV/AIDS Program Managers and Human Resource Managers at the Provincial and District Levels

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 program is designed to improve the management and leadership skills of these health personnel.

The goal of the project is to improve the skills, knowledge and competencies of new HIV project managers and emerging human resource managers, so that they may be better equipped to deal with the challenges of their work at local and provincial government levels. The assumption is made that most HR managers have already received some management and leadership education/training. The training program within this activity is more relevant to people who have either newly entered the field of management or are aspiring to become managers in the near future.

Using FY 2009 funds, local and provincial government officials will be consulted to review the five-day training program developed in FY 2008. The training will continue to be rolled out in FY 2009, with 30 new HIV project managers. Additionally, 30 emerging or up-coming human resources managers at provincial and district levels will be trained in public service leadership and management. The training program will be evaluated by participants and outcomes will be measured through assessment processes. In addition the effectiveness of the training will be measured by the increase in demand for the training program. The course will be accredited through UWC and the Health Professions Council.

ACTIVITY 2: Human Resource Information Systems for District Level Planning and Management

Background: Planning and managing programs are often hampered by the unavailability of reliable human resources information. Developing good health program information systems is a labor intensive and time consuming process and the staff that operates them must be trained and supported. Over the past 10 years and still currently, the School of Public Health at UWC has been at the forefront of developing and supporting the implementation of routine district and program health information systems (specifically human resource information systems) and enabling health workers and managers to systematically and routinely, collect, collate, analyze, interpret and utilize information. This project contributes to the strengthening of capacity for the collection of data and use of human resource information to manage programs like the HIV/AIDS program. The aim of the project is to improve the quality of health care provided through developing a sustainable, decentralized capability to operate and maintain integrated district-based HRIS, as well as increasing the use of information by health care providers. A participatory approach will be used with the established task team to develop the tools and collect the data required for decision making. Training will be targeted at both the producers (task teams) and the users (managers) of the information. The project strategy includes both a bottom-up and top-down approach. The approach requires the participation of the district and the National Department of Health. A task team was established in FY 2008 at the district level and regular communication specifically aimed at participation in the development of the system with the national and provincial Department of Health. In addition, regular formal feedback sessions are provided to the National Department of Health to ensure that the development of the human resource information system is in line with the current and new national policies.

Activity Narrative: Using FY 2009 funds, the framework for a district-based HRIS developed in FY 2008 will be piloted in one district in the Western Cape. A training and mentoring program will be developed in consultation with a five-member task team, reaching at least 20 managers. The training will focus on the use and monitoring of human resource information; as well as training of the tool developed. The HRIS tool will be piloted in one district in the Western Cape (West Coast), with the on-going training of district and sub-district managers. Monthly mentoring visits will be conducted to provide support mentoring on the collection and use of human resource information. The managers will be supported in compiling a district human resource management report based on the data collected.

ACTIVITY 3: Addressing TB and HIV Through the Development of Health Promoting Schools

Background: Multiple factors lead to the spread of TB and HIV in the school community. While poverty is the underlying social determinant, in many of the communities in the Western Cape substance abuse, including alcohol and drug abuse, and violence are also factors that lead to risky sexual behavior. Consequently a holistic approach is needed to address TB and HIV effectively.

The World Health Organization has identified schools as effective settings for the promotion of health. This project focuses on training to strengthen human capacity using the holistic health promoting schools framework to address the problems of TB and HIV. The National Department of Health, Health Promotion Unit has identified the development of health promoting schools as a priority. It is in the process of reviewing its Draft Guidelines on Health Promoting Schools. The outcome of this project will feed into this process.

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 Education Department (WCED) and the Western Cape Department of Health (Health Promotion). The forum has been active in supporting the development of health promoting schools in the Western Cape. There are currently approximately 130 health promoting schools in the Western Cape. Until this project began development had only taken place in primary schools. This project aims to develop secondary schools as health promoting schools.

The broad goal of this project is to reduce the spread of TB/HIV in the school-community in South Africa. The specific aim of this project is to build and strengthen human capacity among all in the school community. This includes, firstly, to promote sexual abstinence and delay sexual debut and, secondly, among older adolescents, teachers, and parents, to develop and strengthen the ability to make healthy choices related to sexual behavior in order to reduce risky sexual behavior. The project also seeks to enhance the care of young people who are HIV affected within the education system and improve referrals for treatment and care.

This project contributes to the Policy Analysis and Systems Strengthening target, specifically the development of a district-based human resource information system. This project is directly linked to the provision of management and leadership training for new HIV program managers and HR managers at the provincial and district levels.

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

Activity Narrative: 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 health 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 for 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 22330

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22330	22330.08	HHS/Centers for Disease Control & Prevention	University of the Western Cape	9625	9625.08		\$300,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$196,345

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 2808.09	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 3335.22683.09	Planned Funds: \$2,118,999
Activity System ID: 22683	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been extensively expanded in FY 2009 to provide a foundation for building sustainable in-country training and mentoring services. Activities include providing technical assistance (TA) to the National Department of Health (NDOH) to plan, manage and implement its national Health Promotion and Quality Assurance (HPQA) Centre initiative; strengthening leadership and management at provincial HPQA Centres; developing the human capacity of HPQA clinical/mentoring teams and healthcare professionals (HCPs) to provide quality prevention, care and treatment to persons infected with HIV, AIDS, STIs and/or TB (HAST); and developing integrated pre- and in-service HAST educational/training programs at Walter Sisulu University (WSU).

- Recruitment of additional in-country I-TECH staff including a clinical advisor, a monitoring and evaluation (M&E) specialist, a fiscal lead and an instructional design specialist: Preference will be given to South African applicants. The clinical advisor will oversee all clinical matters and programming related to development of pre- and in-service programs and HPQA capacity building through clinical mentoring programs and other clinical training support modalities. This position will assume some of the responsibilities and leadership provided currently under the I-TECH University of California San Diego (UCSD) subcontract. The M&E specialist will work with individual HPQAs to identify their 2008-2011 goals and objectives for increasing their institutional capacity and to set/monitor benchmarks/milestones. This approach, with involvement from the NDOH and provincial DOH, will assure achievements are maintained and that threats to maintenance are foreseen and addressed. This position is also responsible for mentoring HPQA M&E staff on evaluation methods and working with them to implement and review newly introduced forms allowing for more regular and robust capturing of clinical mentoring outcomes/impact and technical assistance events. The fiscal lead position is a requirement of I-TECH headquarters. The instructional design specialist will work with and mentor HPQA Centres to build their curriculum/instructional design capacity. It is anticipated the in-country instructional design specialist will need substantial mentoring by the Seattle Training Development Team (TDT) team to meet I-TECH's standards. Over 12 months, Seattle TDT will work with this individual, ultimately transferring curriculum and instructional design responsibilities to the Pretoria Office. The I-TECH in-country mentor will be transferred to the Eastern Cape (EC) HPQA, thereby expanding the HPQA's clinical mentoring capacity and expertise. Also the EC technical advisor to the Pretoria office will become the training program manager to allow for expansion of I-TECH activities to all provinces.

- Expansion of intensive I-TECH SA health system strengthening TA to the Limpopo DOH and Mpumalanga DOH HPQA Centres: In addition to providing a wide array of on-going TA for the development of HPQA Centres, TA will also centre on 1) the accreditation of curricula and training credentialing; 2) development of instructional design/curriculum/training programs; 3) the development and maintenance of on-line resource libraries; 4) the development of clinical practice sites for hands-on learning; 5) distance learning strategies; 6) building of M&E expertise and capacity at the HPQA level; 7) training of HPQA staff on TrainSMART (I-TECH open source training database) and data quality issues, as requested; and 8) development of training standards per individual HPQA Centres and initiative at the NDOH for monitoring and assessing performance against these standards. I-TECH will provide in-country TA to assist in the capacity building for the support and local development of these components. It is estimated that this will take several months spread throughout the duration of the year.

- TA will be provided to the WSU School of Medicine to build the following components: 1) a faculty development program for developing HIV expertise among the faculty and attending physicians at the teaching hospitals; 2) the creation of an HIV fellowship program; and 3) the development of a formal inpatient HIV consultation service at Nelson Mandela Academic Hospital and Umtata General Hospital, staffed by HIV fellows and faculty participating in the faculty development program. This set of activities represents a major undertaking and will be supported by UCSD physician faculty, the I-TECH clinical advisor position, and I-TECH headquarters TDT. I-TECH has a strong track record in developing, implementing and evaluating pre-service course materials and faculty development programs (Mozambique, Haiti), and fellowship offerings (India). It will use the lessons learned, in-house expertise, advice and consultation from the Stellenbosch Africa Center for HIV/AIDS Management, and existing products to support rapid scale up of this initiative.

- Support certificate and diploma courses in HIV/AIDS at WSU for practicing HCPs at the facility level: The in-service course will be largely practically conducted in students' place of work allowing the obtainment of specialized knowledge and skills specific to actual job responsibilities while they are performing their care and treatment duties. These activities support the establishment of an integrated HIV/AIDS training/education strategy and provide the structure for a career path. Such activities may help address worker shortages and provide HIV/AIDS clinical leadership in areas where none exist.

- Customization of existing I-TECH nurse training materials for South Africa to strengthen clinical skills, clinical acumen, and the expansion of their role at the facility level (e.g. expansion of prescribing rights): This work is to be done at the request of WSU and/or EC HPQA.

- The development of an advanced diploma in HIV/AIDS for nurses will help prepare nurses for increased responsibilities in the care and treatment of persons with HIV, AIDS and TB. I-TECH will use its HIV/AIDS Nurse Specialist course (which has didactic, preceptorship, and on-site clinical mentoring components) as a primary reference, based on the success of the program in Ethiopia and current adaptation by Zambia partners.

- TA to the University of Pretoria to develop, implement and evaluate a HAST module into the new Clinical Associate program and TA to the WSU program upon request: The Clinical Associate program serves to broaden the range of health care workers who can address various health issues and assures the HAST knowledge and skills of pre-service HCP. I-TECH will draw upon its pre-service materials recently developed for Mozambique, as well as other existing in-house curricula and clinical materials. This work assumes close and positive collaboration with the named universities and other SA universities providing similar programming, and an academic-based curriculum review and approval process.

- Ongoing TA to the NDOH to strengthen its capacity to plan, manage, implement and evaluate its HPQA Centre initiative. It supports the development of local leadership and ownership, and assures program sustainability.

- Implementation and evaluation of two one-and-a-half day clinical treatment updates (80 participants total) for Mpumalanga and Limpopo DOH HPQA Centre trainers, provincial DOH district trainers, and project

Activity Narrative: managers (i.e., doctors and nurses from Mpumalanga and Limpopo antiretroviral clinics). See page 22 under Comments on Past Performance. EC HPQA Centre trainers, DOH district trainers and project managers who did not attend these updates when offered in the EC in FY 2008 may attend one of the trainings in Limpopo or Mpumalanga provided sufficient space and funding.

- Provide TA on the modification of a basic HAST course and four specialized in-service training curricula (i.e., counseling skills, mother and child HIV care and treatment, STI care and treatment, TB/HIV). These curricula will be promoted to the other eight DOH HPQA Centres. A training of trainers workshop and orientation of Mpumalanga HPQA and DOH staff to these materials will be developed and conducted. The I-TECH South Africa M&E specialist, I-TECH curriculum integration specialist, and I-TECH HQ Quality Improvement Team will assess if the curriculum integration project is successful in reducing the number of training days HCW are away from the clinics, as well as greater training delivery efficiency (i.e., improved materials, better participant selection criteria). This evaluation component is necessary if NDOH or other HPQAs consider either replicating or adopting similar processes, training program designs, or curriculum products.

Three laptops, 3 printers, 2 LCDs, 25 tables, and 50 chairs will be purchased for Limpopo HPQA and satellite sites. A partial contribution toward the renovation of a training center may be made as well.

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 Narrative: 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: Training

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13869	3335.08	HHS/Health Resources Services Administration	University of Washington	6637	2808.08	I-TECH	\$1,370,000
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

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,709,932

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 466.09

Mechanism: HPI

Prime Partner: Health Policy Initiative

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3016.23066.09

Planned Funds: \$1,165,086

Activity System ID: 23066

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity that has been changed is the support to the Crossroads Helping Hand Project. The project has been closed due to the fact that HPI supports the National Baptist Church of Southern Africa, the mother body of the Helping Hand Project. Further support has also been extended to the Nelson Mandela High School in Crossroads, Cape Town where the Helping Hand Project is housed.

No capacity building will be provided by HPI to any tuberculosis (TB) NGOs since no activities have been approved for TB services and organizations for 2009. The TB modules in the diploma program in HIV/AIDS Management in the Workplace and AIDS and Development in Society address the importance of TB/HIV integration and focus on identifying TB and HIV co-infected individuals in the workplace. TB and the emerging M/XDR-TB epidemic represent a major challenge to HIV care and treatment programs and therefore the activities will remain as part of the HIV and AIDS policy development course material for 2009.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15077

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15077	3016.08	U.S. Agency for International Development	Health Policy Initiative	7034	466.08	HPI	\$1,455,000
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
- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$186,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 588.09	Mechanism: Strengthening Pharmaceutical Systems
Prime Partner: Management Sciences for Health	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 23197.09	Planned Funds: \$728,178
Activity System ID: 23197	

Activity Narrative: SUMMARY:

With FY 2009 PEPFAR funds, Management Sciences for Health's (MSH) Strengthening Pharmaceutical Systems (SPS) project will continue to support the "HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011". Under Health Systems Strengthening (HSS), SPS will continue to support the national, provincial pharmaceutical directorates and other statutory bodies by: 1) assisting with the review and update of national standard treatment guidelines, policies and procedures related to medicines legislation; regulations and pricing; and pharmacy practice, 2) promoting best practices for infection control practices, and 3) strengthening medicines supply management information systems.

BACKGROUND:

After the launch of SPS in August 2008, most of the provinces and metros requested additional support in new areas to support governance (e.g. management and leadership, strategic planning, and project and financial management). Therefore SPS will continue to provide assistance to all provinces in monitoring progress towards compliance with the Pharmacy Act and Medicines Control Act legislative requirements that relate to the delivery of pharmaceutical services as well as the applicable standards for the accreditation of health institutions (hospitals and community health centers) to provide ART.

ACTIVITIES AND EXPECTED RESULTS:

SPS will carry out the following three separate activities in this program area.

ACTIVITY 1: Policies and Procedures

SPS will provide assistance with the development of policies and procedures at all levels. It will also support the development and implementation of models of service delivery to support the provision of quality service to patients with HIV/AIDS, tuberculosis (TB) and other diseases, capacity building in the areas of governance, pharmaceutical care and monitoring and evaluation of pharmaceutical service delivery.

SPS will continue to provide technical assistance to non-governmental organizations such as the SA Pharmacy Council (SAPC) and the South African Qualifications Authority (SAQA) in a wide range of services such as the development of staffing norms for pharmaceutical services, accreditation of facilities, etc.

SPS will also continue to support the development and review of the standard treatment guidelines, pricing regulations to promote equitable and affordable access to medicines, and maintain its involvement with the Medicines Control Council (MCC).

ACTIVITY 2: Infection Control

The Infection Control Assessment Tool (ICAT) has been approved as the National Standard for assessing infection control. SPS will continue to provide technical assistance to national and provincial Departments of Health (N/PDOHs) to improve infection control programs in hospitals.

Planned activities include but are not limited to the following:

- Conduct training of trainers (TOT) workshop in the Western Cape province
- Finalize and officially launch the tool
- Print and disseminate hand hygiene posters
- Continue the on-going collaboration with the Soul City producers on the hand hygiene public awareness campaign
- Work with the NDOH and Medical School of the University of KwaZulu-Natal on the infection control manual
- Train pharmacy personnel on infection prevention and control practices

ACTIVITY 3: Medicines Supply Management Information Systems

SPS will continue to deploy its computerized medicines supply management (RxSolution) and quantification models at the facility level. SPS focus will to train manager on using information to support decision making.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$187,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 328.09

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 23198.09

Activity System ID: 23198

Mechanism: N/A

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$427,198

Activity Narrative: SUMMARY:

Johns Hopkins University (JHU) coordinates the work of 20 South African partners that cover a total of 11 PEPFAR program areas through providing technical assistance and building capacity. JHU's support for the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP) includes in-service healthcare worker (HCW) training and skill building, along with accreditation by the National Department of Health (NDOH) for HCW promotions and advancement. Instructional technology via satellite and computers is utilized with provincial healthcare workers. Other activities include supporting Health Promoters at tertiary institutions (TIs) working on stigma reduction as well as Treatment Literacy and Prevention Practitioners (TLPPs) working in government clinics as advocates for a comprehensive treatment, care and support program within communities.

BACKGROUND:

Mindset Health

The Mindset Health Care Workers (HCW) channel has an MOU with the NDOH (a founding member) along with several provincial Health Departments. The MOU calls for the installation of the hardware and provision of software so HCWs are enabled to access the latest information 24 hours per day, upgrade their skills and test their knowledge for promotions and accreditation. Mindset also works with the PEPFAR partner Foundation for Professional Development and uses their materials (and vice versa) on the HCW channel.

DramAidE

The Health Promoters (HPs) project is entering its 6th year with PEPFAR funding. The HPs are HIV-infected young men and women living openly on 24 TI campuses. They work closely with the TIs' healthcare system and Peer Educators (PEs) program. Over the last few years several of the better resourced TIs have picked up the salary and benefit costs of the HPs. The HPs will continue to work on the high profile media project, SCRUTINIZE, and train peer educators on how to use support materials and to translate messages into the different national languages. They also work on stigma reduction, gender-based violence (GBV), and men's participation in HIV programs including voluntary counseling and testing (VCT).

Community Health Media Trust (CHMT)

CHMT is an activist organization that works with the Treatment Action Campaign (TAC) on treatment, care, support and prevention programs. CHMT trains both JHU partners and other community organizations on developing local plans and policies related to GBV, treatment rights, and stigma reduction. CHMT is a unique communication organization that is directly linked to the leading activist organization in South Africa, TAC, and has worked closely in helping to formulate policies with the national and provincial governments leading to programs supporting the PEPFAR 2-7-10 goals.

Wits University

Wits media project has articulated the media's role in articulating issues and policies that have both helped and hindered HIV programs in the country. A responsible, dedicated press is necessary for an informed citizenry and policy makers on HIV. JHU support to local and national HIV communication programs has helped to move from an events focus to a strategy driven program.

John's Hopkins University South African Staff

The NDOH's Khomanani campaign receives on-going technical assistance from local JHU staff. Both the contractors and NDOH staff attend workshops and receive other capacity building support from JHU that includes how to conduct large and small scale research interventions, management of research organizations, data utilization for strategic planning and program implementation.

ACTIVITIES AND EXPECTED RESULTS:

Johns Hopkins University will carry out five separate activities in this program area.

ACTIVITY 1: Mindset Health

In FY 2009 twenty hours of new video material will be developed along with print and web-based support materials under this COP. The materials will be available to other PEPFAR partners, both those working with JHU and other organizations.

ACTIVITY 2: DramAidE

DramAidE activities include 1) training of PEs on 24 campuses on stigma reduction, GBV and male participation, 2) conducting post-test counseling, 3) establishment of HIV organizations on campuses of people infected and affected by HIV, 4) conducting community outreach programs that build capacity in local schools and communities that interact with their local TIs to mutually support policy development on GBV, stigma and treatment that reflect local community needs and values.

ACTIVITY 3: Community Health Media Trust

In FY 2009, CHMT will provide assistance to 25 organizations within the provinces as well as work with 4 provincial governments in the above program areas. They will facilitate discussions between communities and the local health care and judicial systems.

ACTIVITY 4: Wits University

The Wits Journalism program and the Perinatal HIV/AIDS Research Unit (PHRU) of Wits will continue working with the print media, journalists and editors, to engage them in professionally reporting on key HIV/AIDS issues. In-depth, comprehensive and non-sensational coverage of key issues (including GBV,

Activity Narrative: treatment rights, stigma, etc.) plus strong investigative reporting is essential to creating an informed public and to enabling key decision-makers to make fact-based policies. This intervention will include a minimum of three dissemination events, workshops with journalists and editors as well as two special reports by professional journalists (broadcast and/or print).

ACTIVITY 5: Technical Assistance Provision from John's Hopkins University South Africa Staff

Local JHU staff will continue providing technical assistance to the NDOH and provincial health departments in strategic communication.

All of these activities work to strengthen the public sector and civil society's capacity in prevention, treatment, care and support. By providing HCWs in over 250 hospitals and clinics throughout the country with up-to-date information twenty-four hours per day that is aligned with the local needs of the staff, the HCWs are better able to respond to the public's needs. With over 1 million students, faculty and staff at the TIs throughout the country, the HPs are uniquely equipped to provide information that builds institutional capability to respond to their constituencies.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 9382.09

Mechanism: N/A

Prime Partner: Medunsa University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 21634.22971.09

Planned Funds: \$242,726

Activity System ID: 22971

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

SUMMARY:

Using FY 2009 funding, the Medical University of South Africa (Medunsa) will develop a training curriculum for home-based carers based on the information gathered in the program evaluation and the new national guidelines on minimum skills units for community care workers. Medunsa will develop the training manuals (participant manual and trainers guide) using adult learning principles, and will conduct training of trainer workshops for PEPFAR partners involved in home-based and community care.

ACTIVITIES AND EXPECTED RESULTS:

Medunsa will carry out two separate activities in this program area.

ACTIVITY 1:

Medunsa will either newly develop or modify existing national training program materials for home-based carers, based on information gathered from the evaluation of the home-based care program and the new recommendations from the National Department of Health for training of home-based carers. These new training modules will reflect the key competences for home-based care and the national requirements for minimum skills for these categories of health care providers. The training units will incorporate home-based clinic care, HIV/AIDS counseling, TB/HIV (including infection control in the home), water and sanitation, and psychosocial support (including bereavement counseling and other aspects of the program from the evaluation and South African government requirements. Medunsa will then seek accreditation for these training materials from the South Africa Qualifications Authority.

ACTIVITY 2:

Medunsa will train PEPFAR partners implementing home-based care services using the new training materials. The focus will be on both training trainers and training home-based carers where organizations do not have access to qualified trainers.

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 2007 funding, 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 delivery

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21634

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21634	21634.08	HHS/Centers for Disease Control & Prevention	Medunsa University	9382	9382.08		\$250,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4645.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 7950.22964.09

Planned Funds: \$0

Activity System ID: 22964

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The HRSA agreement for the Georgetown University Global HIV/AIDS Nurse Capacity Building Program is ending and this activity will be re-competed. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13756

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13756	7950.08	HHS/Health Resources Services Administration	Georgetown University	6595	4645.08	Global HIV/AIDS Nursing Capacity Building Program	\$500,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 2797.09	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: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 22795.09	Planned Funds: \$3,670,020
Activity System ID: 22795	

Activity Narrative: SUMMARY:

The International Center for AIDS Care and Treatment Programs (ICAP) will support the development and functioning of the national health system in Eastern Cape (EC), KwaZulu-Natal (KZN), Free State (FS) and Northern Cape (NC) provinces of South Africa, as guided by the Strategic Priorities for the National Health System 2004-2009 focusing on: (i) strengthening the capacity of the Department of Health (DOH) institutions (district, local service area (LSA) and health facilities) on planning, management and implementation of HIV care, treatment and support programs, including the pharmaceutical procurement and logistic systems; (ii) strengthening local partner organizations, particularly in management, leadership and policy development; (iii) supporting construction and renovation; and (iv) human capacity development. These activities relate to priorities four, five and six as indicated in the Strategic Priorities document.

BACKGROUND:

ICAP has been a South African government (SAG) and PEPFAR partner since 2004. ICAP recognizes that the rapid scale-up of HIV care and treatment programs in South Africa requires support for diverse needs in the areas of human capacity development and health systems strengthening. Hence ICAP has developed a comprehensive approach to health systems development and human capacity development - the Clinical Systems Mentorship (CSM) program - in recognition of the fact that context, or systems, are fundamental to the sustainability of HIV care and treatment programming. CSM is a methodology that broadens the principles of traditional clinical mentorship to the context of public health programming and health systems strengthening. The approach seeks to develop and improve competency and capacity in not only individual providers (traditional clinical mentorship) but also teams of providers (including the patient), health care facilities, local partners and the entire healthcare system. The foundation of CSM is a continuous process of assessment, data-driven intervention, and re-assessment, which may occur in an integrated fashion at multiple levels among ICAP staff or at the health facility, district, or provincial levels. The methodology relies on the use of tailored assessments appropriate to the strategic priorities of the national health system. CSM highlights the importance of integrating and aligning country program activities under a unified, tailored initiative, so that support to sites, districts, and provinces are systematic, context-specific, concrete, and oriented toward achieving the defined goals and objectives.

ACTIVITIES AND EXPECTED RESULTS:

ICAP will carry out four separate activities in this program area.

ACTIVITY 1: Strengthening the capacity of the DOH institutions in planning, management and implementation of HIV care and treatment programs, based on the clinical systems mentorship approach.

ICAP will conduct baseline and continuous assessments to ensure data-driven and continuous quality improvement; a successful transition to a continuity of care model that provides high-quality, comprehensive, family-focused HIV care and treatment services; and local capacity building for service delivery at the district, sub-district and 46 ICAP supported sites. It will also participate and support the creation of systematic plans for multi-tiered clinical systems mentorship roll-out from the province to the facility level in EC, NC and FS. Technical experts/advisors will avail the DOH, districts and health facilities in EC, FS, and NC to support the development of services and systems for comprehensive HIV care and treatment programs in the following ways:

- Support the development of leadership and management skills for HIV care and treatment providers at the facility, district and provincial levels through hands-on technical assistance; and support, training and mentorship.
- Provide technical support to the DOH in the strengthening of site supervisory structures and systems at all levels to oversee site level activities and ensure continuous quality improvement.
- Participate in technical working groups at the DOH on topics of PMTCT, TB/HIV, CT, psychosocial support, pediatric and adult HIV care, pharmacy, laboratory, and M&E.
- Support the definition, development/adaptation and implementation of a facility specific comprehensive package of HIV care and treatment services at 46 sites to provide general health services in support of HIV care and treatment services.
- Facilitate the development and maintenance of multi-disciplinary teams (MDTs) at all levels: The ICAP-SA clinical team will continue to ensure that all the 42 and additional 18 health facilities have MDTs that meet regularly to discuss cases, attend educational presentations, and plan for the facility.
- Assess and support community involvement and enhance patient education, support and empowerment through meaningful involvement in HIV care and treatment interventions.
- Facilitate the establishment of systems for linkages, referrals and communication within the health facilities and with external organizations.
- Provide technical and managerial support for the implementation of appropriate procurement systems for drugs (ARVs and OI Drugs), essential supplies and equipment to minimize shortages and stock outs.
- Integrate M&E and tracking systems into regular programming. M&E is a critical component of the comprehensive HIV/AIDS plan. Technical support and assistance will be provided at the provincial, district and site levels to ensure data use for program management in EC, KZN, NC and FS. ICAP has developed an M&E framework that includes M&E tools for care of HIV-infected adults, care of HIV-infected and exposed infants, care of HIV-infected pregnant women, TB/HIV integration, PMTCT, psycho-social support and adherence support. The framework is designed to measure progress towards the achievement of comprehensive HIV care, treatment and support components at each of the supported sites, as well as at the district and provincial levels.

In FY 2009 the current mechanisms will be strengthened to improve data collection and flow to ensure data quality, validity and accuracy for program use at the provincial, district and health facility levels. Existing data collection mechanisms are being improved and new systems are being developed to respond to the ever changing data needs of the SAG, USG, health facilities and the ICAP program based on the components of comprehensive HIV care and treatment programs. The mechanisms are also designed in a manner that ensures data confidentiality. Data collection, validation and use from the service point level up

Activity Narrative: to the national office will be facilitated by deployment and redeployment of essential M&E staff and creation of commitment and dedication of members of the MDTs to use data collection tools and report data. Information on the standard of care indicators will be available incrementally during FY 2009.

ACTIVITY 2: Strengthening local partner organizations, particularly in management, program implementation, leadership and policy development, as follows:

- Disease Management Systems (DMS): ICAP will continue to support the DMS program in 3 sites of Port Elizabeth to implement a patient-centered health management information system (HMIS) to allow for improved efficiency in the treatment of HIV-infected patients at the ART sites.
- Health Information System Program (HISP): Managerial, technical and financial assistance will be provided for HISP to implement a comprehensive patient level software and program database that will improve and enhance HMIS.
- University of Fort Hare (UFH): ICAP will continue to provide managerial, technical and financial support to the University of Fort Hare to place HIV care and treatment essential staff at the ICAP-supported health facilities in East London, Eastern Cape.
- Ikhwezi Lokusa Community-based Organization: ICAP will continue to provide technical, managerial and financial support to Ikhwezi Lokusa Wellness Center in Eastern Cape to ensure scale up of care and treatment through private general practitioners in rural Eastern Cape.
- Nelson Mandela Metro Municipality (NMMM): Through its network of PHC clinics, ICAP will continue with technical, financial and managerial resources support to NMMM to ensure human capacity and health systems strengthening to scale up HIV/AIDS care, treatment and support services in 20 facilities in Port Elizabeth, Eastern Cape.
- Foundation for Professional Development (FPD): ICAP will support capacity building for rural sites through the provision of managerial, technical and financial support to FPD to ensure human capacity development for comprehensive care in three hospitals and affiliated clinics in Qaukeni and Umzimkulu sub-districts.

ACTIVITY 3: Supporting the construction and renovation of health facilities to ensure appropriate space for the implementation of HIV care and treatment programs.

ICAP will renovate 10 existing facilities in order to ensure appropriate space for patient privacy and confidentiality in EC, KZN, FS and NC. It will also provide temporary structures to facilitate comprehensive, family-focused care and treatment interventions based on assessment of space and priority needs in EC, KZN, FS and NC.

ACTIVITY 4: Human capacity development, based on the South African National Department of Health Human Resource Plan for Health (HRH), which underscores the need for continued training, mentoring and skill development.

ICAP will assess and enhance key provider competency on HIV care and treatment at the district, LSA and facility levels through one on one and small group teaching of clinical skills, support to professional development and growth, and collegial support to clinicians and lay health workers on an ongoing basis at the ICAP supported sites. It will do so through the following sub-activities:

- Ensure the availability of technical, financial, managerial and logistics support for the implementation of training programs for the 46 supported sites in EC, KZN, NC and FS on the minimum package of care that ensures comprehensive and family focused care and treatment programs.
- Support the development of non-traditional health care cadres and task shifting strategies through trainings in collaboration with local accredited training partners (Foundation of Professional Development, Small Projects Foundation and ATTIC) for peer educators and field caregivers on HIV care and treatment.
- Provide continuous mentorship to nurses to acquire appropriate knowledge and skills to provide comprehensive HIV care and treatment services.
- In collaboration with the University of Fort Hare (UFH) Department of Nursing Science and the Stellenbosch University (SU) Ukwanda unit, continue supporting the post-basic Advanced Certificate in Clinical Management of HIV/AIDS course for 30 nurses with the aim of developing specialists in HIV care and empowering them to take a leading role in the management of both adults and children with HIV infection in the rural facilities.
- Provide technical and financial assistance to Small Projects Foundation (SPF) to continue with a training program (accredited by the South African Health and Welfare Sector Education Training Authority) for 50 caregivers in Umzimkulu as ancillary healthcare workers.
- Support healthcare workers to attend a training program at Tygerberg Children's Hospital at the University of Stellenbosch, in support of indigenous human capacity development to successfully implement pediatric care and treatment services.
- Ensure continuous medical education through an outreach program and mentoring for clinicians in rural Eastern Cape and KwaZulu-Natal to provide quality HIV care and treatment services in partnership with the Stellenbosch University Ukwanda Project.
- Facilitate HIV specialist forums that bring together specialist physicians to discuss the clinical management of more complex HIV issues. The ICAP clinical team will technically and logistically spearhead these forums at the regional level.
- Produce and disseminate behavior change communication/information education and communication materials in order to facilitate service delivery at all 46 sites. The ICAP-New York Clinical Unit and the South African government will produce the materials.
- Provide technical, managerial and financial support to the ECDOH for the two-year basic pharmacist assistant apprenticeship course designed in partnership with Frai Health Management Training and the Nelson Mandela Metropolitan University to ensure regular availability of essential drugs (antiretrovirals (ARVs) and opportunistic infection (OI) medications) and supplies at health facilities.
- Ensure availability of post exposure prophylaxis and psychosocial support for all health workers at the 46 facilities through the ICAP psychosocial support unit.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 193.09	Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 22827.09	Planned Funds: \$1,135,958
Activity System ID: 22827	

Activity Narrative: SUMMARY:

The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) will use FY 2009 PEPFAR funds to support its existing prevention, care and treatment partners, namely the National Department of Health (NDOH) and provincial DOHs in KwaZulu-Natal (KZN), Free State, North West and Gauteng provinces. EGPAF will also support McCord Hospital and the AIDS Healthcare Foundation (AHF) in KZN. It will strengthen health systems through supporting renovations to improve patient flow at supported sites and mobile clinics to increase access to services in rural areas. It will also provide human capacity development support and technical assistance at all levels of service delivery, including engagement in policy development and reviews.

The key objective is to increase access to prevention of mother-to-child transmission (PMTCT), care, and treatment services at supported sites, especially the most disadvantaged and rural sites. Primary populations to be targeted include infants, men, women (especially pregnant women and HIV-infected pregnant women), people living with HIV (PLHIV), and public and private healthcare providers.

BACKGROUND:

EGPAF support is aimed at strengthening health systems to ensure long-term program sustainability. In addition to limited human capacity, space to provide consulting and counseling services is a serious challenge at some of the EGPAF-supported sites. Patient privacy and the quality of counseling are therefore compromised. To address existing space constraints and maintain patient confidentiality, EGPAF will provide additional consulting and counseling space in the form of minor renovations and purchasing of prefabricated buildings. Mobile clinics will be procured to provide services to the resource limited, disadvantaged rural and farming communities.

ACTIVITIES AND EXPECTED RESULTS:

EGPAF will carry out the following three activities.

ACTIVITY 1: Renovations

Some EGPAF-supported sites are not able to incorporate care and treatment services into the existing community health centers or hospitals due to lack of space. In these instances, when requested by the Department of Health, EGPAF will conduct a site assessment to determine specific needs (providing additional consulting space, partitioning rooms to provide patient confidentiality) and if needed, will provide renovations, or temporary space through provision of prefabricated buildings.

ACTIVITY 2: Mobile clinics

In expanding to Free State and North West provinces, which have greater needs for services in the agricultural and farming areas, EGPAF has been asked by the respective DOHs to support increasing access to PMTCT, care and treatment services through mobile clinics. In partnership with the DOH, EGPAF is exploring the feasibility of supporting mobile clinics and dedicated staff to reaching resource-limited rural and farming communities. Because these activities would be supported in partnership with the DOHs under the existing Memorandum of Understanding, these services would be sustainable because at the conclusion of direct PEPFAR support, these activities could be maintained by the respective DOH.

ACTIVITY 3: EGPAF will support human capacity development by providing additional staff based on staffing needs; training healthcare workers on comprehensive HIV/ AIDS prevention, care, management and treatment based on training needs identified; and providing ongoing on-site coaching, mentoring, preceptorship and supportive supervision. EGPAF will continue to provide technical assistance to the DOH at the national, provincial, district and site levels. EGPAF will provide technical assistance on HIV-related policy development and implementation to community-based organizations (CBOs) that provide care and support services in an effort to build local capacity. The CBOs' personnel will be trained on stigma and discrimination reduction as well as community mobilization for HIV prevention, care and treatment.

Overall EGPAF support aligns with national DOH health systems strengthening policies and guidelines (Treatment, Care and Support) of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011, which aims to strengthen the health system and remove barriers to access is taken into consideration to ensure long-term program sustainability.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Construction/Renovation
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 489.09 **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:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 3033.22995.09 **Planned Funds:** \$0
Activity System ID: 22995
Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:
This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The National Association of State and Territorial AIDS Directors (NASTAD) cooperative agreement ended in April 2008. The activities will be continued through a local partner. Therefore there is no need to continue funding this activity with FY 2009 COP funds.
New/Continuing Activity: Continuing Activity
Continuing Activity: 14034

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14034	3033.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	6690	489.08		\$776,000
3033	3033.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	2678	489.06		\$395,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8683.09 **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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19527.22878.09

Planned Funds: \$322,340

Activity System ID: 22878

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

The South African Business Coalition (SABCOHA) will implement through the Vendor 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 the 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; and tackling issues associated with violence, coercion, stigma and discrimination.

ACTIVITIES AND EXPECTED RESULTS:

SABCOHA will carry out three separate activities in this program area.

ACTIVITY 1: Vendor Chain Management

In the Vendor Chain Management program, during the capacity building of companies, there will be discussions on the HIV/AIDS workplace policies, procedures and human resources (HR) issues. This will result in drafting of policies with the participating companies and in ensuring that the HIV/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 HIV/AIDS workplace policies, 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, which aims to ensure a non-discriminatory work environment. The program 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 front line of the epidemic. SABCOHA will strengthen the existing peer education forums in the five provinces where they exist. Using FY 2008 PEPFAR funding, the trained HIV coordinators and peer educators in the Vendor Chain Management program will be linked to the strengthened and fully functional peer education forums. As the Vendor Chain Management program unfolds in other provinces, SABCOHA will develop more peer education forums.

ACTIVITY 3: BizAIDS

A personal participant handbook forms the basis for participants to develop 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, as research has found that small businesses owners prefer to have the training delivered in English as they believe English is the language of business. When translating areas of uncertainty, translators generally switch to the vernacular. Training handouts include information on HIV/AIDS prevention, abstinence, being faithful, voluntary counseling and testing (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 services is the next necessary link.

Providing effective prevention messages and leadership education to employer associations, businesses, worker representatives and union members in a cross-section of South African industry will contribute to PEPFAR's goal of preventing seven million new infections. The activities described here will also support the prevention objectives identified in the United States government's Five-Year Strategy for South Africa.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19527	19527.08	HHS/Centers for Disease Control & Prevention	South African Business Coalition on HIV and AIDS	8683	8683.08		\$332,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10271.09	Mechanism: TBD Twinning
Prime Partner: To Be Determined	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 23706.09	Planned Funds: ██████████
Activity System ID: 23706	

Activity Narrative: SUMMARY:

The awardee will work with four local universities (Walter Sisulu, University of Pretoria, Wits University and the Medical University of South Africa) to develop their capacity to implement the Clinical Associates (CA) program. The CA program is a new mid-level worker program which is a three-year degree program similar to the Physician Assistant program in the United States (U.S.). The NDOH has requested assistance for the universities to build their capacity through North-to-South and South-to-South mentorship from already established programs.

BACKGROUND:

The CA program is a new mid-level worker category introduced by the NDOH in response to the HRH crisis in the face of the HIV/AIDS pandemic. The South African universities, although willing to implement this three-year degree program lack the experience to do so. The request from the NDOH is to establish mechanisms for learning from other established programs through North to South and South to South exchange.

ACTIVITIES AND EXPECTED RESULTS:

The awardee will carry out five separate activities in this program area.

ACTIVITY 1: North-to-South Twinning

The awardee will establish twinning relationships with U.S. universities to mentor local universities in curriculum development, training of students, integrating HIV/AIDS management into the CA program, assessment of and new program development. It is expected that the local universities will benefit from other established programs in the design, implementation and assessment of the local CA program.

ACTIVITY 2: South-to-South Twinning

The awardee will establish a South-to-South relationship with other CA programs from Tanzania and Malawi. This will strengthen the regional relationship by providing opportunities to share African experiences, to adapt curriculum to fit local contexts and establish opportunities for South-to-South learning, mentorship and academic exchange. The local universities will be provided with opportunities for learning from other African countries on their experience in integrating HIV/AIDS programs into the curriculum and system for supervision of CA graduates in light of the critical shortage of doctors.

ACTIVITY 3: Establishment of Academic Forum

The awardee will establish a forum for ongoing academic exchange with universities both in Africa and in the U.S.. This will be mainly through electronic medium e.g. video conferencing, internet group discussions etc. This activity will also comprise a yearly academic meeting between other African CA programs for face to face exchange of ideas and program development.

ACTIVITY 4: Establishment of a Sustainable Supervision Model for Students

The awardee will work with the universities to develop a model for supervision of the CA students and graduates within the district health system. The awardee will do this by assisting the universities to draw on experience and lessons learned especially from other African countries and experiences in other South African programs to establish a mechanism for on-going supervision and support that can be sustained at a district level.

ACTIVITY 5: TB/HIV

The awardee will provide training and mentoring to strengthen the ability of CHSR&D to manage data and effectively disseminate research findings. The partnership will enhance the University of the Free State's Centre for Health Systems Research and Development's (CHSR&D's) role as the critical link between policymakers, care providers, and other stakeholders in translating research findings into effective policy and practice. This will ensure the development of referral and supervisory systems for the management and monitoring of TB/HIV co-infected patients; implementation of provincial TB registers to document treatment outcomes; and surveillance for and management of drug-resistant TB. Through the partnership, CHSR&D will have the capacity to play a central role in implementing, reporting, and recording systems for TB/HIV surveillance data and M&E of TB/HIV integration.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10285.09	Mechanism: TBD Health System Strengthening CDC
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 23738.09	Planned Funds: ██████████
Activity System ID: 23738	
Activity Narrative: SUMMARY:	

Increasing and strengthening human resources for health is essential not only to meet objectives of the President's Emergency Plan for AIDS Relief (PEPFAR), but also for most developing countries to meet their broader health objectives and health-related Millennium Development Goals. This activity will work with the national and provincial Departments of Health in South Africa to strengthen their existing Human Resources Information Systems (HRIS). The system allows policy and decision makers to obtain and use accurate human resources data for health to quickly answer key planning, policy and management questions affecting health care service delivery.

BACKGROUND:

Developing countries cannot plan and manage their public health workforce because of information deficiencies and inaccuracies. South Africa has an HRIS based at the Health Professionals' Council. However, it is not used to its capability because of a lack of training and equipment. In addition, it is not fully institutionalized.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training and Capacity Building

Human resources personnel will be trained at the national and provincial level to use the HRIS for program decision making and planning. Ongoing technical assistance will be provided to support the staff to ensure that the HRIS becomes institutionalized. The focus will be on data collection, analysis and workforce planning methods in country-level HR studies to account for different gender roles and life cycle needs in relation to career progression, deployment and working hours. Policies and plans will aim to address direct and indirect discrimination and promote equal opportunities to be educated, trained, hired, promoted, compensated and socially protected without regard to gender.

ACTIVITY 2: Equipment

One of the gaps that the South African government has noted as a weakness in the utility of the HRIS is the lack of a server to operate it effectively. FY 2009 funds will be used to purchase the required equipment.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10284.09	Mechanism: TBD Health Systems Strengthening
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 23736.09	Planned Funds: ██████████
Activity System ID: 23736	
Activity Narrative: SUMMARY:	

Increasing and strengthening human resources for health is essential not only to meet objectives of the President's Emergency Plan for AIDS Relief (PEPFAR), but also for most developing countries to meet their broader health objectives and health-related Millennium Development Goals. This activity will work with the national and provincial Departments of Health in South Africa to strengthen their existing Human Resources Information Systems (HRIS). The system allows policy and decision makers to obtain and use accurate human resources data for health to quickly answer key planning, policy and management questions affecting health care service delivery.

BACKGROUND:

Developing countries cannot plan and manage their public health workforce because of information deficiencies and inaccuracies. South Africa has an HRIS based at the Health Professionals' Council. However, it is not used to its capability because of a lack of training and equipment. In addition, it is not fully institutionalized.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1: Training and Capacity Building

Human resources personnel will be trained at the national and provincial level to use the HRIS for program decision making and planning. Ongoing technical assistance will be provided to support the staff to ensure that the HRIS becomes institutionalized. The focus will be on data collection, analysis and workforce planning methods in country-level HR studies to account for different gender roles and life cycle needs in relation to career progression, deployment and working hours. Policies and plans will aim to address direct and indirect discrimination and promote equal opportunities to be educated, trained, hired, promoted, compensated and socially protected without regard to gender.

ACTIVITY 2: Equipment

One of the gaps that the South African government has noted as a weakness in the utility of the HRIS is the lack of a server to operate it effectively. FY 2009 funds will be used to purchase the required equipment.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1201.09	Mechanism: HCI
Prime Partner: University Research Corporation, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 13876.23893.09	Planned Funds: \$706,333
Activity System ID: 23893	

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As the Health Care Improvement (HCI) project is relatively new, it will continue to focus on the four key activities described in the FY 2008 COP narrative. The emphasis during FY 2009 will be on expanding these activities, maximizing on gains and consolidating lessons learned. One of the important activities through FY 2009 will be to start the process of acquiring South Africa Qualifications Authority (SAQA) accreditation for the Quality Assurance (QA) training modules, which is often a lengthy and daunting process.

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

Activity Narrative: 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 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13876

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13876	13876.08	U.S. Agency for International Development	University Research Corporation, LLC	6639	1201.08	QAP	\$727,500

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$618,375

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 4777.09

Mechanism: TBD Human Capacity Development (HCD)

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 8270.24545.09

Planned Funds: [REDACTED]

Activity System ID: 24545

Activity Narrative: SUMMARY:

The U.S. government is committed to supporting the South African government's Human Resource for Health (HRH) plan. The National Department of Health HRH unit has asked for assistance to support the implementation of the national HRH strategy for health. The NDOH has identified three areas for support: the Nursing Council of South Africa, HRH research for the purpose of informing policy decisions, and, management and leadership in health, given the impact of HIV/AIDS on the health system.

ACTIVITIES AND EXPECTED RESULTS:

The awardee will carry out three separate activities in this program area.

ACTIVITY 1: Support to the South African Nursing Council

The NDOH HRH unit has asked each of the professional health councils to develop a human resource plan to reflect the current health needs of South Africa. The Nursing Council is struggling to develop the plan due to the fact that they have no system to track the number of nurses that is currently registered and working in South Africa in both the private and public sectors. The Centers for Disease Control and Prevention (CDC) South Africa will provide technical assistance to the South African Nursing Council to develop an administrative system to track the number of nurses that are currently registered, active and working in the country. This system will serve as the foundation for the human resources information system for tracking health professionals.

ACTIVITY 2: Management and Leadership Training for Health Managers

through the Sustainable Management Development Program, CDC will assist the NDOH in implementing a sustainable management and leadership training program for health managers at provincial and national level. This program will have a special emphasis on management and leadership of a comprehensive multi-sectoral HIV/AIDS plan. This program will not only focus on training using various training methods including in-service training but also on mentoring of trainees.

ACTIVITY 3: HRH Research

CDC will fund an HRH person at the director level at the NDOH HRH unit to lead HRH research to inform policy and assess the impact of policy for HR within the health sector. This person will coordinate HRH research, prepare protocols for research, coordinate the dissemination of results and assess the impact on policy. S/he will also make policy recommendations based on research findings and develop HRH indicators to monitor progress and impact of the national HRH plan.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13840

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13840	8270.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6629	4777.08	TBD Human Capacity Development (HCD)	[REDACTED]
8270	8270.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4777	4777.07	TBD HCD	[REDACTED]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7072.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 15186.24546.09

Activity System ID: 24546

Mechanism: TBD Human Capacity Development (HCD)

USG Agency: U.S. Agency for International Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: ██████████

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

SUMMARY:

Funding is set aside by USAID under 'To Be Determined - HCD' to address task-shifting within the health care system with a special focus on primary health care personnel especially nurses, auxiliary staff and lay health-care workers.

BACKGROUND AND ACTIVITIES:

Task-shifting within primary health care settings and from specialized health workers to lay and community health workers is one human resources for health strategy that can increase the pool of health workers in countries with limited human resource for health capacity. Task-shifting creates both job opportunities and a bridge to the community, complements but does not replace health professionals, and allows for the greater involvement of people living with HIV/AIDS. PEPFAR partners should use lay and community health workers within the context of a system that ensures proper support and supervision, and that is integrated into the overall public and private health system. Partners will be able to enhance quality of care through standardization of competencies and tasks, initial training and periodic retraining, and support through supervision and teamwork.

The South Africa PEPFAR Task Force has already engaged in three successful inter-agency Annual Program Statement (APS) processes. Through these, the current approximately 120 prime partners and over 200 sub-partners are funded to provide prevention, care and treatment services. The APS involves a rigorous review process, and review panels include staff from the US Government (USG) and South African Government. Applications are reviewed in two phases, with an initial proposal review (eight pages), and then a full proposal (30 pages) review to finally select organizations to be funded. The final selection process is overseen by senior USG staff, including the Ambassador. The HCD TBD funds will be utilized for a new call for proposals through an interagency Annual Program Statement (APS) which will encourage, local regional and international organizations to submit proposals to conduct: (1) assessment of tasks performed by a variety of health care practitioners (doctors, nurses, pharmacists and lay or community workers) 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; (2) and make recommendations for other categories/levels of health care workers with a prescribed scope of practice; and (3) link into pre-service training institutions and development/updates of pre-service medical and nursing curriculums focused on new cadres and preceptor programs. This activity will be carried out in collaboration with the NDOH and the professional councils with a special focus on the nursing services since they bear the brunt of burden. This work will also include the development of job descriptions and job competency requirements for all cadres of health care workers in the health system that can feed into work at a national and provincial level with Human Resource Information Systems. Outcomes of this work may feed into agreements on job competencies between NDOH and NDOE and sharing of curricula to non-profit, government and private sector as well as increasing support for national strategies with innovative approaches to motivate and retain health care workers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15186

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15186	15186.08	U.S. Agency for International Development	To Be Determined	7072	7072.08	TBD Human Capacity Development (HCD)	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 492.09

Mechanism: CoAg

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23902.09

Planned Funds: \$2,912,714

Activity System ID: 23902

Activity Narrative: SUMMARY:

ACTIVITY 1: Clinical Associates Program

This program is a foundation for building sustainable services and other interventions. The South Africa national Department of Health, in joint collaboration with three South African universities (Pretoria, Walter Sisulu and Witwatersrand), has adopted the training of clinical associates which is a new three-year degree program to address the human resource crisis in health care. The proposed program is meant for hiring of trainers and to train the new cadre of healthcare providers that will provide support for the doctors and nurses and relieve them to carry out more specialized care.

ACTIVITY 2: Youth and HIV Prevention

The NDOH has ongoing efforts to promote abstinence and being faithful strategies amongst youth in the country. This is done in joint collaboration with NGOs that render HIV/ AIDS prevention through abstinence and being faithful messages.

ACTIVITY 3: Health Systems Strengthening

The NDOH plans to strengthen the entire health system. This involves strengthening human resources through workforce planning and rationalization. The human resources information systems improvement approach aims to manage the public health workforce by addressing information deficiencies and inaccuracies. The human resources management approach sets policies and procedures to minimize ineffective human resource management systems that demoralize health workers and stand in the way of producing desired results. These approaches will develop more supportive work environments by strengthening human resource competencies and managing facilities more effectively to improve productivity and better service delivery. They address worker shortages that are due to high staff turnover, high mobility, low worker retention, skill mix imbalances, uneven distribution, and HIV/AIDS morbidity and mortality among health workers. These processes also involve the improvement in health information systems through alignment with the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011. The plan is to allocate adequate capacity (human resource and financial) and to develop and implement effective workforce recruitment, training and retention strategies to ensure improved health service delivery and improved health information systems.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8708.09

Mechanism: N/A

Prime Partner: JHPIEGO SA

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23535.09

Planned Funds: \$0

Activity System ID: 23535

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. The funding mechanism from field support to a local agreement for JHPIEGO anticipated will not be taking place and the funding mechanism will continue to be through field support. Therefore a COP entry is being made to reflect this change in mechanism and activity number only. JHPIEGO activities under this program area are expected to continue under the FY 2009 COP and funds are being requested in the new COP entry. Therefore there is no need to continue funding this activity with FY 2009 COP funds in this COP entry.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4625.09

Mechanism: N/A

Prime Partner: McCord Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 23588.09

Activity System ID: 23588

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$368,944

Activity Narrative: SUMMARY:

McCord Hospital (MH) and Zoe-Life (ZL) plan to leverage lessons learned, networking and internal experiences to inform and strengthen the capacity of the South African government as well as leverage other learning opportunities for non-governmental organization (NGO) service providers, to more effectively provide increasing access to quality care and treatment services for adults and children. This will be achieved through advocacy, management and leadership strengthening; human resource strengthening, (supportive supervision, blended learning, quality assurance, and training); and organizational development at the levels of local government (eThekweni Municipality-eTM), district Department of Health (DDOH) and provincial Department of Health (PDOH). This strategy capitalizes on the strong relationships built over time at each level of influence.

BACKGROUND:

South Africa has emerged as a fledgling democracy in the wake of an explosive epidemic. Systems and structures required to support this epidemic are still under reconstruction post-apartheid, and are dependant on fully functional organizations with specialized human resource expertise to drive a consolidated and efficient response to HIV/AIDS. The reality of the health system is that at no level is it able to contain or manage the epidemic. Not from an infrastructural, organizational, human resource or political perspective. In order to provide contained and effective management of patients within a crumbling reforming health system, considerable planning, effort and resource is required to stabilize and equip the health system to provide all the supporting and systemic services required to manage the epidemic. With a skills shortage at all levels and financial and infrastructural constraints, it is important to capitalize on lessons learned, both in the practical implementation of HIV programs and in other sectors that enable the health system and the fragile state of human resources to remain intact and retain expertise into the future. This addresses the critical question of sustainability of services, particularly with respect to the systems and staff required to manage ever increasing numbers of HIV-infected patients entering the health system.

MH has a long history of service within KwaZulu-Natal (KZN) province, and has strong relationships with many organizations and facilities providing services. These relationships and shared learning between organizations will be harnessed. ZL has a strong innovative and implementation background, which drives the desire to do things better, to improve or change systems, and to innovate solutions to the many challenges of HIV care. ZL believes that sharing best practices, improving skills and strengthening systems happens most effectively in an environment of strong relationships, ongoing support, and practical technical assistance and training. In addition, ZL believes in setting service and performance standards which are achievable and that can be monitored for the purposes of ongoing improvements.

In FY 2009, ZL/MH will continue to build on the foundations of good relationships, shared learning, innovation, blended learning and performance appraisal to find the interventions, tools, skills and resources that will make the biggest impact to service delivery at the organizational, facility, and community levels, as well as at the level of defining strategic policy.

ACTIVITIES AND EXPECTED RESULTS:

ZL/MH will carry out eight separate activities in this program area.

ACTIVITY 1: Advocacy

There are multiple levels of advocacy required which have been highlighted in each activity area. These include pharmacy (discrepancies between pharmacy and nursing responsibilities with regard to dispensing of drugs at the primary health level), counseling and testing (counselors being able to perform finger pricking), human resource and sustainability (task shifting, provision of human resources by provincial Department of Health to eThekweni municipality to support HIV services at sites). ZL/MH will work closely with the provincial and district units as well as the eThekweni municipality and other stakeholders to assist with this aspect of health systems strengthening.

ACTIVITY 2: NGO Organizational Development:

ZL will engage with local and international organizations to assist the PEPFAR funded NGOs to strengthen their leadership and management capacity and build sustainability. ZL will work with the NGOs on a three-year sustainability plan which will include financial and human resource sustainability as well as service sustainability. This will be achieved through providing tools, skills training (HR, management, fundraising, financial management) as well as facilitating linkages with potential supporters and sponsors. Currently relationships are being built with SANGONET and Frank Julie, who are leading organizational development specialists in South Africa, as well as ukuZwana Project Management Solutions.

ACTIVITY 3: Management and Leadership Strengthening

ZL will focus on relationship building at the management level within the eTM, district and provincial health departments to ensure credibility. ZL will explore partnerships with organizations that provide management, leadership support and training in order to leverage expertise to support leadership and management through mentorship or training. Relationships are being established with Willowcreek and ukuZwana Project Management Solutions, which will start to input in this area. The ZL training department will provide at least one training opportunity in FY 2009 to eTM, district or provincial managers in collaboration with external organizations. In addition, ZL will provide at least one training opportunity in teamwork and management to all clinic and NGO leadership.

ACTIVITY 4: Human Resource Strengthening

During FY 2008 and FY 2009 ZL will continue the process of defining an expanded scope of practice of

Activity Narrative: healthcare workers (HCWs). This will start with HIV counselors and counselor-mentors and will extend to enrolled nurses and community workers involved in HIV care. It will also include data capturers to support career progression in the M&E field. This process will entail clear job progression and understanding the expanded scope of practice, which includes task shifting.

ACTIVITY 5: Blended Learning

ZL recognizes the impracticality of traditional training with regard to HIV care and management. In order to implement effective programs, training cannot occur as a once-off event. Training must be linked with specific site needs and must be driven by the particular goals of service implementation, available human resources, and individual training needs. Training must include regular implementation support and must include integrated and practical components of M&E and management and change methodology. Whilst ongoing training and onsite support is so vital, human capacity is limited. As a sustainability and resource management priority, ZL will develop the concept of blended learning at four sites and attempt to source funding for development and implementation. If funding allows, interactive materials will be developed for use by all HCWs at sites. Training will be initiated with a short didactic component, which will also include the use of the onsite training approach. Each site will be provided with a computer in a cubicle. Training will be provided on a DVD. HCWs will be able to go through modules on site. Pre- and post-module questionnaires can be completed onsite and stored on the computer for retrieval and analysis by ZL data supporters. A training data base will be developed to monitor progress and inform support requirements. Sites have the option of requesting specific support, and the ZL training team will be able to ascertain whether this support can be offered via interactive onsite training modules, or requires a visit by a technical support staff member. ZL will seek professional collaborations with institutions that have used blended learning in order to share best practices. In this way, ZL seeks to minimize time away from work and maximize the impact of onsite training, which should not be focusing on transfer of information, but on supportive supervision and practical skills strengthening.

ACTIVITY 6: Quality Assurance/Psychosocial Support Services

Linked to human resource strengthening as described above, ZL will start the process of developing clear standard operating procedures and standards relating to service quality, with particular attention paid to psychosocial services within the clinic and NGO environment. KZN province currently employs more than 2,500 HIV counselors. Most of the services provided by the lay counselors have no standard operating procedures or service standards. Neither the quality of services provided, nor the program outcomes are currently measured, due to lack of standards and operating procedures. Counselor-mentors employed to mentor and supervise onsite counselors have no guiding protocols or tools to make their work meaningful. ZL has considerable expertise and experience in the provision of comprehensive psychosocial support services, and will begin to develop standards and tools to measure and improve services and to assess the productivity of counselors and the effectiveness of the program. It will also guide the processes of supportive supervision by counselor-mentors.

ACTIVITY 7: Supportive Supervision and Mentorship

The concepts of mentorship and supportive supervision are not commonly understood in the South African public health environment, nor are the benefits of this approach accepted. In FY 2007, ZL started internal use of this system and has found that ZL staff struggle with the concepts. This is due to both lack of exposure as well as lack of skills. In FY 2009, ZL will collaborate to develop a locally appropriate training resource to develop skills and tools in supportive supervision and mentorship. This will be piloted internally and with participating municipal clinic supervisors. ZL will work closely with the provincial HIV/AIDS/STI/TB (HAST) unit and district mentors to ensure buy-in and practical input during this process. ZL will advocate for DOH budget to be allocated to training of all District Mentors once the resource has been developed.

ACTIVITY 8: Workplace Wellness

- HIV Human Resources (HR) Policy: A representative proportion of ZL staff is HIV-infected. ZL has grappled with the HR inefficiencies that do not allow for HIV-infected workers with low CD4 counts to prioritize health seeking without losing sick and annual leave benefits. ZL will explore ways to improve HR policy around management of HIV-infected staff with low CD4 counts to maximize employees' health improvement rate without compromising productivity. This is a huge issue within the workplace environment that requires urgent revision at a policy level. ZL will develop and implement an internal policy which can be used as a pilot to inform legislation and companies seeking advice as part of the PEPFAR-funded workplace program.
- Compassion Fatigue: In FY 2007 ZL began to look at baseline assessments with regard to compassion fatigue in the clinics. In FY 2009 ZL will begin to develop interventions to address compassion fatigue and will assess their success based on the baseline assessments. This will then serve as the basis for further implementation in FY 2010.
- Quality Assurance and Career Progression Psychosocial Support Services: Once standards have been developed for all psychosocial support services, ZL will develop an outcomes-based accredited curriculum for counselors which will be accredited by the Council for Higher Education and provide an entry into an undergraduate degree related to HIV. The modules will be developed to be integrated into the first year subjects of either a degree in social work, psychology or education. This is a retention and integration strategy and would ensure that if counselors left their posts to study further, that they would enter another career with a strong HIV service background which would enhance the cross-cutting integration of HIV support.
- Supportive Supervision and Mentorship: After piloting a training resource and tools, ZL will advocate for training to be provided to all KZN District Mentors and Mentor coordinators. ZL will also seek additional funding to ensure that this takes place.
- Blended Learning: ZL will continue to seek opportunities, collaborations and funding to develop the critical strategy of blended learning and to pilot this in a variety of settings.
- Workplace Wellness: Based on the results of the internal HR HIV policy, ZL will share lessons learned

Activity Narrative: and, if appropriate, engage in policy revision activities with relevant stakeholders.

All ZL activities will integrate gender by encouraging men to be responsible in child rearing and to respect women. This will come through all trainings, particularly those focusing on leadership and management, as well as in supportive mentorship messages. Workplace wellness activities will integrate gender by placing special attention on women with children who need to access care and treatment services.

These activities contribute to the overall PEPFAR 2-7-10 goals through strengthening the health system and the human resource element to provide quality health care management for individuals on treatment, to avert infections and to provide services for people in care.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$39,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$1,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$2,000

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water \$1,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5191.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23616.09

Planned Funds: \$135,927

Activity System ID: 23616

Activity Narrative: SUMMARY:

The Reproductive Health Research Unit (RHRU) will continue to provide technical assistance to the South African government for policy development and program planning in HIV; reproductive health; and tuberculosis (TB).

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. Through PEPFAR funding since FY 2004, RHRU has provided regular on-site support, direct treatment, training and quality improvement to National Department of Health (NDOH) 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 referrals from other primary healthcare programs such as TB, family planning, antenatal/postnatal and sexually transmitted infection (STI) services is critical. RHRU views prevention as an integral part of this system and will focus its prevention program on high-risk groups such as commercial sex workers and their clients, and people infected with HIV. Its prevention program will also focus on reducing mother-to-child transmission (MTCT) and building the capacity of healthcare workers, community-based organizations (CBOs) and NGOs with which it works. In addition, RHRU will 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 will employ gender-based interventions with women at risk, and commercial sex workers, and men.

ACTIVITIES AND EXPECTED RESULTS:

RHRU will carry out the following two separate activities in this program area.

ACTIVITY 1: File Audits

RHRU has developed systems for the analysis and accurate reporting of indicator data to district and provincial health departments. A key strategy here is the use of systematic retrospective patient file reviews to provide evidence on the quality of care and treatment outcomes at ARV initiation sites. To-date files of all patients accessing care at five hospitals/clinics (urban and rural) were reviewed and key information was collected including demographic data, gender breakdown, CD4 and viral load at initiation and current patient status. Data related to opportunistic infections, regimen changes and the causes thereof are documented and analyzed. The findings have identified key areas in need of program improvement, and have been used as baseline information to initiate defaulter tracing programs. They have also improved data systems and quality of care at various sites.

Comprehensive findings are presented to appropriate NDOH staff and joint implementation plans for improvement in quality of care are developed. This is a time and labor intensive activity with a further challenge being the need to conduct reviews outside of site operation times. RHRU will conduct three file audits at selected sites across our areas of operation.

ACTIVITY 2: Task-Shifting Models

RHRU will roll out a NDOH-approved task-shifting model and will evaluate how well it is being implemented. These activities include nurse initiated ART at PHC sites and use of counselors for HIV and TB case finding. The implementation of standard operating procedures (SOPs) and guidelines for decentralizing and integrating HIV care and related training of health providers and health management is key to successful, comprehensive task-shifting programs. RHRU will provide training and dissemination of good practice and lessons learned in this regard.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$85,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery \$15,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 6874.09

Prime Partner: Khulisa Management Services
(Pty) Ltd

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 14570.23747.09

Activity System ID: 23747

Mechanism: SA PEPFAR Partner
Performance Assessment

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$2,912,714

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This contract has recently been awarded to Khulisa Management Services. Implementation has not yet commenced but activities are expected to remain the same in FY 2009.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14570

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14570	14570.08	HHS/Centers for Disease Control & Prevention	Khulisa Management Services (Pty) Ltd	6874	6874.08	TBD- Quality Monitoring	\$3,000,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 460.09 **Mechanism:** SA AIDS Conference
Prime Partner: Dira Sengwe **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 3012.23627.09 **Planned Funds:** \$0
Activity System ID: 23627

Activity Narrative: NO FY 2009 FUNDING IS REQUESTED FOR THIS ACTIVITY:

This activity was approved in the FY 2008 COP, is funded with FY 2008 PEPFAR funds, and is included here to provide complete information for reviewers. No FY 2009 funding is requested for this activity. The funds for Dira Sengwe are used to support the South Africa AIDS Conference that occurs every other year. The conference will be held in April 2009 and were requested in the FY 2008 COP. Therefore FY 2009 funds are not being requested. Therefore there is no need to continue funding this activity with FY 2009 COP funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13762

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13762	3012.08	HHS/Centers for Disease Control & Prevention	Dira Sengwe	6599	460.08	SA AIDS Conference	\$25,000
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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10266.09 **Mechanism:** TBD Nurse Capacity Project Follow-on
Prime Partner: To Be Determined **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 23687.09 **Planned Funds:** ██████████
Activity System ID: 23687

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Human Resources and Services Administration (HRSA) agreement with Georgetown University is ending so HRSA will re-compete this activity.

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

Activity Narrative: 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, 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.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11942.09

Mechanism: New FY09 PHE - System-wide Effects of PEPFAR-Supported HIV Service Provision

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29248.09

Planned Funds: [REDACTED]

Activity System ID: 29248

Activity Narrative: This is a new PHE for FY09 that has been approved for \$500,000.

PHE tracking number: ZA.09.0221

Title: System-wide Effects of PEPFAR-Supported HIV Service Provision

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation [REDACTED]

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 10618.09

Mechanism: Nurse Initiated ART

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 24968.09

Planned Funds: \$194,181

Activity System ID: 24968

Activity Narrative: SUMMARY:

Jhpiego's activities support efforts by the national Department of Health (NDOH) to expand the Comprehensive HIV and AIDS Care, Management, and Treatment (CCMT) plan to ensure increased access to services in antiretroviral therapy (ART) and other forms of care. Jhpiego has provided technical assistance to the NDOH in increasing access to ART services through task shifting efforts focusing on Nurse Initiated and Managed ART (NIM-ART).

BACKGROUND:

Jhpiego has been working with the NDOH since 2004 to improve institutional capacity for implementation of the CCMT program through training and dissemination of national HIV and ART guidelines and through the placement of a Care & Treatment Technical Advisor to the NDOH. Through a separate funding mechanism, Jhpiego partnered with the Foundation for Professional Development (FPD), to initiate a Standards-Based Management and Recognition (SBM-R) approach for improving ART services. Under COP 2007, Jhpiego has supported the development of a practice directive of nurse initiated ART in public health facilities, a policy environment that will encourage a health care culture supportive of nurse-initiated and managed ART; a policy environment that will ensure that these front-line nurses have the training, funding, and ongoing support they require; and a strategy that ensures South African training institutions are strong partners in the efforts to achieve the targets set in the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The NSP aims to increase the proportion of adults and children started on ART by nurses. Jhpiego will continue to implement these interventions aimed at improving access to quality HIV and AIDS service delivery.

ACTIVITIES AND EXPECTED RESULTS:

Jhpiego will carry out these three separate activities in this program area.

ACTIVITY 1: Continued support for the development of a policy framework and guidelines for NIM-ART centering on the dissemination of the NIM-ART policy guidelines to managers at national, provincial and district levels.

The dissemination entails detailed orientation to the guidelines and training on issues of SBM-R, an approach that ensures quality, efficiency and proficiency of service delivery. The ART SBM-R comprehensive tool has a total of 165 standards in ART Treatment Readiness in Adults; ART Treatment Commencement in Adults; Follow-up and Management of ART Complications in Adults; ART Treatment Readiness in Children; ART Treatment Commencement in Children; Follow-up and Management of Complications in Children; Laboratory; Pharmacy; Marketing; Information Education and Communication (IEC); Community Participation; Medical Records and Information Systems; Human and Physical Resources; Management System. ART SBM-R enhances the quality of ART management through assisting the facilities in setting their performance standards from the onset.

ACTIVITY 2: Implementation of NIM-ART

Jhpiego is currently piloting the SBM-R approach in five FPD-run facilities in Gauteng and North West provinces. With NDOH approval, Jhpiego will integrate SBM-R into NIM-ART roll-out to ensure adherence to treatment protocols, infection control measures and pharmacology vigilance. Jhpiego is already working with Limpopo, Northern Cape, North West, Eastern Cape and NDOH on site-readiness for accreditation of Primary Health Care (PHC) facilities. It is in the accredited facilities that NIM-ART will be implemented. Jhpiego will conduct two-day workshops for nursing schools; the Nursing Council; managers at national, provincial and district levels; and other key stakeholders in the implementation of a nurse-driven model for ART services. At the workshops the managers will gain more insight into task shifting and will outline the strategies they plan to use in the deployment of staff, especially given the enhanced role of nurses in initiating ART.

ACTIVITY 3: Technical Assistance in Institutional Capacity Building

Jhpiego will conduct more intense follow-up sessions with fourteen institutions to assist in a more strategic focus, such as line item budget development and developing plans for integrating NIM-ART guidelines into their specific organizational infrastructure. The plans would focus more on staff training and task re-orientation, drug procurement and budgetary issues critical to the implementation of the program. This activity will target institutions providing ART services, including provincial Departments of Health (PDOHs), the Department of Defense (DOD), correctional institutions and non-governmental organizations (NGOs). Jhpiego will work in consultation with NDOH in prioritizing the organizations for institutional capacity building. It is anticipated that Jhpiego's technical staff will be able to respond to requests at national and provincial levels to interpret and unpack the policy guidelines disseminated. For cost-effectiveness, Jhpiego will link this activity with the other components of ART2Scale up given that the activities target the same providers and managers.

New/Continuing Activity: New Activity

Continuing Activity:

The interagency team implemented a Staffing for Results exercise in July 2007 and is in the process of recruiting this staff. New positions were approved in last year's COP. The management committee is responsible for reviewing and addressing on-going staffing issues. Although the South Africa budget is likely to decrease over the next five years, staff needs will not diminish for a number of years, given the overall size of the portfolio. Historically, PEPFAR South Africa has very low administrative costs, with a ratio of management and staffing to overall country budget of 4%. This year, however, funds have provisionally been set aside by USAID and CDC for the purpose of obtaining new office space given critical building constraints, raising the ratio to 7% for the first time.

In FY 2008 the Country Team conducted the PEPFAR South Africa Interagency Partner Evaluation. Interagency panels reviewed the accomplishments to date and FY 2009 plans of all partners grouped by Program Area. Panel members included representatives of USG agencies, the South African government and headquarters-based technical working groups (in some cases by DVC and in other cases in person). For the sake of objectivity, activity managers did not participate in reviews of their own partners, except to answer questions. The PEPFAR team jointly drafted technical program considerations against which partners' plans were evaluated to ensure that proposed activities were aligned with USG and SAG priorities. The panels' recommendations led to significant modifications in the budget, and provided the basis to make the cuts needed for this year's overall country reduction. This was a highly successful activity and will be repeated in future years with a few minor modifications.

The South Africa PEPFAR Team has created management efficiencies through use of several interagency mechanisms. A major accomplishment in FY 2008 was the award of a contract for the monitoring and assessment of activities of PEPFAR sites throughout the country, in every technical area. This contract, in the process of being finalized, is managed by CDC, and will provide services to both CDC and USAID, and potentially other agencies working on PEPFAR. The end result will be improved quality at PEPFAR sites. Another efficient mechanism are the umbrella grants to organizations that provide grants management, and financial and technical assistance to local grantees, thereby reducing the government cost of additional employee salaries. Both CDC and USAID have developed these mechanisms.

State 00112759 requested missions to report best practices for interagency coordination. The PEPFAR South Africa Team considers itself to be overall a best practice in terms of interagency collaboration. All of the practices mentioned above contribute to our successful interagency collaboration. Other best practices include several joint interagency processes listed below. An interagency Annual Program Statement (APS) is used to select partners. To date, PEPFAR SA has conducted four solicitations for new partners through the USAID-let Annual Program Statement (APS). The CDC Procurements and Grants Office has agreed that this competitive solicitation can be used to also make awards for CDC. The announcement is developed and agreed upon by both agencies, applications are reviewed by all USG agencies and new awardees are selected and allocated to the most appropriate agency. This reduces the burden on USG staff to conduct multiple solicitations for new partners and ensures that new partners allocations are agreed upon by all USG agencies.

All PEPFAR partners report on the same indicators and in the same format on a quarterly, semi-annual and annual basis via a single web-based reporting system (Data Warehouse). USG staff have access to all partner reports. With over 130 partners reporting and more than 500 sites reporting ART data, this facilitates timely reporting of data and enables aggregated data analysis for program decision making.

In January 2008, the USG Strategic Information and Treatment teams conducted a joint assessment of ART patient monitoring systems (Interagency HMIS review). The objectives were to gain a better understanding of USG-funded systems, provide guidance to partners on issues such as system interoperability, and gather technical assistance needs from partners. A dissemination meeting was held in April 2008 to provide feedback to all USG partners on the results and recommendations from the assessment and to provide a forum for sharing of tools between all USG ART partners.

Every year, the USG PEPFAR team conducts joint Data Quality Assessments (DQA) on 12-14 PEPFAR partners to ensure that the data that are reported are valid and reliable. An external contractor, guided by the USG team, conducts these audits and uses standard tools and methods across all partners.

Finally, personal commitment on the part of all agency staff contributes to the well-functioning South African interagency process.

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 10620.09	Mechanism: New Office Space Procurement Fund
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 Budget Code: 19
Activity ID: 24976.09	Planned Funds: \$0
Activity System ID: 24976	

Activity Narrative: These funds have been set aside to secure adequate secure space for the USG PEPFAR Team. Office space is a major challenge facing the interagency PEPFAR team and constrains the ability to provide responsible oversight and management of the programs. The move of USAID's Regional Southern Africa staff from Botswana to Pretoria has filled the existing USAID building to capacity. Offices are shared, with as many as four staff in one office space. New "Development Leadership Interns" will be stationed in South Africa and it is not clear how the building could be reconfigured to accommodate the new influx. At the same time, CDC's lease ends soon and thus CDC will need to move to new quarters. The Embassy annex will not be completed until 2013 and has seats for only 55 CDC staff. The Embassy currently is above the capacity for which it was planned. To address this situation, USAID and CDC are looking into the feasibility of co-locating in a new space and maximizing staff efficiency. Secretariat staff, currently based at the Embassy, could join the rest of the PEPFAR Team. One possibility is obtaining space on property adjacent to the USAID compound. Since security is a major issue in South Africa, this appears to be an appropriate solution. Discussions among State, USAID and HHS were on-going about whether it would be possible to lease or purchase the property at the time that the COP was being finalized. See Activity ID #24975.09 for the USAID Building Construction Fund entry.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10649.09	Mechanism: Global Health Fellows
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 Budget Code: 19
Activity ID: 25068.09	Planned Funds: \$570,892

Activity System ID: 25068

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

USAID will provide funding to the centrally-managed agreement with Global Health Fellows program 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: Prevention Advisor and the Program Officer/ Private Public Partnerships Advisor.

 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 12201.09	Mechanism: TBD Former Building Fund
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 29719.09	Planned Funds: [REDACTED]

Activity System ID: 29719

Activity Narrative: Former bulding funds

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 12202.09	Mechanism: TBD Former Building Fund
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 29720.09	Planned Funds: ██████████
Activity System ID: 29720	
Activity Narrative: Former Building funds	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 429.09	Mechanism: GHAI
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 Budget Code: 19
Activity ID: 23897.09	Planned Funds: \$404,226
Activity System ID: 23897	
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 estimated 60 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, ITSO charges estimated at \$416,340. In FY 2008, the HHS/CDC/South Africa office was responsible for the obligation of about over \$220,889,321 in PEPFAR funding. In FY 2009, this amount will increase to roughly over \$204,082,145. CDC staff also has oversight responsibility for al most \$29,067,840 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 participates 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 participates in Technical Working Groups (TWG) of the Task Force 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.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 429.09	Mechanism: GHAI
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 Budget Code: 19
Activity ID: 14337.22706.09	Planned Funds: \$4,095,676

Activity System ID: 22706

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

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 estimated 60 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 more than half is charged to Global HIV/AIDS Initiative (GHAI) and the remainder is charged to the CDC Global AIDS Program (GA_ base budget. Within the total budget, the cost of International Cooperative Administrative Support Services (ICASS) is estimated at \$538,235 and Capital Security Sharing is estimated at \$235,537, and Information Technology Services Office (ITSO) charges are estimated at \$416,340. In FY 2008, the HHS/CDC/South Africa office was responsible for the obligation of more than \$220,889,321 in PEPFAR funding. In FY 2009, this amount will increase to approximately \$204,082,145. CDC staff also has oversight responsibility for almost \$29,067,840 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include providing monitoring design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with Office of the Global AIDS Coordinator's (OGAC's) technical guidance; and working closely with in-country and international partners to assure synergy and to avoid duplication. Staff participates actively in the Inter-Agency PEPFAR Team to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participates in Technical Working Groups of the PEPFAR Team to coordinate all partners in a particular technical area, and 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.

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 almost \$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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14337

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14337	14337.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6765	429.08		\$4,322,902

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 429.09

Mechanism: GHAI

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 Budget Code: 19

Activity ID: 15882.22707.09

Planned Funds: \$522,575

Activity System ID: 22707

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

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 estimated 60 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 more than half is charged to Global HIV/AIDS Initiative (GHAI) and the remainder is charged to the CDC Global AIDS Program (GA_base budget. Within the total budget, the cost of International Cooperative Administrative Support Services (ICASS) is estimated at \$538,235 and Capital Security Sharing is estimated at \$235,537, and Information Technology Services Office (ITSO) charges are estimated at \$416,340. In FY 2008, the HHS/CDC/South Africa office was responsible for the obligation of more than \$220,889,321 in PEPFAR funding. In FY 2009, this amount will increase to approximately \$204,082,145. CDC staff also has oversight responsibility for almost \$29,067,840 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include providing monitoring design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with Office of the Global AIDS Coordinator's (OGAC's) technical guidance; and working closely with in-country and international partners to assure synergy and to avoid duplication. Staff participates actively in the Inter-Agency PEPFAR Team to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participates in Technical Working Groups of the PEPFAR Team to coordinate all partners in a particular technical area, and 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.

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 almost \$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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15882

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15882	15882.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6765	429.08		\$538,235

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 429.09 **Mechanism:** GHAI
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 Budget Code:** 19
Activity ID: 15883.22708.09 **Planned Funds:** \$228,684
Activity System ID: 22708

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 estimated 60 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, ITSO charges estimated at \$416,340. In FY 2008, the HHS/CDC/South Africa office was responsible for the obligation of about over \$220,889,321 in PEPFAR funding. In FY 2009, this amount will increase to roughly over \$204,082,145. CDC staff also has oversight responsibility for almost \$29,067,840 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 participates 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 participates in Technical Working Groups (TWG) of the Task Force 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15883

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15883	15883.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6765	429.08		\$235,537

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 429.09

Mechanism: GHAI

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 Budget Code: 19

Activity ID: 22714.09

Planned Funds: \$1,160,765

Activity System ID: 22714

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

CDC has contracted with Comforce to support nine staff positions. 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 Information Technology Specialist, Prevention Advisor, Medical Officer, Grants and Contract Specialist, 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.

 CDC has contracted with Comforce to support four 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 a consultant working with the National Institute for Communicable Diseases on the Field Epidemiology and Laboratory Training Program.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1235.09

Mechanism: Community Grants

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 Budget Code: 19

Activity ID: 8481.22669.09

Planned Funds: \$220,000

Activity System ID: 22669

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The U.S. Ambassador's HIV/AIDS Community 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. 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 Community Grants program is managed in four locations: Embassy in Pretoria, Cape Town Consulate, Durban Consulate, and Johannesburg Consulate. Currently, the Coordinators in Pretoria, Cape Town and Johannesburg have job-sharing positions in place in which each individual works 20 hours per week and shares the responsibilities of a full-time Coordinator. The Durban Consulate has a full-time person working 35 hours per week. Due to the increase in program funding and administration, each location has also been allocated a part-time administrative assistant position working 16 hours per week.

The Embassy Community 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 State Dept, 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.

The U.S. Ambassador's HIV/AIDS Community Grants Program will support approximately 1,250 caregivers, across 100 community- and faith-based organizations, with stipends as the result of FY08 PEPFAR funding.

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. 50% of his time is devoted to helping manage this program.

POL Office Assistant provides some administrative support to this program. This person spends approximately 15% of her time in this role.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13923

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13923	8481.08	Department of State / African Affairs	US Department of State	6653	1235.08	Small Grants Fund	\$246,613
8481	8481.07	Department of State / African Affairs	US Department of State	4433	1235.07	Small Grants Fund	\$100,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1071.09

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 Budget Code: 19

Activity ID: 6367.22664.09

Planned Funds: \$220,000

Activity System ID: 22664

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Additionally FY 2009 PEPFAR funding will support a Monitoring and Reporting Coordinator who is responsible for coordinating the collection of HIV/AIDS data. This entails training Peace Corps Volunteers (PCVs) in the use of a pilot Peace Corps Volunteer reporting Tool (VRT), which is a light-weight Excel worksheet, and ensuring that the data and narrative information is complete and accurate. At times, s/he may have to travel extensively, especially to assist Volunteers who do not have reliable Internet connection, to collect data using this as an opportunity to produce photographic records of HIV/AIDS activities in which Volunteers are involved. To support the M&R work in the field, a PEPFAR-funded driver is required.

PEPFAR funding supports (a) a full-time Peace Corps HIV/AIDS Program Assistant, who facilitates the HIV/AIDS training (b) a fulltime driver to support her in implementing the workshops that will be conducted on a quarterly or tri-annual basis for the PCVs (N=~150) and their counterparts (N=~150) in the five provinces where PCVs live and work and (c) by a fulltime PEPFAR/VAST Coordinator who 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13929

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13929	6367.08	Peace Corps	US Peace Corps	6655	1071.08		\$113,000
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

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1070.09

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 Budget Code: 19

Activity ID: 3104.22712.09

Planned Funds: \$4,818,000

Activity System ID: 22712

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

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 estimated 60 CDC partners implementing the PEPFAR program in South Africa. The total management and staffing budget for CDC is divided between the Global HIV/AIDS Initiative (GHA) and base so these funds represent almost half of the management and staffing budget. Within the total budget, the cost of International Cooperative Administrative Support Services (ICASS) is estimated at \$538,235, Capital Security Sharing is estimated at \$235,537, and Information Technology Services Office (ITSO) charges are estimated at \$416,340. In FY 2008, the HHS/CDC/South Africa office was responsible for the obligation of over \$220,889,321 in PEPFAR funding. In FY 2009, this amount will increase to more than \$204,082,145. CDC staff also has oversight responsibility for almost \$29,067,840 of Health Resources and Service Administration (HRSA) projects. Staff responsibilities include providing program monitoring, design, implementation, and evaluation of funded activities; providing technical direction and assistance to assure that activities are implemented in accordance with Office of Global AIDS Coordinator (OGAC) technical guidance; and working closely with in-country and international partners to assure synergy and avoid duplication. Staff participates actively in the Inter-Agency PEPFAR Team to design the overall comprehensive PEPFAR program that meets the needs of South Africa and OGAC. Moreover, HHS/CDC staff participates in Technical Working Groups of the PEPFAR Team 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.

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 GHA 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13940

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13940	3104.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6661	1070.08	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	\$4,218,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 2931.09

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 Budget Code: 19

Activity ID: 14500.22701.09

Planned Funds: \$175,000

Activity System ID: 22701

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

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 2009 is \$300,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14500

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14500	14500.08	Department of Defense	US Department of Defense	6663	2931.08		\$175,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 2931.09

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 Budget Code: 19

Activity ID: 14501.22702.09

Planned Funds: \$125,000

Activity System ID: 22702

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008:

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).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14501

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14501	14501.08	Department of Defense	US Department of Defense	6663	2931.08		\$125,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 10619.09

Mechanism: New Office Space Procurement Fund

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 Budget Code: 19

Activity ID: 24975.09

Planned Funds: \$0

Activity System ID: 24975

Activity Narrative: These funds have been set aside to secure adequate secure space for the USG PEPFAR Team. Office space is a major challenge facing the interagency PEPFAR team and constrains the ability to provide responsible oversight and management of the programs. The move of USAID's Regional Southern Africa staff from Botswana to Pretoria has filled the existing USAID building to capacity. Offices are shared, with as many as four staff in one office space. New "Development Leadership Interns" will be stationed in South Africa and it is not clear how the building could be reconfigured to accommodate the new influx. At the same time, CDC's lease ends soon and thus CDC will need to move to new quarters. The Embassy annex will not be completed until 2013 and has seats for only 55 CDC staff. The Embassy currently is above the capacity for which it was planned. To address this situation, USAID and CDC are looking into the feasibility of co-locating in a new space and maximizing staff efficiency. Secretariat staff, currently based at the Embassy, could join the rest of the PEPFAR Team. One possibility is obtaining space on property adjacent to the USAID compound. Since security is a major issue in South Africa, this appears to be an appropriate solution. Discussions among State, USAID and HHS were on-going about whether it would be possible to lease or purchase the property at the time that the COP was being finalized. See Activity ID #24976.09 for the CDC Building Construction Fund entry.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11953.09

Mechanism: ICASS - PEPFAR staff

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 Budget Code: 19

Activity ID: 29259.09

Planned Funds: \$90,000

Activity System ID: 29259

Activity Narrative: ICASS funding

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1401.09

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 Budget Code: 19

Activity ID: 14490.22778.09

Planned Funds: \$116,509

Activity System ID: 22778

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

These funds will support ICASS charges. It is estimated that USAID will pay \$120,000 in FY 2009 in ICASS charges for PEPFAR-funded staff.

 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14490

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14490	14490.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$120,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1401.09

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 Budget Code: 19

Activity ID: 14488.22779.09

Planned Funds: \$131,072

Activity System ID: 22779

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

These funds will support IRM costs. It is estimated that USAID will pay \$135,000 in FY 2009 in IRM tax for PEPFAR-funded staff.

 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14488

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14488	14488.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$135,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 1401.09

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 Budget Code: 19

Activity ID: 14489.22780.09

Planned Funds: \$388,362

Activity System ID: 22780

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

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: the Palliative Care Advisor and the Strategic Information Advisor.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14489

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14489	14489.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$400,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1401.09

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 Budget Code: 19

Activity ID: 3120.22781.09

Planned Funds: \$8,853,227

Activity System ID: 22781

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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 68 USAID partners implementing the PEPFAR program in South Africa. The total USAID PEPFAR management and staffing budget is \$12,866,206 including ICASS estimated at \$120,000 and the IRM tax which is estimated at \$135,000. In FY 2008, USAID was responsible for the obligation and management of over \$332 million in GHAI funds. In FY 2009 this amount will fall to approximately \$316 million. Recruitment for staff identified in the 2007 Staffing for Results exercise is on-going and many positions are close to being filled; by the time this COP is reviewed it is anticipated that all but two will be filled. Of the new staff, three will be overseas hires and the rest locally employed staff.

The USAID Health Office comprises three divisions: (1) Care and Treatment, (2) Prevention and OVC, and (3) Cross Cutting (SI, HCD and others). Including the new hires, the Health Office staff will include approximately 26 professionals and eight administrative and project assistants. As of September 2008, 15 professional were on-board, managing an average \$25 million each. When recruitment is completed, the 26 professionals will manage an average of \$14 million each. While this dollar-to-staff ratio will still be relatively high, the country team has developed innovative mechanisms to strengthen management and oversight that has proven successful through the last year of implementation of the Umbrella Grants Management mechanisms and the new South African partner assessment contract, which is managed by CDC and serves both agencies.

USAID, under PEPFAR, is also placing staff in several locations outside of Pretoria. PEPFAR coordinators will be placed in the consulates in Durban and in Cape Town. Provincial PEPFAR coordinators will also be placed in the provinces in South Africa. The decision to locate this staff provincially was made last year in the Staffing for Results exercise, and approved in the 07 COP. However, at a meeting with all provinces held in June, national level officers of the Department of Health asked for this placement to be delayed until a national coordinator was hired (under a CDC contract). It is anticipated that the national coordinator will be on-board soon and provincial coordinators will be recruited after that.

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 re-competed and four separate awards made to organizations to provide financial and administrative guidance and support to 35 small organizations, thereby reducing USAID's management burden. Umbrella Grants Management has been an effective mechanism to assist the USAID PEPFAR team in the mandate to increase new partners and build capacity but with limited staff to provide responsible oversight and technical direction. Funding for the umbrella grants element is included in the individual program areas.

Following negotiations with Washington, USAID is now supporting salaries of ten USDH in the South Africa mission with PEPFAR program funding. These include: three Health Officers; one Program Officer; one Contracting Officer; one Legal Advisor; one Controller; one Contracting Officer; and one Executive Officer. PEPFAR also covers the salaries of support staff in all these offices, as outlined in the staffing data base. Overall PEPFAR is supporting salaries of 58 staff in the USAID mission.

The South African government is undergoing dramatic change and USG staffing needs are also changing. As mentioned elsewhere, after President Mbeki's departure in the fall of 2008, an interim president and minister of health were named. It is unknown whether the new minister will be in the position over the long term. The South Africa PEPFAR team will develop a Compact with the South African government after the new government is in place, which takes into account the expectation that PEPFAR budget allocations for South Africa will decline in the future. A new Staffing for Results exercise, which will complement development of the compact, will need to be conducted to reflect these changes.

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 re-competed 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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13916

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13916	3120.08	U.S. Agency for International Development	US Agency for International Development	6650	1401.08	Management 1	\$9,123,000
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

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 4021.09

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 6377.22666.09

Activity System ID: 22666

Mechanism: Public Affairs

USG Agency: Department of State / African Affairs

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$388,374

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Public Affairs Section completed two baseline surveys in FY 2008 – one of public knowledge and attitudes toward PEPFAR and another on media coverage of PEPFAR. Using this analysis of public perception of PEPFAR, PAS intends to devote more resources to public diplomacy outreach programs that increase awareness of critical PEPFAR messages (prevention and treatment) and overall understanding of PEPFAR's contributions to fighting HIV in South Africa. Targeted media outreach will continue to focus on community radio and print media. PAS and the PEPFAR team will also establish three new health information kiosks in major libraries around the country. The first health kiosk was opened in September 2008 in Mamelodi, the township next to Pretoria. The kiosk is in a dedicated space in the Stanza Bopape Public Library, one of the busiest libraries in the township. It was funded as a pilot and offers over 200 information sources on a range of health topics, especially HIV and TB. Sources include periodicals, books and on-line databases available at five internet accessible computers. Other PAS PEPFAR outreach programs will include messaging give-aways for youth (soccer balls, bracelets, caps), the development of HIV-themed children's books and comic books in native languages, and a reserve of funds will be available for grants to arts and cultural organizations, which run HIV-focused festivals, theater and dance programs, and other innovative, youth-targeted programs.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13924

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13924	6377.08	Department of State / African Affairs	US Department of State	6654	4021.08	Public Affairs	\$200,000
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 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1235.09 **Mechanism:** Community Grants
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 Budget Code:** 19
Activity ID: 22670.09 **Planned Funds:** \$90,000
Activity System ID: 22670
Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Community Grants requests funds for ongoing International Cooperative Administrative Support Services (ICASS) in the amount of \$90,000.

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.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1402.09 **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 Budget Code:** 19
Activity ID: 3121.22698.09 **Planned Funds:** \$956,561
Activity System ID: 22698

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

South Africa PEPFAR management is coordinated by a Secretariat that reports directly to the US Ambassador and is located in the DHHS/International Health Office. 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 PEPFAR Secretariat is responsible for the following functions:

- 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;
- 4) coordinate preparation of the Country Operational Plan and other required reports;
- 5) prepare reports on issues related to PEPFAR activities in South Africa;
- 6) undertake programmatic and reporting activities to assure coordination and harmonization of USG Agencies' responses to audits and Congressional inquiries;
- 7) organize and keep records of regularly scheduled meetings of the PEPFAR Team and Management Team meetings, and circulate minutes to PEPFAR Team members and the South Africa Core Team at OGAC;
- 8) document Inter-Agency Annual Program Statements (APS) and facilitate review and approval processes;
- 9) serve as a repository and clearinghouse for technical and programmatic information regarding HIV, AIDS, HIV/TB and PEPFAR;
- 10) assist in the preparation of speeches, articles and other communications regarding PEPFAR by USG representatives in South Africa;
- 11) assist the Mission's Public Affairs Section efforts in publicizing and promoting PEPFAR activities in South Africa, and facilitate their public affairs support for implementing partners;
- 12) manage and maintain the South Africa PEPFAR website and photo gallery and SA PEPFAR.NET, allowing easy access to technical resources and information about PEPFAR in South Africa;
- 13) coordinate global health elements of the Mission Performance Plan;
- 14) coordinate the organization of PEPFAR partner and technical meetings;
- 15) coordinate and host VIP visits and audits;
- 16) coordinate collaboration 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
- 17) attend meetings of SA Technical Teams and Ad Hoc Committees and assist in circulation of minutes.

PEPFAR funds support the following staff positions: 1) PEPFAR Deputy Coordinator; 2) Supervisory Program Assistant; 3) Administrative Assistant; 4) COP Manager; 5) Communications Manager; and 6) Health Specialist. Of the 2 positions that are currently vacant, a final selection for the Administrative Assistant is in process and recruitment will begin shortly for the Health Specialist. Additionally, the State Department currently funds a second Health Specialist position. PEPFAR funds also support a series of technical, national and provincial, and partner meetings that may include: meetings with national and provincial governments; a portion of the national South African Aids Conference, the Annual PEPFAR Partners' Meeting; and technical meetings. An organogram detailing the HHS PEPFAR Secretariat staffing 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 PEPFAR Secretariat budget for staffing and associated management in FY 2009 is \$989,692

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

Activity Narrative: 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13920

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13920	3121.08	HHS/Office of the Secretary	US Department of Health and Human Services	6652	1402.08	Emergency Plan Secretariat	\$962,418
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

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 1402.09 **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 Budget Code:** 19
Activity ID: 14504.22699.09 **Planned Funds:** \$127,779

Activity System ID: 22699

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The PEPFAR Secretariat requests funds for International Cooperative Support Services (ICASS) subscription of services including Standard, General Services, Information Management, Financial Management Services, Personnel Services and Building operating expenses. The total DHHS PEPFAR Secretariat ICASS budget for FY 2009 is \$131,608. The increased amount is due to increased staff numbers.

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14504

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14504	14504.08	HHS/Office of the Secretary	US Department of Health and Human Services	6652	1402.08	Emergency Plan Secretariat	\$58,882

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	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 2009?	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 2009?	Yes	X	No
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			7/1/2009
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 2009?	Yes	X	No

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
ZA.07.0121 budget.doc	application/msword	10/21/2008	PHE ZA.07.0121 budget	Public Health Evaluation	Heidi
ZA.07.0121.doc	application/msword	10/21/2008	PHE ZA.07.0121	Public Health Evaluation	Heidi
ZA.07.0114.doc	application/msword	10/21/2008	PHE ZA.07.0114	Public Health Evaluation	Heidi
ZA.06.0207.doc	application/msword	10/21/2008	PHE ZA.06.0207	Public Health Evaluation	Heidi
ZA.07.0117 budget.doc	application/msword	10/21/2008	PHE ZA.07.0117 budget	Public Health Evaluation	Heidi
ZA.07.0117.doc	application/msword	10/21/2008	PHE ZA.07.0117	Public Health Evaluation	Heidi
Health Care Worker Salary Report.xls	application/vnd.ms-excel	10/28/2008		Health Care Worker Salary Report	MBuchwald
Public Private Partnerships Table.xls	application/vnd.ms-excel	10/28/2008	Based on the attached Public Private Partnership Table, it is evident that while a number of the PEPFAR partners are engaging in PPP activities this component of our program is significantly small and underdeveloped. In FY 2009, the USG team will explore options to expand the PPP component of our program by seeking out opportunities that enrich our program. Based on the attached PPP table it is also evident that a number of the PPPs listed in the table are not PPPs in the sense of the OGAC definition as there is not a 1:1 dollar matching. However we felt it was important to include them in the table as they illustrate progress by the team to expand the PPP component of the program	PPP Supplement	MBuchwald
Water supplement FINAL.doc	application/msword	10/28/2008		Other	MBuchwald
Org Chart Community Grants Program.doc	application/msword	10/30/2008		Staffing Analysis	MBuchwald
ZA.07.0114 budget.doc	application/msword	10/21/2008	PHE ZA.07.0114 budget	Public Health Evaluation	Heidi
ZA.06.0208.doc	application/msword	10/21/2008	PHE ZA.06.0208	Public Health Evaluation	Heidi
Org Chart PEPFAR Secretariat.doc	application/msword	10/30/2008		Staffing Analysis	MBuchwald
Org Chart USAID.doc	application/msword	10/30/2008		Staffing Analysis	MBuchwald
Budgetary Requirements Justification SI.doc	application/msword	10/31/2008		Budgetary Requirement Justifications	RThomason
Org Chart CDC.doc	application/msword	10/31/2008		Staffing Analysis	MBuchwald
Org Chart Defense.doc	application/msword	10/30/2008		Staffing Analysis	MBuchwald
Org Chart Peace Corps.doc	application/msword	10/30/2008		Staffing Analysis	MBuchwald
Partnership compact concept paper.doc	application/msword	10/30/2008		Other	MBuchwald
Management and Staffing Budget Table for Focus Countries.xls	application/vnd.ms-excel	10/31/2008		Staffing Analysis	MBuchwald
HCD Table.xls	application/vnd.ms-excel	10/31/2008		Other	RThomason
Global Fund Supplemental11-10-08f.doc	application/msword	11/10/2008		Global Fund Supplemental	MBuchwald
Gender Narrative SA 11-10-08f.doc	application/msword	11/10/2008		Gender Program Area Narrative*	MBuchwald
HCD Program Area Narrative11-10-08f.doc	application/msword	11/10/2008		HRH Program Area Narrative*	MBuchwald
M&S PAN 11-10-08f.doc	application/msword	11/10/2008		Staffing Analysis	MBuchwald

ZA.08.0133.doc	application/msword	11/13/2008 PHE ZA.08.0133	Public Health Evaluation	Heidi
Executive Summary11-10-08f.doc	application/msword	11/13/2008	Executive Summary	MBuchwald
ZA.08.0133 Budget.doc	application/msword	11/13/2008 ZA.08.0133 budget	Public Health Evaluation	Heidi
Signed Ambassador's Letter.pdf	application/pdf	11/13/2008	Ambassador Letter	MBuchwald
Budgetary Requirements Worksheet.xls	application/vnd.ms-excel	11/19/2008	Budgetary Requirements Worksheet*	MBuchwald
Funtonal Staffing Chart Final 11-05-08.doc	application/msword	11/26/2008	Staffing Analysis	NBartlett
SA Summary Targets and Explanations Table 12-22-08edit.xls	application/vnd.ms-excel	12/22/2008	Summary Targets and Explanation of Target Calculations	MLee