South Africa

Operational Plan Report

FY 2010

Operating Unit Overview

OU Executive Summary

Program Description:

South Africa is facing multiple colliding epidemics. Fifteen years after liberation from apartheid, South Africa faces explosive HIV and tuberculosis (TB) epidemics, a high burden of chronic illness, mental health disorders, injury and violence-related deaths, as well as the continued epidemic of maternal, neonatal, and child mortality. South Africa has the highest per capita health burden of any middle-income country in the world. Despite its middle income status, it is unlikely that South Africa will achieve the Millennium Development Goals (MDGs) to reduce child mortality and improve maternal health without significantly improved health systems. In addition, South Africa's health system is faced with deteriorating public health infrastructure and major shortages of more than 57,700 health-care personnel in the face of the largest HIV burden in the world compounded by post-apartheid inequities in education and wealth as well as inequities between public and private health-care systems. It also faces an increasing TB epidemic that threatens to reverse the progress achieved in responding to HIV and AIDS over the first five years of the PEPFAR program. The public health system is struggling to provide access to health care for historically underserviced areas, respond to the increased disease burden across the population, and shift the health care model to chronic care management. At the same time, the global economic crisis has had a significant impact on South Africa's ability to do this as the annual economic growth rate has decreased from a steady 4 - 5% over the past 14 years to a projected minus 2% in 2009.

South Africa, with a population of 48.5 million, has a highly generalized AIDS epidemic. The *2008 UNAIDS Report on the Global AIDS Epidemic* estimated that approximately 5.7 million people of the total population are HIV positive and the HIV prevalence among those aged 15-49 is estimated at 15.8%. Observations from the three waves of the *South African National HIV Prevalence, Incidence, Behavior, and Communication Survey* (2002, 2005, and 2008) show that HIV prevalence for people two years and older has essentially stabilized at about 11%. However, prevalence has changed over time among the age groups. For example, among children age 2-14 prevalence has declined from 5.6% to 2.5%. The prevalence among adults age 25 and older and ages 15-49 shows a slight increase that may indicate stabilization over the period. The estimates from all three waves of the survey confirm that young females are more vulnerable to HIV infection than their male counterparts: the peak prevalence among females age 25-29 has remained 33% since 2002. For males, prevalence has reached a new peak of 25.8% among those aged 30-34. The HIV epidemic is not uniform and varies between and within provinces. Recent data from the *2007 National Antenatal Sentinel HIV and Syphilis Prevalence Survey* indicates that one or two districts in each province contribute disproportionately to the epidemic. For example, in three districts of KwaZulu-Natal and one in Mpumalanga, HIV prevalence exceeds 40%. Urban informal settlements, which are a magnet for migrants, also have very high HIV rates; in a recent study, the HIV prevalence in migrant men was twice as high as non-migrants. A significant driver of new infections in South Africa is believed to result from multiple and concurrent sexual partnerships in which consistent condom use is low. Other factors associated with high HIV transmission include age mixing in sexual partnerships, informal transactional sex, and early sexual debut. The mean age at first sex, currently about 17 years, is declining. Alcohol and substance abuse also contribute to risky sexual behavior and rates of sexual violence in South Africa are among the highest in the world. These behaviors, coupled with low rates of circumcision, are the key drivers of the HIV epidemic. Frequent labor mobility and low marriage rates further contribute to HIV transmission.

Despite the challenges, South Africa is in the midst of a dramatic transformation of its health policies and

treatment services following the election of President Zuma in April, 2009. President Zuma's new Minster of Health (MOH), Dr. Aaron Motsoaledi, has taken definitive steps to demonstrate his repudiation of the position of the former Minister of Health, including the recent removal of the politically powerful former Director General of Health. He has also repaired relationships with the alienated donor community. The South African government's (SAG) *National Strategic Plan for HIV& AIDS and STI (2007-2011) (NSP)* spells out some explicit goals that include providing 80% coverage for treatment services by 2011 and reducing new infections by 50% by 2011. President Zuma's administration is showing renewed commitment to meeting the targets, in stark contrast to the denialist approaches of the prior Mbeki administration. The midterm review of the NSP, due to be completed before World AIDS Day will provide additional information and guidance on the response to HIV/AIDS in South Africa and how that response should change over time. Changes in the political leadership in South Africa in 2009 have allowed for greater synergy in strategic planning and collaboration between the SAG and the United States government (USG) at national, provincial, and district levels. This partnership has fostered the development of coordinated and critical evaluations of inputs and outcomes at all levels of HIV care and treatment including the costing and strategic planning for antiretroviral therapy (ART) (both in the near- and medium-term).

In addition, the PEPFAR team has initiated a comprehensive exercise of partner rationalization, moving towards greater alignment with NDOH priorities and epidemiologic burden. The first step of the rationalization process began with a national inventory of all PEPFAR-supported partner activities for service delivery (including training, staffing support, capital expenses, and policy development) and mapping of the location of these services. The analysis of this Partner Inventory will inform meetings with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. This process will allow for the redistribution of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the SAG's 18 priority districts that were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Additionally, the South Africa PEPFAR Partners' Performance Assessment, conducted by an external contractor, is being piloted for full implementation in 2010. These assessments will provide information for the PEFPAR team on partner adherence to SAG policy and performance.

PEPFAR South Africa will be developing its strategic Partnership Framework (PF) with the newly elected SAG over the next year. Similar to the Minister of Health's priorities, the focus will include: financial management, infrastructure/engineering, human resource management and development, information technology, prevention, and quality of care. The partner rationalization and assessment processes will ultimately inform the development of a Partnership Framework. A particular focus within the framework will be an emphasis on sustainability of programming and transition of the management and funding of activities from the USG to the SAG coupled with shifts in PEPFAR/South Africa activities to technical assistance and training. While the success of PEPFAR in South Africa is clear, it must be emphasized that the burden of the epidemic in South Africa and the unmet need for services cannot be underestimated. PEPFAR support is intrinsic to the availability of quality, comprehensive HIV prevention, care, and treatment services within South Africa. As a result, this COP is a summary of ongoing activities that takes into account some of the new priorities and directions of the SAG; however ongoing changes will continue to be made via reprogramming and the future Partnership Framework to better align PEPFAR activities with SAG priorities during the next 1-2 years.

Prevention: $150,934,642

The South African National Department of Health (NDOH), with support from partners including PEPFAR/South Africa, has successfully scaled up the national prevention of mother-to-child transmission

(PMTCT) program from a pilot program administering a single dose nevirapine regimen in 2001 to a national program today with a dual therapy regimen. As of September 2009, PMTCT service delivery is available and accessible at all public hospitals and in about 97% of public clinics, community health centers, and mobile clinics. Due to variations in HIV prevalence, health-care resources, and infrastructure, in 2008, the NDOH developed an intervention to strengthen the PMTCT program. This is known as the *National Integrated Prevention of Mother-to-Child Transmission of HIV Accelerated Plan (A-Plan)*. The A-Plan focuses on the 18 priority health districts where the need is greatest. These districts were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. This plan will be operational for the next 24 months. Since 2003, the USG has supported the NDOH through a range of prime partners that work directly at the facility level to facilitate the implementation of the PMTCT program. The support includes operational research leading to policy development; capacity building; implementation of early infant diagnosis; and integration of PMTCT into existing Maternal, Child, and Women's Health services. In addition, the PEPFAR/South Africa team will support a study to measure the effectiveness of the South African PMTCT program through early infant diagnosis at six weeks. Follow-up of infants according to the immunization schedule and the *2008 National PMTCT Policy* recommendations will provide strategic direction to both the national and the PEPFAR PMTCT programs and build health-care worker and laboratory capacity for early infant diagnosis at participating facilities. In addition, the USG is currently providing technical support to the NDOH for the finalization of the revised and updated PMTCT and Infant Feeding Training Curriculum that is aligned with the new policy and guidelines. The USG works with NDOH, UNICEF, and PEPFAR partners in conducting national evaluations of the impact of PMTCT on HIV transmission rate from mother to newborn. The NDOH has asked USG to repeat this evaluation next year to help monitor the impact of the national PMTCT program toward the NSP goal of reducing Maternal-to-Child Transmission (MTCT) to < 5%. This survey will be ongoing, conducted every three years thereafter.

To support the SAG prevention program and to develop a strategic implementation plan, the South Africa PEPFAR team has initiated a series of actions to align the prevention portfolio with the epidemiological evidence and to address the key drivers of the epidemic effectively, especially multiple concurrent partners, low rates of consistent condom use, and early sexual debut. The prevention portfolio shifted to a greater emphasis on adults, particularly young women and older men who are at most risk of becoming infected. To address the fragmentation of school-based peer education programs, the USG launched a qualitative assessment of peer education activities to consolidate programs and harmonize interventions with the Department of Education's objectives. The rapid assessment will consider the coverage, reach, quality, intensity and effectiveness of peer education programs and will also review elements of sustainability. The assessment is expected to begin in November 2009, with results by April for use in reprogramming. During FY 2009, the USG intensified work with the NDOH, serving on a task team to finalize the accelerated HIV prevention operation plan. The PEPFAR partners serve on important South African National AIDS Council (SANAC) task teams including the overall prevention team, the communications working group, and the men's, women's and youth sectors. The PEPFAR/South Africa team and implementing partners are also engaged in the UNAIDS and World Bank supported Know Your Epidemic/Know Your Response synthesis report that will help provincial AIDS councils gather and use information for a more evidence-based approach to prevention activities. A new initiative, Brothers 4 Life (B4L) was launched in August 2009 and will promote positive male norms through high visibility advocacy by traditional and governmental leaders and community norm change interventions.

Gender-based violence programs will be intensified in 2010. PEPFAR's South African prevention programs will directly address alcohol and substance abuse issues in relation to increased risky sexual behavior, including a bar-based intervention that focuses on reducing the rate of unprotected sex among people frequenting taverns. The empowerment of women is another way gender influences the vulnerability to HIV/AIDS. Vulnerabilities include low value of women's work, denial of land and other property rights, lack of education, and employment opportunities. According to a recent *Lancet* article,

(Seedat M. et. al "Violence and Injuries in South Africa." *Lancet*, August 24, 2009), more than 55,000 female rapes are reported to the South African police every year, which is estimated to be nine times lower than the actual number. The South African government recognizes the urgent need to scale up effective HIV prevention programs and the Minister of Health has publicly stated that HIV prevention is among the SAG's highest health priorities.

New partners are sought to implement comprehensive or combined community-based prevention programs. The focus of these programs should include new and innovative methods that address the rebuilding of the South African health care system, reducing stigma of HIV testing with possible mandatory testing, and establishing a comprehensive approach that includes traditional healers that many South Africans seek for medical care. A holistic approach to prevention through routine medical care results in treatment of not just HIV/AIDS, but also TB, malaria, diabetes, and other communicable and non-communicable diseases. The geographic point of focus will be at the district level involving people living with HIV.

The 2010 World Cup in South Africa will serve as a launching pad for numerous prevention efforts. A PEPFAR/South Africa-funded 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. The role of alcohol and substance abuse in risky behaviors will be integrated into prevention education and disseminated to all audiences. A number of PEPFAR partners are actively collaborating with Federation International Football Association (FIFA) to provide prevention programs before, during, and after the games.

PEPFAR/South Africa addresses medical transmission of HIV through the Track 1 Making Medical Injections Safer (MMIS) project, whose central funds have been extended. The project's three main programmatic areas are logistics, waste management, and behavior change communication. The NDOH, with input from MMIS, has developed national policy guidelines on Infection Control and Prevention. In addition, the project is working with the NDOH on an agreed set of norms and standards for injection safety.

In FY 2010, USG will undertake several male circumcision (MC) activities to support the SAG, which include 1) assisting with development and dissemination of MC policy guidelines, 2) developing MC communication campaigns, 3) building capacity of health-care workers who can safely conduct MC procedures, and 4) developing a quality assurance system to monitor and evaluate acceptance, safety, and the impact of MC. Although the official male circumcision policy has not been finalized, the draft document is currently under review and will be presented at a number of stakeholders' meetings in late 2009. PEPFAR partners are ready to implement MC programs in public health facilities once the policy is approved.

PEPFAR partners utilize a wide variety of Counseling and Testing (CT) models across the country, and all are aligned with NDOH policies and guidelines. An increasing number of partners are offering mobile, stand-alone; and traditional voluntary counseling testing services as well as supporting health facilities to implement provider-initiated testing and counseling. Furthermore, a growing number of PEPFAR partners have started utilizing home-based CT models, focusing on a family-oriented prevention education, disease screening, and referral to a clinic for more health-care services. The USG team will continue to facilitate the training of trainers for couples HIV counseling and testing, which resulted in this model being implemented on a larger scale in the country, as compared to previous years. Workplace CT is another important model that is implemented by several partners in South Africa. In 2009, the South African NDOH supported by PEPFAR launched the national HIV testing week campaign with the theme "A man knows" to address the fact that only 25 percent of South African men know their status. The aim of the campaign was to encourage South African men to get HIV tests; normalize HIV testing in the country; and

increase the total number of people who learn their HIV status at an early stage. The 2010 COP will focus on strengthening referrals and linkages of CT stand-alone and mobile CT services to treatment and care services, increasing mobile CT to reach rural and hard to access populations, and intensifying the provision of a prevention package to those who receive CT. All CT partners will now be required to report on HIV positive clients who had a CD4 count test done and were referred to care and treatment. In addition, there has been evidence of a steady increase of partners providing routine offer or provider-initiated testing and counseling in South Africa. PEPFAR South Africa will continue responding to the need for improvements in standardizing and monitoring of TB screening for all CT partners and utilizing multiple CT models per partner and site.

Care: $136,148,754

Care activities in South Africa include adult and pediatric care and support, TB/HIV services and activities, and support for orphans and vulnerable children (OVC). In FY 2010, the key PEPFAR care and support priorities in pediatrics and for adults are to strengthen quality HIV and AIDS care service delivery and to implement standards of care. PEPFAR will support this effort by

- 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;
- increasing the number of trained formal and informal health-care providers, building multidisciplinary teams to deliver quality care with pain and symptom control, and improving human resource strategies;
- building active referral systems between community home-based care and facility services;
- developing quality assurance mechanisms, including integration of supervision systems; standardization of services, and training; and
- translating national policy, quality standards and guidelines into action, particularly national adoption of the basic care package.

PEPFAR will continue to support efforts to strengthen collaboration between TB and HIV programs at all levels and improve coordination for joint policy development, planning, implementation, and monitoring of activities. PEPFAR will support NDOH with the development and/or finalization of policies and guidelines, specifically on intensified case finding, isoniazid preventive therapy, and TB infection control. In addition, PEPFAR will continue to support the development of appropriate surveillance systems for TB/HIV and help produce better information products to document best practices and to inform program management at all levels. Partners will provide training and technical assistance for staff working in both TB and HIV services and develop systems that ensure effective patient referrals between TB and HIV services as well as between these services and community and home-based care. As such, PEPFAR partners will assist service delivery sites to scale up the actual implementation of intensified TB screening, and ensure proper referrals for TB diagnosis or INH preventive therapy. They will continue to promote provider-initiated HIV counseling and testing for TB patients with prompt referral for HIV care and treatment and care services. PEPFAR partners will also work with hospitals and clinics to improve infection control systems in order to limit the spread of TB. PEPFAR, in collaboration with NDOH and NHLS, will continue to support the building of laboratory capacity to ensure timely quality assured laboratory services for TB/HIV, including rapid diagnostics for TB and multi-drug resistant (MDR-TB).
The PEPFAR TB/HIV program is complemented with Child Survival and Global Health funds appropriated to USAID to provide extensive support to implement the *National Department of Health TB Program*'s strategic plan at all levels. A PEPFAR TB/HIV Task Force is established to guarantee coordination of both programs. In addition, the PEPFAR TB/HIV team liaises with several other international donors to ensure collaboration. International donors supporting TB/HIV activities include Belgian Technical Corporation, UK's Department for International Development (DFID), Italian Institute of Health, Japanese International Cooperation Agency, Bill and Melinda Gates Foundation, the European Union, and the

Global Fund.

Children represent 38% of South Africa's population with nearly one third (31.4%) of the country's population younger than 15 years. The 2007 data from the *United Nations Millennium Development Goals Index* indicates that 1.4 million South African children were orphaned due to AIDS. National studies and statistics depict an even grimmer picture, with recent estimates that 1.91 million children have been orphaned by AIDS in South Africa *(Mid-year Population Estimates Statistics South Africa 2009)* and as many as 3.8 million children have lost one or both parents (21% percent of all children) largely because of the AIDS crisis. However, a much larger number are considered to be highly vulnerable because of HIV infection at birth or through unprotected sex, abandonment, and or living in households with sick or elderly caregivers or high numbers of children. The USG supports programs that are aligned with the SAG's strategies to support, protect, and strengthen children, families, and communities. In June 2009, the USG provided technical assistance to the Department of Social Development (DOSD) to measure progress made in achieving the goals of the *National Action Plan (NAP) (2003-2008*) and developed a monitoring and evaluation framework for the new *National Action Plan for Orphans and Vulnerable Children and Other Children Made Vulnerable by HIV and AIDS, 2009-2012 (NAPOVC)* that allows DOSD to track progress against set targets. Together with the DOSD, the USG will participate in a public health evaluation (PHE) in 2010 to evaluate adolescent OVC programs with the goal of improving the impact of service delivery. In collaboration with DOSD, the USG will also continue to support innovative programs that assist vulnerable children as they transition to adulthood. Most USG-supported OVC programs provide age-appropriate interventions that focus on gender issues, reproductive health information and education, HIV prevention information, and life skills programming. In FY 2010, specific attention will be given to strengthening economic and livelihood interventions and building stronger exit programs for 18-year-olds that provide them with marketable skills. In collaboration with DOSD, the USG is developing a vulnerable children service directory and web-based database, which will be completed in 2009. At the request of the DOSD, USG will provide assistance in strengthening the human resources capacity to address the needs of vulnerable children. A national priority in South Africa is the commitment to train, educate, re-deploy, and employ a new category of workers in social development. USG will work with DOSD to develop a program that increases the number of social workers, social auxiliary workers, and child and youth care workers. USG will provide additional support for building human resource capacity with management training and program skills enhancement training for DOSD's provincial management level.

An important part of care is to address prevention alongside routine care for all populations. The current interventions and communications efforts are not adequately addressing the key drivers of the epidemic. Personal risk perception is astonishingly low; 66% of South Africans do not see themselves at risk of HIV. The USG supports a holistic, family centered approach to HIV and AIDS care that begins from the onset of the diagnosis through end-of-life care. Additionally the incorporation of new models that address prevention education for those living with HIV/AIDS to prevent newly infecting or re-infecting others would complete this holistic approach.

Treatment: $199,023,332

With the support of the PEPFAR program, more than 726,000 people are currently on ART in South Africa (as of March 2009), which has improved the antiretroviral treatment (ART) coverage rate from 32% in September 2008 to 43% in March 2009. Of these, 548,611 received PEPFAR support at the service delivery level and 10% are infants and children.

The SAG, in collaboration with USG, has convened an ART costing working group tasked to complete costing scenarios based on a USG-developed model. The USG is working closely with the SAG though this ART Costing Working Group to determine the budgetary shortfall in the current SAG fiscal year (April 2009 to March 2010). In addition, the Working Group will establish the SAG's financial requirements through 2016 to ensure 80% coverage of ART for all people in need. The current SAG DOH budget for ARVs is $359 million. This work is ongoing, and the final decisions will be shared with the USG and other stakeholders before the end of 2009. However, new treatment guidelines, including changes to the CD4 threshold for treatment eligibility, are currently under review. Finalization of these guidelines is subject to discussion between the National Department of Health and the National Treasury on the additional budgetary needs for the ART program over the next two years.

The USG will focus on supporting the SAG to finalize policies allowing for task shifting of staff, pre-ART services, and integration of HIV/TB services within other points of care as well as increasing quality and coverage in areas of need. The PEPFAR-supported cost modeling has shown that through task shifting alone, an approximate 30% reduction in treatment costs may be achieved. An emphasis will be placed on operationalizing linkages between all pediatric treatment implementation (including orphans) and the *PMTCT Accelerated Plan*.

Procurement of ARV drugs in South Africa remains a slow process with drugs requiring either tentative or full Food and Drug Administration (FDA) approval as well as Medicines Control Counsel (MCC) registration. The USG is engaging with the MCC to address technical assistance needs in the South African process. Additionally, the SAG is also in discussion with other funders, notably the Clinton Foundations, to explore the possibility of accessing ARV drugs through the Clinton HIV/AIDS Initiative (CHAI), which would produce major cost savings. This could happen as early as mid-2010.

PEPFAR-funded treatment partners also procure some antiretroviral drugs directly from local manufacturers and suppliers. This remains a comparatively small amount of funding: of the 726,000 patients on treatment in South Africa in March 2009, only 63,738 (8.8%) were patients receiving PEPFAR-funded drugs. The SAG target for people on treatment by March 2011 (the period during which FY 2010 funding will be utilized) is 1.4 million. The proportion of people on treatment in the private and NGO sectors will continue to be an estimated 10% of the total.

Further emphasis will be focused on keeping persons in care and adherent to medications to decrease the number of opportunistic infections now that there is the potential for treatment fatigue among the large population of survivors. CHBC packages and family-focused strategies at the district level will provide for closer observation and follow-up.

Other Costs: $73,634,123

These include health management information systems (HMIS), monitoring and evaluation (M&E) systems, and survey and surveillance efforts. The PEPFAR South Africa Strategic Information (SASI) technical area is oriented toward further aligning HMIS and M&E systems to SAG standards and using epidemiologic and program monitoring information to influence decision- and policy-making effectively within the PEPFAR program and with the SAG. SASI will encourage program evaluations of prevention interventions and will strengthen survey and surveillance efforts, health information systems, data quality, and the use of geographic information systems with an overall goal of building comprehensive Strategic Information (SI) capacity in South Africa.

The SASI team developed the web-based Data Warehouse (DW) to which PEPFAR partners submit their plans and reports. While the DW has received much praise, it should be noted that there are concerns among the SI team about the wider use of data in the DW, its complete focus on USG reporting, and

creation of a parallel M&E system in the country. Therefore, in FY 2010, a priority is placed on transitioning from the DW to using the District Health Information System (DHIS) or DHIS-compatible system for monitoring PEPFAR results. Over the next 18 months, the SASI team plans to work with a PEPFAR partner to implement the interface that will allow both the USG and the SAG to have access to PEPFAR data, to improve the data quality in DHIS, increase the transparency of PEPFAR-supported activities, and improve capacity for informed decision making. M&E capacity building continues to be a key priority for the SASI team. Capacity building activities include the PEPFAR M &E Fellowship program where recent South African master's level graduates are placed within the South African government or with PEPFAR partners, M&E training where the curriculum was redesigned this year to be more focused data for decision making, and seconding staff at the national and provincial levels for M&E. The SASI team continues to coordinate Public Health Evaluations (PHEs). Key evaluations that are supported or will be supported in FY 2010 are the national PMTCT evaluation and the ART evaluation.

To date there has not been a comprehensive SAG HMIS strategy. However, PEPFAR-supported HMIS systems have made significant advances related to HIV care and treatment in South Africa, including reduced human resource burdens at ART treatment sites, improved lab result turnaround times through streamlined reporting channels, reduced loss to follow-up through improved tracking of patients, and overall improved clinical outcomes. In addition, PEPFAR-supported HMIS systems were the basis for the cost modeling work conducted by the South African government this year. This modeling work informed the revised National Department of Health ART drug and treatment cost projections for the next five years. As a result, the SASI 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. The USG team has responded to a recent request by the SAG to conduct an independent assessment of nine patient management systems to determine which ones align the best with SAG priorities. In FY 2010, the SASI team will use the results of the assessment and subsequent recommendations from the NDOH to determine HMIS activities with regard to system implementation and customization.

In an effort to improve understanding of the scope of all past and current surveillance and survey activities conducted in South Africa using PEPFAR funds, the SASI team developed and is in the process of conducting a survey and surveillance assessment (SSA). The objectives of the SSA are to create an inventory of all the survey and surveillance activities dating back to the start of PEPFAR funding. The information gathered will be used to guide decision-making and future strategic surveillance plans.

Management and staffing costs will support both the program and the technical assistance required to implement and manage PEPFAR activities. The U.S. Department of State, USAID, HHS/CDC, Peace Corps, and U.S. Department of Defense personnel, travel, management, and logistics support in-country are included in these costs.

Other Donors, Global Fund Activities, Coordination Mechanisms:

The USG is the largest bilateral donor to South Africa's health sector. It is one of nearly 20 bilateral and multilateral donors providing technical and financial assistance in support of South Africa's *National Strategic Plan for HIV & AIDS and STI, 2007-2011*. In addition to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), other major donors include the European Union, the United Kingdom, Belgium, the Netherlands, Australia, France, Sweden, Japan, and Germany. Current funding for HIV programs include SAG funding of $548 million from a total DOH 2009-2010 budget of $2.3 billion, however an additional $127 million for treatment and prevention of HIV/AIDS will be distributed over the three years. The SAG health budget comprises 10% of the total SAG budget. The USG contributes $562 million of the total $753 million provided by other donors. In FY 2010, domestic funding will include $871 million from SAG and $35 million from the private sector; projected funding from other donors for this period is estimated to be $178 million. A donor inventory of HIV programs and funding has been commissioned by SANAC and will provide information in FY 2010 on donor contributions and programs.

This will be used to better coordinate efforts, reduce duplication, and increase efficiency and leveraging of resources. Two GFATM grants for AIDS and TB programs provide funding to expand treatment services in the Western Cape Province, as well as a broad package of HIV prevention, treatment, and care activities in KwaZulu-Natal province. The USG meets regularly with key officials of individual SAG Departments (Health, Social Development, Treasury, Defence, Education, and Correctional Services), to ensure that USG assistance complements and supports the SAG's plans for HIV prevention, care, and treatment. The USG and implementing partners also meet with SAG officials at the provincial level to ensure synergy with provincial priorities and activities. The primary HIV and AIDS coordinating body is SANAC, and responsibility for GFATM grant coordination occurs at the Resource Mobilization Committee (RMC) within SANAC. The committee has generally operated in isolation with no active representation by international donors. Therefore, all prior GFATM grants have been developed and managed with little involvement from representatives outside the Department of Health, and to some extent civil society. The RMC has also historically faced leadership and governance challenges internally. Given the recent elections and new leadership at all levels of the SAG and NDOH, the paradigm is beginning to shift dramatically. The NDOH has placed strong leadership in the SANAC Secretariat and the NDOH and SANAC have already engaged with the USG team to increase coordination. Although GFATM coordination will remain within the RMC of SANAC, the SAG has indicated that it will increase representation and provide two additional seats on the RMC to donors with, including one for the USG. Once these new seats are added, USG and broader donor representation on the RMC will open the doors for greater coordination with the NDOH and SAG on GFATM proposals, as well as improve coordination between USG bilateral and multilateral efforts within South Africa. In FY 2010, the PEPFAR team will work closely with the NDOH and other SAG departments to develop a Partnership Framework built on a joint five-year strategic plan for HIV, AIDS, and TB programs in South Africa.

Program Contact: PEPFAR Coordinator, Mary Fanning

Time Frame: FY 2010 – FY 2011

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV						

infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related	Private-Sector	PEPFAR USD	Private-Sector	PPP Description

	Mechanism	Partner(s)	Planned Funds	USD Planned Funds	
Africa Health Placements		Atlantic Philanthropies, DeBeers, Anglo American, Discovery			This three year partnership will be implemented in FY 2012-FY 2014, but is funded with FY 2009 and FY 2010 pipeline funds. The total USG funding over three years is: $2,307,692. Africa Health Placements (AHP) supports and enhances healthcare systems in Africa by finding, placing, and retaining healthcare workers in rural and underserved areas. AHP has placed over 2,000 doctors in southern Africa, half of whom are foreign nationals.
African Health Placements (AHP) (Foundation for Professional Development)		Atlantic Philanthropies	639,045	742,924	In FY 2010, AHP will continue its partnership with Atlantic Philanthropies, DeBeers, Discovery, and Anglo. This partnership will continue to use resources to bring foreign-qualified

					doctors from developed nations to work in SA's public health sector, with a focus on rural hospitals. The partnership also facilitates the orientation of recruits, as well as the monitoring and evalution of operations.
Asibavikele		DELL Foundation			USAID funded used $200,000 in FY 2009 pipeline funds to fund this partnership. It will be implemented from January 2011 - September 2012. USAID and the Dell Foundation will jointly contribute to sustaining the Port St John's Asibavikele site for orphans and vulnerable children. In addition to contributing to the overall running costs of the sites, funds will be allocated to piloting a new model in caring for children

					living within child headed households.
BMW Community-Based Testing (Right to Care)		TBD	130,000	130,000	REDACTED
BMW Health Care Infrastructure (Right to Care)		TBD	500,000	500,000	REDACTED
Brothers for Life (JHUCCP)		TBD, E-TV , South Africa Broadcasting Corporation (SABC)	2,951,388	2,668,053	Various outdoor media companies are providing added value for outdoor media SABC is matching USAID/PEPFAR contributions for media time purchased on its three free to air television stations and 11 radio stations Various print media companies have provided matching space to the USAID/PEPFAR contribution E-TV is matching USAID/PEPFAR contributions for media time purchased

Corporate HIV Program (Right to Care)		Telkom	42,108	2,107,963	The Employers listed here as partners all have programs in place that cover the following aspects of HIV and AIDS management: Education, communication and awareness, prevention of HIV infections, on-site HIV testing and TB Screening at the employer, 24-hour medical call centre for case management and ongoing counseling and support, treatment of HIV including Pre-HAART to prevent early decline into full blown AIDS. For employers we provide comprehensive assistance in Policy Development and Implementation, Project Management and Co-ordination, as well as confidential administration,

					benefit management and data reporting. The employer pays for the service for all permanent employees (and in some instances Spouses and Children) and the PEPFAR funding pays for the cost of the HIV testing and TB Screening of contractors (non-permanent employees) of the employer. The employer pays for all the prevention, education, communication and awareness at the workplace, and that includes the contractors. The employer's time is utilized for testing and educational purposes, time which the contractor would otherwise have spent working. The Employers listed here as partners all have programs in place

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Development, implementation, and evaluation of a comprehensive HIV prevention program for mobile populations, focusing on truck drivers and commercial sex workers.		Bill and Melinda Gates Foundation			The proposed project is a partnership between CDC-South Africa, the Bill and Melinda Gates Foundation to support the South Africa Government (SAG) and other key partners to implement a comprehensive HIV prevention program for truck drivers and commercial sex workers in South Africa. The proposed activities build on the

					experience of the Gates Foundation's work with the Avahan project in India to develop, implement and evaluate a comprehensive HIV and STI prevention program for key populations. The objectives of the program are; To map, quantify and assess the HIV situation and HIV programming needs key populations, including trucker and sex workers along a major transportation corridor; To implement a comprehensive HIV prevention program for truck drivers and sex workers along a major transportation corridor in South Africa. USCF will work with CDC-South Africa to develop and sustain evaluation activities, including routine HIV and STI

					surveillance and program monitoring and evaluation, which improve the quality of HIV prevention interventions for high-risk.
F4 South Africa/Absa Bank		Absa Bank			Support for programs in Gansbaai in Western Cape
F4 South Africa/Anglo American		Anglo American			Support for HCT events (Skillz Tournaments)
F4 South Africa/Comic Relief		Comic Relief			Support for Generation Skillz curriculum and Evaluation
F4 South Africa/Elton John AIDS Foundation		Elton John AIDS Foundation			Support for Skillz Street Interventions and overall management
F4 South Africa/Ford Foundation		Ford Foundation			Spending on our 3-year Gender grant
F4 South Africa/GrassrootSoccer		Grassroots Soccer			GRS unrestricted resources, in-kind value for volunteers and other small grants.
F4 South Africa/Laureaus Foundation		Laureus Foundation			Support for the Africa Leadership Program (ALP). GRS staff development

F4 South Africa/MACS AIDS		MAC AIDS			Support for Generation Skillz
F4 South Africa/Nike		Nike			Includes cash and in-kind contribution from Nike South Africa
F4 South Africa/Pioneer Foods		Pioneer Foods			In-Kinds food donations for Skillz Holiday Programs
First National Bank (HPCA)		First Rand Bank	257,000	257,000	First National Bank is partnering with HPCA by funding the development of the Hospice Data Management System, which will build capacity in HPCA and our member hospices for quality Monitoring, Evaluation, and Reporting. PEPFAR funds are used to partner with FNB to cover the costs of the Software Development.
Food Gardening Tunnels		ChemCity			ChemCity is providing CWSA with technical support in the establishment and oversight of food tunnels established

					at all Asibavikele sites
Football for an HIV Generation South Africa (Grassroots)		TBD, Castrol, Football for Hope (FFH), Microsoft, Nike, Sony	1,867,000	3,188,000	Cape Town Waterfront Sony Feva Pitch tournament in FY 2010 Nike product donated and distributed to the sites during FY 2010 Sony has provided GRS with 5,000 tickets and funding for the distribution and management of the tickets Video project to encourage kids to "make their move" after Skillz curriculum Value of in-kind services provided by Avusa in FY 2010 to publish Skillz Magazine African leadership fund support for FY 2010

					To support our programming in South Africa Debeers funds multiple sites and provides in-kind donations for office space, communications, transportation, and staff. GRS has recruited 19 Interns to volunteer their time to suppor the NPI project in South Africa. This amount is the value of that intern time to GRS SA (19* $25,000). General support for New Partners Initiative project in South Africa (SA) Materials produced and paid for by Castrol to suupport Skillz Holiday To support our programming at the FFH Center in Cape Town

					Salesforce donated time to assist GRS Value of multiple professional soccer players attending events, providing images, providing interviews through FY 2010 Value of one associate lawyer donated by UK lawfirm to GRS for 1 year. Lawyer works in offices of GRS. Licenses provided by Salesforce To support our programming in Port Elizabeth. Unrestricted and other funding delivered by GRS to the program in SA African leadership fund support for FY 2010 FFH staff dedicated to supporting GRS

					in SA Support for Skillz Holiday programs in SA in FY 2010 Cost share value of MSFT licences for SA staff
HIV/AIDS on Radio		South Africa Broadcasting Corporation (SABC)			In FY 2011, JHU continued working with SABC Education/Radio. SABC Education made available a 30 minute health slot on 12 of its national language stations. SABC made an in-kind contribution (its air time) to the approximate value of $1,193,932. The topics that were included were: gender based violence; male circumcision; prevention with positives; MARPs; PMTCT; prevention; treatment; male norms; and HCT.
Hospice Data Management System (HMDS)		Pragasen Naicker			Technical Expertise provided as an in-kind donation

Hospice Data Management System (HMDS)/Airborne Consulting		Airborne Consulting			Value of the discount on services provided by Airborne Consulting in the Development of the Hospice Data Management System, plus 5017 additional hours donated between Nov '10 and Sept '11. HPCA will continue with the development of this important Information System. The objectives of the HDMS are:• To improve the quality of patient care data; • To standardize the range of patient care data; • To strengthen the accountability and credibility of HPCA and its members; • To inform the development support given to HPCA members; • To monitor & improve the quality of patient care services.; • To provide accurate and relevant patient

					care data to funders and other role-players e.g. the South African Government.
Hospice Data Management System (HMDS)/First National Bank Chairman's Fund		First National Bank Chairman's Fund			Cash granted specifically for the Development of the Hospice Data Management System ($85,000 per annum for 3 years)
Household Water Purification System Pilot (MCDI)		Vestergaard Frandsen Inc.	30,000	30,000	MCDI-SA will purchase and pilot use of the LifeStraw® Family Instant Microbiological Purifier, a low-cost household water purifying system manufactured by Vestergaard Frandsen Inc. and 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). MCDI-SA has done baseline studies for its Ilembe District Child Survival Project (UNICEF funded) with a baseline incidence rate in different sub-districts of Ilembe. It is planned to do periodic studies to assess change if any. 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 effects on reducing diarrhea incidence among household members. MCDI-SA will train householders in care and maintenance of the LifeStraw unit, which should last for at least two years. During that time, MCDI-SA will advocate with the iLembe District and KwaZulu Natal Provincial Department of Health to purchase LifeStraw units to distribute to need-identified households at little or no cost. At the same time MCDI will advocate with the

					Department of Water Affairs and Ilembe District Municipality to provide safe water for the communities. (The LifeStraw is currently being registered in South Africa for commercial distribution.) The partnership is working in Maphumulo, Mandeni, and Ndwedwe.
ICT Project		TBD			USAID/South Africa will fund up to three innovative public private partnerships that use ICT to reduce the impact of HIV/AIDS in South Africa. The PPPs will be driven by needs and gaps in HIV/AIDS programming, and will strengthen evidence-based interventions that take epidemiological and socio-cultural factors into account. It is anticipated that this partnership will

					use ICT as a vehicle to improve cost efficiencies; capitalize on new ways to use technology to advance development objectives; and increase the sustainability of programs. This ICT for HIV/AIDS programme proposes the use of mobile technology to support the South African government's response to HIV/AIDS. Mobile health ("mHealth") technologies will be deployed and implemented on a national scale in South Africa, supporting a broad spectrum of HIV-related interventions, namely: prevention, diagnosis, treatment, patient support and overall health systems strengthening.

Ikhwezi mHealth: Mobile technology for HIV/AIDS in South Africa Mobile technology for HIV/AIDS in South Africa		Vodacom Foundation			This partnership will be implemented in FY 2012, but is funded with FY 2009 pipeline funds ($1,000,000). USAID is funding a consortium of partners (Wits Reproductive Health Institute, Cell-Life, Praekelt Foundation, and Geo-med), together with the Vodacom Foundation, to provide comprehensive HIV/AIDS services using mobile communication, including prevention, diagnosis, treatment, patient support and overall health systems strengthening.
Increasing Services for Survivors of Gender Based Violence		MAC AIDS			USAID and The MAC AIDS Fund ("MAF") share a common goal of empowering marginalized individuals and addressing health issues affecting

					vulnerable populations around the world. For this reason, USAID and MAF seek to share their respective strengths, experience, technologies, methodologies, and resources (including human, in-kind, and financial, subject to the availability of funds) in order to decrease gender-based violence ("GBV") and HIV/AIDS. The objectives of this PPP are: increasing awareness of the services provided at the Thuthuzela Care Centers (TCCs) rape crisis centers, and increasing and improving services provided by the TCCs and in TCC catchment areas in response to sexual violence in South Africa. The first year of implementation will by FY 2012.

Johns Hopkins Health and Education in South Africa		Mediology, South Africa Broadcasting Corporation (SABC), SABC Radio, Mango Airlines			JHHESA partners with SABC on the airing of Intersexions – they broadcast 26 episodes of the second series of the popular drama series Intersexions. They partner with SABC Radio for the broadcasting of 26 episodes of the Intersexions radio talk show across 11 SABC radio stations. They also partner with Mediology for the broadcast of television commercials that promote HIV prevention and out of home with inkind contribution from the broadcasters. Mango Airlines provides flights for JHHESA and partners for meetings and other related activities.
Lesedi-Lechabile Primary Care		GIF Mining, Harmony Mines			Lesedi-Lechabile works in a high transmission area of the mining

					community of Welkom in the Lejwelephutswa District in the Free State Province. The partnership with the mines arose from a community study undertaken at the onset of the project. Lesedi outreach teams train peer educators working in the mines in Peer Education and the provision of IEC on HIV, AIDS, STI's and TB to mine employees. HIV Counseling and Testing activities are undertaken in the mine and include STI screening and treatment, condom distribution, HIV testing, cancer screening, medical male circumcision, and family planning.
Life Line Southern Africa		Limpopo Department, Absa Foundation, Northern Cape			This partnership implements HIV and AIDS prevention interventions through activities such as face to face/individual

					interaction, house visits, community dialogues, campaigns and events, including pre and post counselling at Primary Health Care facilities.
Mindset Health (JHUCCP)		Intelsat , Telkom	977,530	2,452,498	Liberty provides support to overhead costs Provides in-kind broadcast support Telkom provides support to overhead costs Provides the satellite link and feed for Mindset
Mobile Alliance for Maternal Action		Johnson and Johnson, mHealth Alliance, UN Foundation, Baby Center			MAMA will harness the power of mobile technology to deliver vital health information to new and expectant mothers. With guidance and input from SAG, the partners hope to create a locally-owned service that will be scaled up nationally over the

					next three years. A planning phase is in process with three implementing partners: Wits Reproductive Health Institute (WRHI), Cell-Life, and Praekelt Foundation.
Mobile Health Solutions (Right to Care)		Vodacom	500,000	500,000	Mobile Health Solutions: Vodacom Health and RTC: RTC in partnership with the newly formed Vodacom Health, a subsidiary of Vodafone and GeoMed, will be expanding the implementation of an IT data platform for health. The IT platform will be based on internet, e-mail, and mobile telecommunications interactions between HL-7 compliant health data systems. Vodacom Health will provide the platform and data interface to link the use of TherapyEdge and e-

					Mum systems used by Right to Care at over 20 sites throughout South Africa, to the laboratories of the National Health Laboratory Systems and Lancet, and to the cell phone of the patients. The contributions of Vodacom Health will be in the form of the data warehouse and discounted IT and telecom costs of over $500,000 per annum from both partners. RTC contribution will be in the form of the TherapyEdge and e-Mum systems and personnel. Mobile Health Solutions: Vodacom Health and RTC: RTC in partnership with the newly formed Vodacom Health, a subsidiary of Vodafone and GeoMed, will be expanding the

					implementation of an IT data platform for health. The IT platform will be based on internet, e-mail, and mobile telecommunications interactions between HL-7 compliant health data systems. Vodacom Health will provide the platform and data interface to link the use of TherapyEdge and e-Mum systems used by Right to Care at over 20 sites throughout South Africa, to the laboratories of the National Health Laboratory Systems and Lancet, and to the cell phone of the patients. The contributions of Vodacom Health will be in the form of the data warehouse and discounted IT and telecom costs of over $500,000 per annum from both partners. RTC contribution will be

					in the form of the TherapyEdge and e-Mum systems and personnel.
Mothusimpilo		Gauteng Provincial Department of Health, Driefontein Mine, Anglo Gold Ashanti			Mothusimpilo works in a high transmission area of the mining area of Carletonville in the Gauteng Province. Mobile outreach teams supported through peer educators undertake individual or group discussions, door to door, community meetings and awareness campaigns on sexual prevention. They also promote and distribute male and female condoms, STI awareness, screening, syndromic management, and referral. The Gauteng Department of Health provides medication for the syndromic management of STIs, and stipends

					for 30 peer educators.
Mothusimpilo (JHUCCP)		Gold Fields, Pfizer	388,888	384,000	Private sector contribution to Mothusimpilo including staff, drugs, vehicle, equipment, facilities and office space.
North West Province Down-Referral program		Private Practitioners, South Africa North West Province Department of Health (NWDOH)			This program was formed at the request of the South Africa North West Province Department of Health (NWDOH) to down-refer stable ART patients from NWDOH facilities to private general practitioners (GPs) for ongoing care, support & ART follow-up, increasing the capacity of the NWDOH to initiate more ART patients and care for complicated cases. The South African government provides the ART medications and lab costs, while PEPFAR covers a capitated payment to private GPs,

					quality & clinical outcomes monitoring, training and patient adherence support. The private GPs provide an in-kind contribution through reduced fees and providing clinical space. Moreover, this program was designed to be sustainable post PEPFAR as NWDOH worked with BroadReach Healthcare (BRHC) to negotiate the GP capitated rate at a level which NWDOH can afford to sustain. To date the model has provided ongoing care, support and ART to almost 2,300 patients. Of the private sector contribution shown at left, $1,693,950 is contributed by the South Africa Department of Health, and $441,025 is contributed by GPs.

North West Province Down-Referral Program (BroadReach)		Broadreach, TBD	580,000	1,379,500	This program was formed at the request of the NWDOH to down-refer stable ART patients from NWDOH facilities to private GPs for ongoing care, support, and ART follow-up, thereby increasing the capacity of the NWDOH facility to initiate more ART patients and care for complicated cases. The SAG provides the ART medications and lab costs, while PEPFAR covers a capitated payment to private GPs, quality and clinical outcomes monitoring, training and patient adherence support. The private GPs provide an in-kind contribution through reduced fees and providing clinical space. Moreover, this program was designed to be

					sustainable post PEPFAR as NWDOH worked with BRHC to negotiate the GP capitated rate at a level which NWDOH can afford to sustain. To date the model has provided ongoing care, support, and ART to over 1,600 patients. This program was formed at the request of the NWDOH to down-refer stable ART patients from NWDOH facilities to private GPs for ongoing care, support, and ART follow-up, thereby increasing the capacity of the NWDOH facility to initiate more ART patients and care for complicated cases. The SAG provides the ART medications and lab costs, while PEPFAR covers a capitated payment

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					support, and ART follow-up, thereby increasing the capacity of the NWDOH facility to initiate more ART patients and care for complicated cases. The SAG provides the ART medications and lab costs, while PEPFAR covers a capitated payment to private GPs, quality and clinical outcomes monitoring, training and patient adherence support. The private GPs provide an in-kind contribution through reduced fees and providing clinical space. Moreover, this program was designed to be sustainable post PEPFAR as NWDOH worked with BRHC to negotiate the GP capitated rate at a level which NWDOH can afford to sustain. To date the

					model has provided ongoing care, support, and ART to over 1,600 patients.
Nyathi Health Clinic		Buffelshoek Trust			This activity is for a public private partnership between the Buffelshoek Trust, the Department of Health/Mpumalanga, USAID, Right to Care and its sub-partner - the Ndlovu Care Group, and The Royal Netherlands Embassy to construct, staff, equip, run, ensure quality, accredit, and manage the primary healthcare facility, Nyathi Community Health Center, including accreditation of Nyathi as an Antiretroviral (ARV) rollout site.
PMTCT Management Development (PMD)		Johnson and Johnson, MAC AIDS			USAID has been working with Johnson & Johnson and the University of Cape Town to support the roll-out of a management

					training program for the Department of Health in Mpumalanga. The goal of the program is to increase the effectiveness, coverage, and quality of PMTCT services. Program participants learn management tools, frameworks and knowledge that will enable them to increase the effectiveness, efficiency, quantity, and quality of services they provide to ultimately support the DOH's goal of eliminating mother to child transmission of HIV.
PMTCT Support/Bickerstaff, Johnson and Johnson		Johnson and Johnson, Bickerstaff Family Foundation			In FY 2011, Mothers2Mothers will continue to receive private sector funding from two key donors: Bickerstaff Family Foundation and Johnson & Johnson (J&J). mothers2mothers has received

					funding from J&J since 2005. J&J has been actively advocating for the program model and works with the organization to improve program impact.
Post-graduate Diploma in the Management of HIV/AIDS in the World of Work (Health Policy Initiative)		TBD	50,000	50,000	REDACTED
PPP: integrating water and sanitation into HIV/AIDS programs, nutrition		Coca-Cola			This new award will be a continuation of the work being done under the Water and Development Alliance (WADA), which is a partnership between USAID and Coca Cola Company. This project will address community water needs in targeted areas of high HIV prevalence. The partner will work with vulnerable communities to provide appropriate mapping of access

					to water and sanitation points. This addresess challanges that are characterized by unavailability of clean safe drinking water, and limited access to sustainable and safe potable water. The project will also training community healthcare workers on basic WASH skills at household level, and link to education and training. This will improve quality of life through sanitation and access to water. The project will also support the appropriate infant feeding for mothers who choose to replacement feeding.
Private Sector Leaders Program (Health Policy Initiative)		TBD, South African Business Coalition on HIV and AIDS	61,000	61,000	In COP 10, Futures Group (HPI) will implement a new curriculum with the Da Vinci Institute, based on previous curriculums

					developed for leaders on the university platform. The new curriculum will include foresighting exercises to predict the futures of HIV/AIDS in the workplace in South Africa. HPI will collaborate with the South Africa Business Coalition on HIV and AIDS (SABCOHA) to identify executive leaders in top South African companies who will benefit from the new curriculum. In collaboration with HPI, SABCOHA will coordinate this short-course for these executives. In addition, the companies will be expected to pay for the travel related costs to the course for each participant. In COP 10, Futures Group (HPI) will implement a new curriculum with the

					Da Vinci Institute, based on previous curriculums developed for leaders on the university platform. The new curriculum will include foresighting exercises to predict the futures of HIV/AIDS in the workplace in South Africa. HPI will collaborate with the South Africa Business Coalition on HIV and AIDS (SABCOHA) to identify executive leaders in top South African companies who will benefit from the new curriculum. In collaboration with HPI, SABCOHA will coordinate this short-course for these executives. In addition, the companies will be expected to pay for the travel related costs to the course for each participant.
Project Promote National Condom		BidAIR, Fidelity			The PP project is a Public private

Distribution Program		Supercare, HESA, Prestige Group, SAB, SABCOHA, Steiner Group			partnership with the National Dept of Health, SABCOHA and various private stakeholders including the Prestige group, Fidelity Supercare, Steiner group, BidAIR, SAB, HESA. In FY2011, the project will continue to provide support to the DoH by extending condom distribution sites nationally to non-traditional sites. The project has 60 sites at present, will add 10 in 2010 & another 10 sites will be added in 2011(the envisaged total=80). The project will be in its 8th year since inception but will be entering its 5th year under CDC. The partnership will continue supporting the NDOH by extending condom distribution services nationally to non-traditional sites.

Project Promote-National Condom Distribution Program (SABCOHA)					The PP project is a Public private partnership with the National Dept of Health, SABCOHA and various private stakeholders including the Prestige group, Fidelity Supercare, Steiner group, BidAIR, SAB, HESA. In FY2011, the project will continue to provide support to the DoH by extending condom distribution sites nationally to non-traditional sites. The project has 60 sites at present, will add 10 in 2010 & another 10 sites will be added in 2011(the envisaged total=80). The project will be in its 8th year since inception but will be entering its 5th year under CDC. The partnership will continue supporting the NDOH by extending condom distribution services

					nationally to non-traditional sites.
Scrutinize (JHUCCP)		TBD, E-TV , South Africa Broadcasting Corporation (SABC)	2,316,458	2,261,110	SABC is matching USAID/PEPFAR contributions for media time purchased on its three free to air television stations and 11 radio stations E-TV is matching USAID/PEPFAR contributions for media time purchased Levis discount on merchandising and leveraging brand equity to support the Scrutinize programme. $129,375 is contributed in cash, there is additional in-kind assistance, including discounts on T-shirts and products. The Levi's name brand equity is roughly valued by Levi's at $400,000,000. Various outdoor

					media companies are providing added value for outdoor media
Sex Tips for Girls (JHUCCP)		E-TV	1,800,000	2,000,000	E-TV is matching USAID/PEPFAR contributions for media time purchased
Skillz Health Initiative: Sports based interventions to strengthen combination HIV prevention in at risk South African communities		Nike, Comic Relief, MAC AIDS			This one year partnership will be implemented in FY 2012, but is funded with FY 2010 pipeline funds as well as funding from the Office of the Global AIDS Coordinator ($913,077 in total). This partnership with GrassrootSoccer (GRS) will be for HIV programming through soccer. GRS will expand upon its innovative program that uses participatory approaches through soccer to deliver essential HIV prevention messages to youth and to facilitate access to HIV

					counseling and testing and other vital services. It will engage with its private and public sector partners to have a measurable impact on HIV-related knowledge, access to services and ultimately, reduction in HIV infection rates within its target audience. GRS will combine its tried and tested methodologies with new approaches that are specifically designed to respond to the key drivers of the epidemic in South Africa. In 2012, GRS intends to graduate a total of 32,000 children in five provinces.
Sports for Health (Mpilonhle)		Chelsea Foundation, Los Angeles Futbol Club	550,000	450,000	This program aims to integrate and use football and other sports activities as an essential part of HIV prevention activities. To this end the program will engage in the following activities:

					1. Integrate football education into the Mpilonhle mobile unit health program by offering the following: a. Regular training to all students with the Grassroot Soccer curriculum. This will involve 3 hour sessions four times a year where ½ a class will take the computer session for 90 minutes and then the Grassroot soccer program for 90 minutes, or vice versa. b. Developing school-based football leagues for both boys and girls in which health education will be integrated. The football leagues and football matches will involve formal and information HIV and health education activities. This component of the program will be funded by LAFC-Chelsea Foundation and by Unicef. c.

					Developing community soccer leagues for youth in which HIV prevention activities will be integrated along the lines described above for schools-based programs. This will be funded by LAFC-Chelsea Foundation and Unicef. d. Developing sports facilities for use for youth, including HIV prevention activities. This will largely be funded by Charlize Theron Africa Outreach Project. 2. Develop curricular material for use in the appropriate conditions, populations, and the amount of time for access to clients. This will be done with support from Unicef and other donors. $300,000 from LAFC-Chelsea Foundation for the next two years has been committed.

					Funding from Unicef and Charlize Theron Africa Outreach Project has been applied for with the encouragement of those two organizations. This program aims to integrate and use football and other sports activities as an essential part of HIV prevention activities. To this end the program will engage in the following activities: 1. Integrate football education into the Mpilonhle mobile unit health program by offering the following: a. Regular training to all students with the Grassroot Soccer curriculum. This will involve 3 hour sessions four times a year where ½ a class will take the computer session for 90 minutes and then the Grassroot soccer program for

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					been committed. Funding from Unicef and Charlize Theron Africa Outreach Project has been applied for with the encouragement of those two organizations.
Strengthening Public Sector HIV Testing, Care and Treatment Capacity in Mpumalanga		Xstrata			For the 2011 financial year, Re-Action will continue to implement activities in the areas supported in the previous financial years with a renewed focus on health systems strengthening, sustainability strategies, and technology for health. A new technical area (PMTCT) was added in the 2010 financial year, and Re-Action will further strengthen its services, to include this area as well. Reaction is engaged in discussions with private funders (e.g. Xstrata Coal,

					PowerBelt AIDS Project) to obtain their commitment for the 2011 financial year.
Strengthening Public Sector HIV Testing, Care and Treatment Capacity in Mpumalanga (Xstrata and ReAction!)		Xstrata	3,204,957	3,204,957	Re-Action! Consulting acts as the broker, implementing agency, and innovator for the Private Public Mix (PPM), which includes the private, sector, civil society, and the public sector. In FY 2010, Re-Action! will continue the Xstrata Coal Public Private Mix, which will enter its sixth year. Xstrata Alloys officially joined the PPM in April. There will be six new partners including: Anglo American, Eskom, Sasol, BHP Billeton, and Harmony beginning October 1st. Re-Action! engages with the Department of Health at a provincial, district, and local level in

					four provinces (Northern Cape, North West, Mpumalanga, and Limpopo). Re-Action! focuses on strengthening the health systems from the household level which allows a link from the communities to the district health systems and other health and social service providers. The PPM acknowledges that one cannot focus on health alone and therefore implements microenterprise interventions as well. Through a human-scale approach, Re-Action! strengthens the linkages between people and natural life systems through appropriate technology applications; links global processes to local actions; and facilitates

					accountable, joint action between business, civil society and the state.
TB Free Kids TB Screening		Dr A.K Sablay, Dr M.N. Jaffer, Dr E.E. Arendse, Dr N. Hamdulay			This initiative aims to improve TB case finding through implementing public-private partnerships with general practitioners / pharmacies in Ravensmead/ Uitsig. Four general practitioners have been identified to participate in the initiative. GPs have undergone training. Tools have been developed to monitor TB screening and referral, and referral mechanisms have been established with local clinics. The PEPFAR contribution of US $6,000 pays towards the costs of smear and culture tests done for TB suspects. The GPs and patients cover all other costs. We

					are unable to quantify this amount.
TB Free Kids TB screening (Univ. of Stellenbosch)					This initiative aims to improve TB case finding through implementing public-private partnerships with general practitioners / pharmacies in Ravensmead/ Uitsig. Four general practitioners have been identified to participate in the initiative. GPs have undergone training. Tools have been developed to monitor TB screening and referral, and referral mechanisms have been established with local clinics. The PEPFAR contribution of US $6,000 pays towards the costs of smear and culture tests done for TB suspects. The GPs and patients cover all other costs. We are unable to quantify this

					amount.
Thokomala		Thokomala Trust			CWSA has established seven long term foster care facilities, caring for six hard to place children. These children are cared for within a family environment. Children identified through the Asibavikele program who are affected by HIV and AIDS are cared for within these facilities. Thokomala contributes to paying for a full time social worker to provide statutory services and to oversee the Asibavikele program.
University Emerging Leaders Program (Health Policy Initiative)		TBD	50,000	50,000	REDACTED
University Faculty Leaders Program (Health Policy Initiative)		TBD	30,000	30,000	REDACTED
Utah/Nyathi clinic		Buffelshoek Trust,			This partnership will be implemented in

		Department of Health/Mpumalanga, Royal Netherlands Embassy			FY 2012, but is funded with FY 2009 pipeline funds ($500,000). The Ndlovu Care Group will to construct, staff, equip, run, ensure quality, accredit, and manage a primary healthcare facility, Nyathi Community Health Center, including accreditation of Nyathi as an Antiretroviral (ARV) rollout site. Buffelshoek Trust provided the capital expenditure to erect the building for the Nyathi Community Health Center. The structure will be donated to the Department of Health (DOH) of Mpumalanga. The DOH is responsible for the running cost of the clinic as a primary health care facility after the accreditation of Nyathi as an independent ARV

					roll out site. USAID's funding for Ndlovu Care Trust, a sub-partner of Right to Care, would bridge the gap between the initial capital expenditures and DOH operational costs after accreditation.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
20K(+)	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing
3 I's project	Evaluation	General Population	Planning
5-site survey	Population-based Behavioral Surveys	General Population	Data Review
Adherence to dual TB therapy	TB/HIV Co-Surveillance	General Population	Implementation
Assessing maternal substance use during pregnancy in women attending midwife obstetrics units (MOUs)	Evaluation	Pregnant Women	Implementation
Assessing retention and long-term maternal and child health outcomes following PMTCT	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing
Assessment of HIV counseling and testing services in SA	Evaluation	Other	Implementation
Assessment of partners/couples HIV testing in municipal clinics	Evaluation	Other	Data Review
Assessment of pediatric care status	Evaluation	Other	Publishing
Best practice for TB patients	TB/HIV Co-	General Population	Publishing

	Surveillance		
Capacity assessment of mental health services	Evaluation	General Population	Implementation
Care giver competency assessment	Evaluation	Other	Implementation
CHIP	HIV-mortality surveillance	Pregnant Women	Publishing
Client (pre-and post-intervention) in Mpumalanga	Evaluation	Pregnant Women	Publishing
Cost and outcomes of different delivery models for ART	Evaluation	General Population	Publishing
Drug resistance Surveillance in Out patients	TB/HIV Co-Surveillance	General Population	Data Review
Drug Resistance Surveillance-inpatients	TB/HIV Co-Surveillance	General Population	Implementation
Economic outcomes of patients on treatment	Evaluation	Other	Publishing
EDR Web	TB/HIV Co-Surveillance	General Population	Implementation
ETC.net	TB/HIV Co-Surveillance	General Population	Implementation
Evaluation of interventions	Evaluation	General Population	Publishing
Focus group for feedback of HIV test results in home	Qualitative Research	General Population	Publishing
Group for Enteric, Respiratory and Meningeal surveillance	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Publishing
Health Systems Strengthening for early treatment	Evaluation	Pregnant Women	Planning
Household risk assessment survey (HRA)	Population-based Behavioral Surveys	General Population	Publishing
Initiation (Traditional) of men in the Eastern Cape	Population-based Behavioral Surveys	General Population	Data Review
Integrated biological behavioral survey	Population-based Behavioral Surveys	Migrant Workers	Publishing

Integration of HIV/Family planning pilot	Evaluation	General Population	Implementation
Lost of initiation	AIDS/HIV Case Surveillance	General Population	Publishing
Marang-Discordant couples assessment project	Population-based Behavioral Surveys	General Population	Development
Mentorship program assessment	Evaluation	Other	Implementation
MSM project	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation
National survey on Effectiveness of PMTCT	Evaluation of ANC and PMTCT transition	Other	Publishing
NCS	Population-based Behavioral Surveys	General Population	Publishing
Occupational stress in KZN HIV/AIDS counselors (Health Professionals)	Evaluation	Other	Implementation
Outcomes of XDR-TB	TB/HIV Co-Surveillance	General Population	Publishing
Patient Outcome Score	Evaluation	General Population	Publishing
Patient outcomes at Richmond Hospital	TB/HIV Co-Surveillance	General Population	Implementation
PCR systems analysis	Laboratory Support	Other	Publishing
Perceptions and beliefs around acquisition on HIV	Qualitative Research	Pregnant Women	Planning
PIP	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing
PMCT	Evaluation of ANC and PMTCT transition	General Population	Publishing
PMTCT expansion	Evaluation of ANC and PMTCT transition	Pregnant Women	Implementation
Prescriptions record review	Evaluation	Other	Publishing
Prevention of violence against women	Population-based	General Population	Publishing

	Behavioral Surveys		
Provider initiated TB screening (PITS)	TB/HIV Co-Surveillance	Other	Planning
Rapid assessment of drug use and sexual HIV risk patterns	Population-based Behavioral Surveys	Female Commercial Sex Workers	Implementation
Rapid Assessment of the Extent to Which KAP of Maternal Nutrition IYCF in the Context of PMTCT	Qualitative Research	Pregnant Women	Publishing
RDS-Men	Population-based Behavioral Surveys	Other	Publishing
RDS-Women with multiple partners	Population-based Behavioral Surveys	Other	Publishing
Relationship between substance abuse, health status and health behavior of patients attending HIV clinics	Evaluation	General Population	Data Review
Service quality metrics	Evaluation	General Population	Implementation
Surveillance Patterns of EID: Monitoring number and results of the infant diagnostic test	Evaluation	General Population	Publishing
TB HIV Activity Assessment (Health Professionals)	Evaluation	General Population	Implementation
TB screening at correctional facilities	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Data Review
Traditional initiation	Population-based Behavioral Surveys	General Population	Data Review
Treatment and adherence to dual therapy	TB/HIV Co-Surveillance	General Population	Data Review

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			1,042,109		**1,042,109**
HHS/CDC	10,394,261	4,043,000	218,834,891		**233,272,152**
HHS/HRSA			4,500,402		**4,500,402**
HHS/NIH			2,603,495		**2,603,495**
HHS/OGHA			1,084,340		**1,084,340**
PC			863,000		**863,000**
State			788,374		**788,374**
State/AF			1,430,000		**1,430,000**
USAID			314,821,889		**314,821,889**
Total	**10,394,261**	**4,043,000**	**545,968,500**	**0**	**560,405,761**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	DOD	HHS/CDC	HHS/HRSA	HHS/OGHA	HHS/NIH	State/AF	USAID	AllOther	
CIRC		3,015,913					2,192,303		**5,208,216**
HBHC	97,090	17,874,481				330,000	26,544,734	52,200	**44,898,505**
HKID		4,268,582				1,100,000	43,006,170	250,000	**48,624,752**
HLAB		5,889,767							**5,889,767**
HMBL		1,000,000							**1,000,000**
HMIN		664,910							**664,910**
HTXD		18,105,211			922,360		10,427,166		**29,454,737**
HTXS	115,295	45,785,657	737,888		1,458,804		98,158,785		**146,256,429**
HVAB	97,090	9,610,027					19,097,091	250,000	**29,054,208**

HVCT	48,545	25,237,737					13,170,090		**38,456,372**
HVMS	300,000	16,570,102		1,084,340			12,487,524	1,099,174	**31,541,140**
HVOP	266,999	10,884,667					14,972,220		**26,123,886**
HVSI	20,000	10,551,859					7,288,240		**17,860,099**
HVTB		20,146,114	575,520				14,711,860		**35,433,494**
MTCT	48,545	23,883,602					27,159,813		**51,091,960**
OHSS	48,545	10,640,452	3,186,994		200,000		4,267,126		**18,343,117**
PDCS		2,495,366					4,696,638		**7,192,004**
PDTX		6,647,705			22,331		16,642,129		**23,312,165**
	1,042,109	**233,272,152**	**4,500,402**	**1,084,340**	**2,603,495**	**1,430,000**	**314,821,889**	**1,651,374**	**560,405,761**

Budgetary Requirements Worksheet

(No data provided.)

National Level Indicators

National Level Indicators and Targets

REDACTED

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	44,898,505	
HTXS	146,256,429	
Total Technical Area Planned Funding:	**191,154,934**	**0**

Summary:
Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs, and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the adult care and treatment activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The USG in South Africa supports adult care and treatment policies and services aligned with the South African National Strategic Plan for HIV & AIDS and STI, 2007-2011 (NSP). The joint efforts of the SAG and USG have contributed significantly to reaching the NSP goals and targets. With the support of the PEPFAR program, more than 726,000 people are currently on antiretroviral treatment (ART) in South Africa (as of March 2009), an increase of over 60% from the previous year. In addition, 2,436,501 people received care and support including palliative care during the same period. The SAG's goals for the number of people on ART for the next three years are • March 2010 = 991,270 • March 2011 = 1,344,810 • March 2012 = 1,685,680 The number of people needing ART in South Africa is between 1.3 and 2.1 million according to a 2007 UNAIDS estimate. In 2008, roughly 30,000 patients per month were initiated on ART. This figure continues to escalate due to increased demand; however, South Africa is dealing with the economic challenges affecting much of the rest of the world, and the demand for ART has outstripped what the SAG planned and budgeted for uptake. The PEPFAR-funded treatment partners adhere to all local policies, guidelines, and processes, including the South African standard treatment guidelines. The SAG established standard treatment guidelines and protocols for adults and children in 2004 and 2005 respectively. New treatment guidelines, including changes to the CD4 threshold for treatment eligibility, are currently under review. Finalization of these guidelines is subject to discussions between the National Department of Health (NDOH) and the National Treasury on the additional budgetary needs for the ART program in the next two years. According to the South African Minister of Finance, "the financial cost of addressing [the HIV] epidemic is potentially enormous—if the government health budget continues at its current level, 47% of it would be required to provide first-line and second-line ART for all eligible South Africans by 2014." The current first-line regimen for ART in South Africa is stavudine (d4T), lamivudine (3TC), and either efavirenz or nevirapine. Most patients (95%) are still on the first-line regimen. Switches are mainly due to side-effects, adverse reactions, and sub-optimal regimens that were used in the private sector prior to the national treatment guidelines. Stavudine accounts for the highest number of adverse reactions (mainly lactic acidosis) to ART. The second-line regimen for adults is zidovudine (AZT),

didanosine (ddI), and lopinavir/ritonavir (kaletra). For children under the age of three, the first-line regimen consists of stavudine, lamivudine, and kaletra, and the secondline includes zidovudine, didanosine, and nevirapine. Children over the age of three are placed on the adult regimen. USG staff, including 0.75 people from CDC (REDACTED) and three people from USAID (REDACTED) provide programmatic and technical support to manage the adult care and treatment programs. Accomplishments since FY 2009 COP: There were many achievements in the HIV care and treatment program in the last year. The most significant has been the increased access to HIV care and treatment services, which has also improved the ART coverage rate from 32% in September 2008, to 43% in March 2009. The gains have also, unfortunately, placed a growing strain on the SAG budget for ART that has not kept up with the pace of scale-up. Other achievements include the successful transition of one of the Track 1 treatment partners, Catholic Relief Services, to three local implementing partners. Another Track 1 partner, Elizabeth Glaser Pediatric AIDS Foundation, will also graduate one of its local sub-grantees in FY 2010. In addition, Right to Care has transitioned four NGOs to accredited status, allowing for SAG support of labs and drugs at the sites for approximately 10,000 clients. Changes in the political leadership in South Africa in 2009 have allowed for greater synergy in strategic planning and collaboration between the SAG and USG at the national, provincial, and district levels. This partnership has fostered the development of coordinated and critical evaluations of inputs and outcomes at all levels of HIV care and treatment including the costing and strategic planning for ART (both in the near- and medium-term). The SAG, in collaboration with USG, has convened an ART costing working group tasked to complete costing scenarios based on a USG-developed model. PEPFAR-supported research has assisted in obtaining clarity on the following questions: • What are the pre-ART and ART program costs nationally and for each province for each year through 2016 (to reach the NSP coverage targets)? • What are the additional costs of increasing the eligibility threshold for ART from <200 CD4 cells/µl to <350 CD4 cells/µl? • What are the costs for the dual therapy prevention of mother-to-child transmission (PMTCT) program? • What are the additional costs to implement the revised HIV guidelines for adults and children (including those for TB/HIV patients)? • Using the current provincial business plans (conditional grant), what is the gap in funding for the current year and for each of the following three years? This work is still ongoing and should be completed before the end of 2009. This work has already informed the budget bids from the National Department of Health to the National Treasury for additional funding in the current SAG fiscal year, as well as subsequent funding needs in 2010 and 2011. Regimens have been evaluated not only for cost implications but also in terms of pill burden and efficacy. Additionally, in order to reduce duplication and excess costs and inputs, treatment and care partners have been building on their capacity to implement management systems that assure quality patient outcomes, while reducing inefficiencies. Management system priorities have included the following elements: • Implementing HMIS systems; • Task shifting/sharing, including support for the advancement of nurse-initiated ART, which is estimated to reduce treatment costs by approximately 30%; • Integrating services; • Block appointment scheduling; • Coordinating tracking for addressing loss to follow-up; • Standardizing quality assurance across the continuum of care; • Addressing TB/HIV integration, including requiring improved infection control protocols and coordinated HIV and TB unit tracking and tracing; • Supporting activities serving to reduce loss to initiation, including increasing availability of point-of-care (including mobile) diagnostic services; and • Continuing to strengthen the integration of treatment programs within other health interventions (e.g., PMTCT, cervical cancer screening, and reproductive health). The USG supports a holistic, family centered approach to HIV and AIDS care that begins from the onset of HIV diagnosis, throughout the course of chronic illness, and end-of-life care. Care and support activities including palliative care are performed in the home- and community-based settings as well as in hospice and other facilities. As an example, Hospice Palliative Care Association (HPCA) works in 202 sites providing both inpatient (20%) and outpatient (80%) care and support. HPCA also spearheads standards development and implementation, accreditation, hospice capacity building and is testing integration models related to palliative care service delivery. HPCA has validated the African Palliative Care Association's Patient Outcome Scale and is rolling the tool out to measure patient outcomes. HPCA has been asked by the SAG to assist in the development of a National Palliative Care Strategy. In addition, the Basic Care Package, with emphasis on pre-ART care, will be expanded and the Patient Outcome Scale will be used

to review quality of care. Efforts will also continue on the development of a National Palliative Care Strategy and a revised national opioid policy. Goals and Strategies for FY 2010 Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Adult care and treatment funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. The USG is currently compiling an inventory of tools, training materials, and protocols developed by PEPFAR-funded partners. Included in this inventory are Quality Assurance/Better Practices tools. Following assessments of the tools, identified better practices will be implemented across partners through baseline assessments across sites and implementation of standardized quality improvement protocols. Additionally, USG partners will report on additional measures of outcome on their quarterly treatment reports. The USG will continue to use a minimum requirement for someone having received Care and Support, including palliative care, which reflects a minimum standard of HIV-related services, aligning the program more closely to the WHO definition of palliative care. An HIV-infected individual must have received at least one form of clinical care 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 is also trying to reach individuals with appropriate and quality care. The focus on Prevention with Positives continues as part of routine clinical and outreach services. In addition, assessments are being made to determine more effective and efficient prevention messages that can be utilized in a clinical and/or outreach setting. Health Management Information Systems are also focusing on further utilization of prevention messages across the continuum of care. Water, sanitation, and hygiene are incorporated in the preventive care package, which all PEPFAR South Africa partners receiving care and support funds should have as part of their intervention strategy. Further, PEPFAR programs are encouraged to ensure that people living with HIV (PLHIV) have access to safe drinking water in facility based care settings and to support PLHIV with home-based drinking water treatment methods and safe storage in communities without a reliable source of safe water. Lastly, PEPFAR South Africa will develop its Partnership Framework with the newly elected SAG over the next year. A particular focus within the Adult Care and Treatment framework will be an emphasis on sustainability of programming and transition of the management and funding of activities from the USG to the SAG. Specific goals include the following: • 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 infrastructure assistance through technical assistance and training and • Ensuring integration of ART programs within palliative care, TB, reproductive health, sexually transmitted infections, and PMTCT services. While PEPFAR has been very successful in South Africa, it must be emphasized that the burden of the epidemic in South Africa cannot be underestimated. The unmet need for HIV care and treatment continues to be much greater than the achieved success of these programs. PEPFAR support is intrinsic to the availability of quality, comprehensive HIV care and treatment services within South Africa and essential to the goal of ensuring sustainability of our efforts. Without continued, sustained support through PEPFAR-funding for the near- to medium-term, the USG's life-saving investment in South Africa would be compromised.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	29,454,737	
Total Technical Area Planned Funding:	**29,454,737**	**0**

Summary:
Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the antiretroviral (ARV) drug activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background Historically, the procurement of antiretroviral (ARV) drugs in South Africa has not been a major activity for the United States government (USG) as the South African government (SAG) procures the ARVs for the public sector, and the majority of patients on treatment supported with PEPFAR funding are patients who receive ARVs from the public sector. This also means that drugs for post-exposure prophylaxis (PEP) are mainly provided through the SAG. There are clear guidelines for PEP management in South Africa, and all partners adhere to these guidelines. The SAG did approach the USG to procure drugs in 2009 for three provinces that required support: Mpumalanga, Free State, and the Western Cape. Approximately $6 million of drugs were procured through the Supply Chain Management System (SCMS). The deliveries for the Free State have been completed, but deliveries for the other two provinces are still in process. Due to the financial crisis experienced by the SAG, the increased demand for ART, and the current unmet need (57% not on ART), it is likely that additional shortfalls for ARV drugs will occur in 2009 and 2010. The USG is collaborating closely with the SAG though an Antiretroviral Treatment (ART) Costing Working Group to determine the budgetary shortfall in the current SAG fiscal year (April 2009 to March 2010). In addition, the Working Group will establish the SAG's financial requirements through 2016 to ensure 80% coverage of ART for all people in need. This work is ongoing, and the final decisions will be shared with the USG and other stakeholders before the end of 2009. A few PEPFAR-funded treatment partners procure ARVs directly from local manufacturers and suppliers. This remains a comparatively small amount of funding: of the approximately 726,000 patients on treatment in South Africa in March 2009, only 63,738 (8.8%) were patients receiving PEPFAR-funded ARVs. The SAG target for people on treatment by March 2011 (the period during which FY 2010 funding will be utilized) is 1.3 million. The proportion of people on treatment through PEPFAR in the private and NGO sectors will continue to be an estimated 10%, and it is anticipated that this ratio of drug procurement will be maintained. However, with the SAG budgetary shortfall, the USG may be asked to procure drugs for the public sector program in FY 2010 and FY 2011. The PEPFAR-funded treatment partners adhere to all local policies, guidelines, and processes, including the South African standard treatment guidelines. The SAG established standard treatment guidelines and protocols for adults and children in 2004 and 2005 respectively. New treatment guidelines, including changes to the CD4 threshold for treatment eligibility, are currently under review. Finalization of these guidelines is subject to discussions between the National Department of Health (NDOH) and the National Treasury on the additional budgetary needs for the ART program in the next two years. The current first-line regimen for ART in South Africa is stavudine (d4T), lamivudine (3TC), and either efavirenz or nevirapine. Most patients (95%) are still on the first-line regimen. Switches are mainly due to side-effects, adverse reactions, and sub-optimal regimens that were used in the private sector prior to the national treatment guidelines. Stavudine accounts for the highest number of adverse reactions (mainly lactic acidosis and peripheral neutopathy) to ART. The second-line regimen for adults is zidovudine (AZT), didanosine (ddI), and lopinavir/ritonavir (kaletra). For children

under the age of three, the first-line regimen consists of stavudine, lamivudine, and kaletra, and the secondline includes zidovudine, didanosine, and nevirapine. Children over the age of three are placed on the adult regimen. The proposed changes to the national treatment guidelines would add a third and a fourth first-line option. Regimen 1.c would consist of zidovudine, lamivudine, and efavirenz for women with a BMI over 28 and for patients with mild stavudine toxicity. The recommended regimen 1.d (tenofovir, lamivudine, and either nevirapine or efavirenz) would be recommended for people with severe stavudine toxicity, or with hepatitis B. USG staff, including 0.25 people from CDC and 0.45 people from USAID, provide programmatic and technical support to manage the ARV program. Goals and Strategies for FY 2010 Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. Accomplishments since FY 2009 COP PEPFAR-funded ARV drug procurement in South Africa is limited by the requirement that all drugs have to be registered by the local drug regulatory authority, the Medicines Control Council (MCC). In addition, to procure a generic ARV the drug needs to have either tentative or full Food and Drug Administration (FDA) approval as well as MCC registration. Unfortunately the process of MCC registration of ARVs has been very slow over the last few years; of the 131 different generic ARV drugs that have been approved by the FDA, only 31 (24%) are also registered by the MCC. Further, to protect the infant pharmaceutical industry and promote economic growth, the South African Government tender process gives preference to local manufacturers. Consequently, the South Africa-based manufacturer Aspen provides the national program with a range of generic ARV drugs that are not the least expensive on the global market. Aspen has sought tentative approval from the FDA for only two of its generic products. It appears to have little incentive to submit more for the costly approval process since, currently, the Aspen generics would not be competitive cost-wise outside of South Africa. Thus significant cost savings cannot be realized by PEPFAR partners due to these limitations; on average only 40% of ARV drugs procured in FY 2008 (FY 2009 data not yet available) were generic. The USG is already engaging with the MCC to address technical assistance needs in the South African process. The SAG is also in discussion with other funders, notably the Clinton Foundation, to explore the possibility of accessing ARV drugs through the Clinton HIV/AIDS Initiative (CH AI), which would produce major cost savings. This could happen as early as mid-2010, when the current ARV drug tender of the NDOH expires. Goals and Strategies for FY 2010 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 the workplace, though this remains a small percentage of patients supported on ART. ART is extended to communities through general practitioners at community clinic sites, especially in rural communities, which serve to increase access beyond the current SAG accredited rollout sites. The USG has also developed innovative partnerships with the private sector to provide ART. Some of the private sector partnerships also include public-private partnerships between industry and the SAG. Some of these NGO and private partners either obtain (at no cost) or procure their drugs through provincial health departments, and the number of private and NGO sites that have received government accreditation continues to grow. 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. Due to this, PEPFAR partners have not experienced major stock-outs of ARV drugs, except for the periodic global shortages of stavudine and cotrimoxazole. One of the PEPFAR

partners, Management Sciences for Health's Strengthening Pharmaceutical Systems (SPS) program, works closely with the NDOH at the national and provincial levels to assist, on a quarterly basis, with the national forecasting and quantification process for ARV and other drugs and commodities. SPS has implemented a computer system, Rx Solutions, in about 100 facilities and, based on discussions with the NDOH, will expand this to additional facilities in the next 12-18 months. The USG provides critical onsite technical assistance through its partners at public sector facilities to strengthen and improve the quality of logistics, recording, and ordering systems to ensure proper management of drugs and other commodities required for treatment. In addition, PEPFAR has offered to provide provincial support related to forecasting and annual budgets in order to ensure that ARV shortfalls can be averted There are no other donors that provide service delivery support for the provision of antiretroviral treatment. Although the Global Fund supports ART in the Western Cape, that award is ending in 2009. A PEPFAR partner, CAPRISA, also receives Global Fund support for the purchase of ARV drugs. USG staff, including 1 one person who devotes 25% of their time from CDC and 3 people who devote a combined 45% of their time from USAID, provide programmatic and technical support to manage the ARV drugs program. USAID is the lead agency for the SCMS procurement mechanism. In FY 2010 USG programs will build on the achievements of the last six years of supporting the largest ART program in the world. The ARV procurement activities are central to efforts to continue the scale-up in the public, private, and NGO program. These activities supplement the other programmatic activities such as human capacity development, strengthening integration of HIV care and treatment into primary health care, building capacity for nurse-initiated ART, improving pediatric HIV care and treatment, and encouraging early identification of those in need of HIV care and treatment services through provider-initiated counseling and testing (CT) and improved linkages to CT services. A reliable supply chain is essential, and the experience of the last five years has shown that the South African program is fully capable of doing so.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	5,208,216	
HMBL	1,000,000	
HMIN	664,910	
Total Technical Area Planned Funding:	**6,873,126**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the biomedical transmission activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background South Africa, with a population of 48.5 million, is currently experiencing one of the most severe AIDS epidemics in the world. At the end of 2007, there were approximately 5.7 million people living with HIV in South Africa and almost 1,000 AIDS deaths occurred every day. Given the continued high prevalence rates, additional prevention strategies are needed to complement existing ones to further reduce HIV transmission in South Africa. Although South Africa has a generalized epidemic based on sexual transmission, there is still a need to

focus some activities on biomedical prevention, including injection safety, male circumcision, and work with injecting drug users. Following an analysis of a recently completed Partner Inventory of PEPFAR-supported partners, their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), and location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. USG staff, including five people from CDC (REDACTED) and 0.2 people from USAID, provides programmatic and technical support to manage the biomedical prevention program. Injection Safety WHO estimates that in developing and transitional countries like South Africa, 16 billion health-care injections are administered each year – an average of 3.4 injections per person per year. In addition, all South African facilities that use syringes for patient care use single-use and sterile syringes, that is, those observed to come from a new and unopened package. The PEPFAR program in South Africa aims to address issues of medical transmission of HIV through the Track 1 Making Medical Injections Safer (MMIS) project led by the John Snow Research and Training Institute, Inc (JSI). While most Track 1 partners are being phased out, JSI's central funds have been extended. This project aims 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 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. MMIS e nhanced systems for the procurement of personal protective equipment for waste handlers in two provinces, the Eastern Cape and Western Cape. In addition, MMIS South Africa and MINDSET Health Channel have collaborated to relay injection safety information to more than 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. The project's three main programmatic areas are logistics, waste management, and behavior change communication. Training is provided to professional and non-professional staff. The project works at national, provincial, and district government levels and is present in all nine provinces of South Africa. Buy-in from the South African government (SAG), partnerships with local organizations, and synergies with other PEPFAR projects have been used to ensure sustainability and rapid scale-up. A multi-pronged approach is used in training and consists of providing in-service and on-the-job training to senior management, middle managers, and clinical personnel, as well as waste handlers. JSI/MMIS will conduct pre-service training with the incorporation of injection safety content in curricula for nurses, doctors, and other professionals. The NDOH, with input from MMIS, has developed national policy guidelines on infection control and prevention. In addition, the project is working with the NDOH on an agreed set of norms and standards for injection safety. An accreditation process to assess compliance to these has been planned with the Council for Health Service Accreditation of Southern Africa. These processes will comply with evaluation activities conducted by the first national injection safety survey. Improving injection safety and proper waste disposal practices are vital systems-strengthening activities for the over-burdened health system. These activities further the PEPFAR focus on sustainability by supporting both an increase in health system capacity and quality of care. No other major donors are working directly in injection safety at this time. Injecting and Non-Injecting Drug Use Although there are not many activities being implemented with injecting drug users (IDUs), the Medical Research Council, a PEPFAR partner, is collaborating with drug treatment programs around the country to link HIV prevention and treatment to drug treatment program. This initiative, though 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 around reducing

harmful practices with respect to sharing needles, using old needles, and sexual prevention and drug taking. Male Circumcision Male Circumcision (MC) has recently been recommended by the WHO and UNAIDS as a method for strengthening the existing package of HIV prevention interventions. This recommendation is a result of three recent randomized clinical trials in Kenya, Uganda, and South Africa that demonstrated that circumcised men have a 50-60% lower risk of becoming infected with HIV than men who are uncircumcised. The public health impact of MC as a HIV prevention method in conjunction with other strategies is expected to be the greatest in countries such as South Africa where transmission of HIV is primarily heterosexual. In FY 2010 USG will undertake the following MC activities to support the SAG :1) assist with development and dissemination of MC policy guidelines and costing, 2) develop MC communication campaigns, 3) build capacity of health-care workers to safely conduct MC procedures, and 4) develop a quality assurance system to monitor and evaluate acceptance, safety, and the impact of MC. Although the official MC policy has no t been finalized, the draft document is currently under review and will be presented at a number of stakeholders' meetings in late FY 2009. As soon as the MC policy is finalized, appropriate partners are poised and ready to implement MC programs in public health facilities. FY 2010 funds will begin to shift the program from preparation to provision of high quality clinical services. As the MC policy guidelines are being approved, the USG will support curriculum development and fund activities on MC that include safe clinical male circumcision as part of a comprehensive prevention strategy. The MC activities will include building capacity and training of field workers in the public and private sectors to deliver MC services. Currently, there are five partners working in the area of male circumcision. JHPIEGO is responsible for coordination of male circumcision activities on behalf of the NDOH and supports a technical advisor at the NDOH who will also serve to assure the synchronization of all five partner activities. USG will collaborate with NDOH to implement the MC strategies and activities at provincial and district levels in the geographic areas with the highest HIV prevalence and prioritize areas where MC is not traditionally mandatory. However, at the specific request of the NDOH, Population Services International has been asked to move forward and expand clinical male circumcision services. Roll out of clinical service delivery will begin in two provinces. PEPFAR funding will be used to support these activities in Gauteng and KwaZulu-Natal provinces. John Hopkins University will develop the communication strategy to create awareness about the benefits of male circumcision and the importance of ensuring that communities protect themselves from HIV infection. A wider national campaign will educate people about responsibility and the need for continued self protection and risk assessment. All the MC work will be done in collaboration with and under the guidance of NDOH in alignment with their policies. FY 2010 funds will help support strong quality assurance and monitoring and evaluation systems that will guarantee the communities' safety and acceptance. Data from monitoring systems will also be used to evaluate the programs' impact and help inform quality improvement efforts.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	38,456,372	
Total Technical Area Planned Funding:	**38,456,372**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and

realigning the gender activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background South Africa has a highly generalized HIV prevalence of 18.1% among sexually active adults, aged 15-49. According to the Human Science Research Council's South African National HIV Prevalence, Incidence, Behavior, and Communication Survey, 2008 only 20% of South African men and 30% of women aged between 15 and 49 have had an HIV test and received their results in the last 12 months. The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011, otherwise known as the National Strategic Plan (NSP) outlines four priority areas: prevention; treatment, care, and support; research, monitoring, and surveillance; and human rights and access to justice. The counseling and testing (CT) program is addressed in the prevention priority area with emphasis on implementation of provider-initiated testing and counseling (PITC) and an increase in men accessing HIV testing. Since 2000, the National Department of Health (NDOH) has supported widespread implementation of a national program for voluntary counseling and testing (VCT) with 100% of public health facilities offering VCT services nationwide. Although this may seem adequate, more recent data show that only 2% of persons who visit health facilities undergo testing. The NSP set new targets for CT to ensure that all persons at risk get tested, especially those who present at health facilities for family planning, sexually transmitted infections, antenatal and TB services, and those living in high transmission areas. The NSP recommends provision of PITC in health facilities and has set a target of 75% of all public health facilities using this model by 2011. The PITC model is used in addition to the standard VCT and other CT models. All public health facilities in South Africa use a serial testing algorithm, though a few USG partners in stand-alone CT units use parallel testing. USG staff, including 2.5 people from CDC (REDACTED) and 0.4 people from USAID, provide programmatic and technical support to manage the counselling and testing program. Other Donors Two international donors support CT services in the country. The Belgian government supports two provinces through technical assistance and human resources. The German government provides funds through the Development Bank of Southern Africa to support the NDOH with infrastructure development by building more counseling rooms in public health facilities. Accomplishments since FY 2009 COP USG and PEPFAR partners continue to support the NDOH-led efforts to update CT policy, guidelines, and training materials in order to increase the demand for and the availability of quality CT services. Thus far, the draft policy and guidelines have gone through several consultation processes including civil society through the South African National AIDS Council (SANAC) and will be submitted to cabinet for approval. In FY 2009, 53 PEPFAR-funded partners identified CT as a primary activity, including all treatment partners who receive a CT budget. The treatment partners use CT to ensure smoother referrals, access to treatment, and movement into care. S ome partners work independently, while others support NDOH sites, but all comply with NDOH policies. NDOH-supported sites integrate CT services within a comprehensive health service package. Levels of support to NDOH sites vary among partners, but common elements are provision and training of lay counselors and professional nurses and provision of technical assistance and mentoring. Discussions have begun within the NDOH to consider task shifting, where the lay counselor will be permitted to perform rapid HIV testing under supervision at health facilities. In KwaZulu-Natal, the Head of the Department of Health has approved lay counselors to perform the screening test and professional nurses to perform only the confirmatory test. This new waiver in KwaZulu-Natal has provided some relief to the over-stretched professional nurses, allows more people to be tested, and eliminates the long waiting time. Until recently in South Africa, the Child Care Act 74 of 1983 was the single most important law regulating children's access to medical treatment or procedures. This act was amended in 2007. The new act, Children's Act 38 of 2005, revoked several sections of the previous version including decreasing the age of consent to an HIV test from 14 to 12 years. This amendment may have had a negative effect on CT service providers. Many counselors are not comfortable discussing sexual issues with children and adolescents, as they have not yet received training that enables them to serve these target populations. There is an urgent need for more training on counseling children and adolescents. Models of CT: PEPFAR partners utilize a wide variety of CT models across the country, and all are aligned with NDOH policies and guidelines. An increasing number of partners are offering mobile CT services. This approach ensures that CT services are accessed by hard-to-reach populations such as offenders and men. Mobile units are increasingly being used to reach young people at shopping malls and schools. A significant and

growing number of people tested by USG partners have tested through mobile units. PITC is one model that is rapidly increasing both in public and private health facilities. The Minister of Health, Dr. Aaron Motsoaledi, announced in his budget speech the need for South Africa to scale up this model rapidly in order to increase the number of people who know their HIV status earlier in the infection. USG partners support the roll out of PITC in health facilities by providing training to health workers on rapid HIV testing, PITC, mentoring, and data management. The USG team is also supporting the NDOH with the development PITC guidelines and training materials. The USG team facilitated the training of trainers for couple HIV counseling and testing, which resulted in the standardization of couple HIV counseling and testing (CHCT) services and an increase in the number of partners implementing CHCT as compared to previous years. Workplace CT is another important model that is implemented by several partners in South Africa. In 2009 the NDOH, supported by PEPFAR, launched a national HIV testing week campaign, "A man knows." The aim of the campaign was to encourage South African men to take up HIV testing, normalize HIV testing in the country and increase the total number of people who learn their HIV status at an early stage. The low uptake of counseling and testing is attributed to a lack of individual risk perception of acquiring HIV. Counseling and testing services are largely accessible in health facilities, but these are primarily accessed by women. Men rarely get the opportunity to access these services, and consequently, often rely on testing by default (i.e., proxy testing). While mobile testing is available to communities, the service mostly reaches pockets of the community. A national counseling and testing event serves to encourage people to test, to become aware of their HIV status, and to reduce the risk of acquiring or transmitting HIV. It is also a useful vehicle for providing HIV and AIDS prevention education, particularly safer sexual practices, and for paving the way for access to care, support, and treatment services. At the community level, more people knowing their status may lead to a reduction in denial, reduced stigma and discrimination, and collective responsibility and action. Development of Quality Assurance Guidelines and Mentorship: 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 had approved five test kits to be used on tender during 2009. Each province was assigned a different test kit algorithm, which may have led to a lack of standardized procedures, and thus, decreased the quality of testing. The USG has supported the NDOH and the National Institute for Communicable Diseases to strengthen quality management systems and in particular quality assurance. The new quality assurance guidelines around rapid HIV testing have been released by NDOH. The guidelines will assist all the testing sites with standard procedures on rapid HIV testing. NDOH has also released mentorship guidelines for lay counselors in public health facilities. USG is supporting the implementation of the mentorship program and training of mentors. The USG team has also supported NDOH with the development and printing of a national CT register. This register will allow standardized collection of more data elements, which can be used for decision-making. For the first time, the USG and NDOH will be able to collect data on the number of people who were first-time testers at a national level. Goals and Strategies for FY 2010 The primary focus of the CT program in FY 2010 is quality assurance, prevention education, and reduction of loss to initiation into care support and treatment. The FY 2010 COP will focus on strengthening referrals and linkages of CT stand-alone and mobile CT services to treatment and care services. All CT partners will now be required to report on HIV positive clients who had a CD4 count test done and were referred to care and treatment. The FY 2010 COP will also focus on intensified provision of a prevention package to those who receive counseling and testing. The USG team will continue to respond to the need for improvements in the standardization and monitoring of TB screening for all CT partners and the utilization of multiple CT models per partner and site. In COP FY 2010 three additional USG partners will begin implementation of home-based CT. This model will be implemented using the community mapping model as well as the treatment index patient approach. Two of these partners are based in rural areas while one is located in urban and peri-urban areas. A new initiative, Brothers 4 Life (B4L), launched in August 2009, will promote positive male norms including counselling and testing through high visibility advocacy by traditional and governmental leaders and community norm change interventions. The B4L joins the forces of over 40 civil society organizations under the leadership of SAG. As a comprehensive activity, the mass media, linked to community outreach and grassroots social mobilization, should shape new community norms of responsible behavior. During the FY 2010 all

PEPFAR partners working in health facilities will be strengthening the implementation of PITC in these facilities. 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 FY 2008 and FY 2009 CT targets were estimated at 2,036,000 for each year. Targets for FY 2010 are expected to remain the same. Sustainability: NDOH provides test kits to all public health facilities as well as to a few USG partners who provide stand-alone and mobile CT facilities. The USG team is currently encouraging more partners to receive rapid test kits from SAG. NDOH also provides health facilities with lay counselors who receive a stipend for their services. The provision of lay counselors will address some of the sustainability issues when it comes to the provision of CT services. Partner Rationalization Process: In the FY 2008 COP, the USG team identified a large gap in geographical distribution of services, noting gaps in the Free State, Northern Cape, and North West provinces. Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Counseling and Testing funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. The USG team will also focus on training to address the challenges identified such as testing of children and linkages to treatment and care. Partners' training plans and activities will focus on addressing critical gaps in the provision of quality CT services, PITC, and CT services directed at youth, adolescents, and couples.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	18,343,117	
Total Technical Area Planned Funding:	**18,343,117**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the health systems strengthening (HSS) activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The urgent need for health systems strengthening (HSS) was underlined in a recent article (Coovadia H. et. al., The Health and Health System of South Africa, Lancet (August 25, 2009)) on health challenges facing the country. South Africa has persistently experienced poor health outputs and outcomes despite high expenditure and many supportive policies since apartheid's end. HIV and TB epidemics and a range of other acute and chronic diseases result in very high rates of mortality and morbidity. South Africa, which accounts for more than a third of sub-Saharan Africa's GDP, is one of 12 countries that may not reach the

Millennium Development Goals (MDGs) 4 and 5, which relate to reducing child mortality and improving maternal mortality respectively. South Africa may, however, reach the target of universal access to treatment under MDG 6, Combat HIV/AIDS, Malaria and Other Diseases, but the target of reversing the spread of HIV still seems out of reach. A weak health system explains this paradox of relatively high health expenditure but poor quality of care and high burden of disease. South Africa still struggles to decentralize the health system; district management is weak and receives little support from central management. Staff morale and retention are major issues, particularly outside of urban areas. Tertiary hospitals continue to dominate with 30% of the budget spent on high-end hospitals in the three largest cities. Only 38% (11,170) medical doctors work in the public health-care system that serves 85% of the population, while 62% (18,485) serve the private sector. In addition, 58% of South Africa's doctors work in two provinces: 36% in Gauteng and 22% in Western Cape. USG staff, including 1 one person from CDC (REDACTED) and REDACTED at USAID, provide programmatic and technical support to manage the health systems strengthening program. Accomplishments since FY 2009 COP Despite these weaknesses, PEPFAR has made remarkable contributions toward improving South Africa's World Health Organization's HSS building blocks. 1) Service delivery: Delivery of HIV and AIDS treatment, care, and prevention services has expanded dramatically. In hundreds of public health facilities throughout the country, PEPFAR has improved physical infrastructure and added temporary fixtures (e.g., trailer-park home clinical facilities) where needed, strengthened lab services, supported the development of curriculum and protocols, and paid salaries of staff who work side-by-side with SAG employees. 2) Leadership and governance: Despite the difficult relationship with the previous National Department of Health (NDOH) leadership, PEPFAR made significant contributions to governance and leadership. USG and partner staff provided key inputs for development of the HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP). PEPFAR has also supported the development of policies and strategies including the National Action Plan for Orphans and Vulnerable Chi ldren and Other Children Made Vulnerable by HIV and AIDS, 2009-2012 as well as helping to developthe Department of Social Development's social welfare workforce. 3) Financing: In FY 2009 PEPFAR supported the SAG by establishing a working group to explain short- and long-term costs of the antiretroviral treatment (ART) program. 4) Logistics and procurement: PEPFAR has supported pharmaceutical logistics and management advisors within the NDOH who have developed the SAG's capacity to manage the huge drug quantification, procurement, and logistics program. 5) Information systems: For monitoring and evaluating health-related activities, an HMIS assessment is being conducted nationally among partners to help the SAG consolidate towards fewer HMIS systems. 6) Human Resources for Health (HRH): PEPFAR has supported several pre-service activities including training Clinical Associates; recruiting and placing doctors (including foreign doctors) in critical rural public sector facilities; strengthening the nursing curriculum; and developing retention strategies for doctors, nurses, and pharmacists in critical posts. The USG has also supported in-service training and mentoring of health-care workers at district and facility level and has successfully negotiated FY 2010 assistance to finalize the Human Resource Information System (HRIS) support nationally and in priority districts. Goals and Strategies for FY 2010 Changes in SAG leadership in November 2008 enabled a closer collaboration between PEPFAR and the SAG. PEPFAR continues to support the SAG in addressing HSS priorities identified by the Minister of Health, which include 1) financial management; 2) infrastructure/engineering services; 3) HRH management and development; 4) Information, Communications, and Technology (ICT); and 5) quality of care. Examples of support include 1) Financial Management: PEPFAR will provide technical assistance to strengthen financial management at the provincial and district levels. District project management programs will result in stronger District AIDS Councils and improved coordination of PEPFAR partners, contributing to direct capacity building for the public sector staff. USG will also focus on transitioning US-based partners to local organizations over the next five years. 2) Infrastructure/Engineering Services: The USG is recruiting stronger partners to implement evidence-based, efficient infection control at heath facilities to combat the spread of TB and other infectious diseases to patients and staff. 3) HRH Management and Development: PEPFAR works with the NDOH to conduct HRH assessments and to evaluate retention challenges in public health facilities. Capacity development is supported through the African Centre for Integrated Laboratory Training (ACLIT). USG continues to work with the National Health Laboratory

Service, providing funding and technical assistance to improve the quality and access to lab services. The South African Field Epidemiology and Laboratory Training Program (SAFELTP) graduated 20 students in FY 2009 and has ensured placement of all students. 4) ICT/IT: Patient management systems, which allow physicians and nurses direct access to patient records and lab results, are being piloted in several provinces. Implementation of SAG-regulated patient management systems will ensure that data are available and analyzed by all levels of health-care workers. 5) Quality of Care: USG continues to support quality of care by improving supervisory and referral systems at district and facility levels. In FY 2009 clinic supervisors trained and mentored partners on quality assurance and improving referral systems. Partners strove to reduce the lost-to-follow-up rate of patients on ART by improving the tracking and tracing systems at community level. The efforts will be scaled up in FY 2010. PEPFAR has demonstrated significant improvements in TB and TB/HIV outcomes through a pilot i n one Eastern Cape district, resulting in improvements in infection control and in TB and TB/HIV outcomes. This process will be replicated in other districts in FY 2010. CDC and USAID have jointly developed a South African PEPFAR Partner Performance Assessment contract that will roll out in FY 2010 to assist partners in improving quality and efficiency as well as ensuring that SAG standards and guidelines are correctly followed. At the request of the NDOH, USG will implement a prospective evaluation of the impact of PEPFAR-funded activities on the six health system strengthening building blocks. In September 2009 South Africa met with four other countries to develop the schema for an assessment of PEPFAR's impact on HSS. Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership to identify gaps and duplication of services, and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. HSS funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. As part of the Partnership Framework, the USG is developing a focus on the district as the core unit for implementing PEPFAR programs. USG will work with the NDOH in several districts in FY 2010 to implement a district health approach. PEPFAR partners in the selected districts will align their work plan to the district health plan; the districts will set the targets and the partners will assist the district to meet these targets by working with each of the facilities and communities to implement the plan and use a single M&E system to report on achievements. This approach will serve as a platform to integrate services at a facility level. It will also strengthen district management capacity, improve laboratory services and drug logistics, capacitate health-care providers to deliver quality health services, and strengthen linkages between communities and health facilities. In FY 2010 PEPFAR partners will need to comply with the Basic Conditions of Employment Act particularly as they apply to the "volunteer" model of employment. The SAG has established a new community care-giver policy that outlines workers' benefits and packages including overtime benefits. PEPFAR partners will be required adhere to the legislation, and this will affect their budgets significantly. The National Qualifications Framework (NQF) and South African Qualifications Authority lead the accreditation and learning standard process with relevant unit standards compliance. The NQF is the set of principles and guidelines by which records of learner achievement are registered to enable national recognition of acquired skills and knowledge. Approximately 50% of PEPFAR partners still need to obtain curriculum and program accreditation under this body; this will be mandatory for all partners. The USG will continue targeted interventions to address policy analysis and capacity strengthening in FY 2010 through expanding mechanisms and activities including (1) building the skills of the workforce before entering into the health system and integrating in- and pre-service training; (2) promoting task-shifting and support for new cadres of clinical officers, pharmacy technicians, and data capturers; (3) building capacity among provinces and district s to enable staff to plan and estimate finances for HIV and AIDS services; (4) developing quality assurance and performance standards; (5) improving staff retention, incentives, recruitment and

deployment; (6) leveraging public-private partnerships; (7) strengthening governance and management; (8) developing information systems and M&E skills; and (9) reducing stigma and gender inequalities. All initiatives are consistent with the NSP and the SAG's policies related to human resource management, vulnerable children's rights, policies on social welfare grants programs, and provincial training programs. The USG uses its many links to businesses and the private sector in South Africa to reach the private sector workforce with intentional spillover effects. These efforts focus on integrated workplace programs, private services linked within OVC programs, as well as private sector provision of HIV prevention, counseling and testing, and treatment services for miners, factory workers, and other workers. USG partners are encouraged to explore innovative financing mechanisms. The USG collaborates with other donors to maximize support for human and organizational capacity building, workplace policy development, and public-private partnerships. The USG is an active participant in the European Union (EU) Plus Donor Coordination Group. Other international donors include the government of Belgium, and the United Kingdom's Department for International Development (DFID), which works with the SAG to implement its HRH plan. In addition to industry and labor organizations, other donors involved in HIV workplace policies are Deutsche Gesellschaft für Technische Zusammenarbeit (GtZ), DFID, and Irish AID. The EU, Irish Aid, Swedish International Development Cooperation Agency, and GtZ also support capacity development of NGOs and CBOs, and in FY 2010 many donors and civil society groups will increase their focus on prevention, stigma, and discrimination within their HIV and AIDS programs. The South African National AIDS Council (SANAC) was established in 2000 to provide stronger political leadership and to coordinate meaningful participation in the multisectoral national response to HIV and AIDS. The USG, along with other strategic donors, participates in the SANAC group via the sector-relevant area of health. In FY 2010 the USG will support the invigoration of SANAC and will have a more participatory role in the Global Fund projects to improve coordination of granting mechanisms that are frequently disbursed to the same programs and grantees supported by PEPFAR.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	5,889,767	
Total Technical Area Planned Funding:	**5,889,767**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the lab activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background In 2001, South Africa restructured its public sector medical laboratory service and created the National Health Laboratory Service (NHLS), a parastatal organization partially funded by the National Department of Health (NDOH), complemented 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 and funds the National Institute for 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 the NHLS is comprised of approximately

260 laboratories, which include provincial diagnostic pathology laboratories, tertiary, 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. All PEPFAR-funded laboratory activities have been identified by the SAG and parastatals (i.e., NDOH, NHLS, NIOH, and NICD) to address shortfalls in existing services. In addition, partners address policy or administrative issues that impede full implementation and success of the South African public laboratory programs in support of the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011, antiretroviral treatment (ART) rollout, and the National TB Strategic Plan. As there continues to be unmet need for laboratory services and infrastructural development, the PEPFAR lab portfolio is focused on building systems to enhance service availability and quality. The strong partnership with the national laboratory systems enables the team to strategically align PEPFAR supports around service delivery efforts while the NDOH and NHLS assume financial responsibility for non-service delivery activities such as surveillance and proficiency testing programs. In addition, the USG supports laboratory development in prevention of mother-to-child transmission, biomedical medical prevention, adult and pediatric care and treatment, TB/HIV, and counseling and testing activities. USG staff, including three people from CDC (REDACTED), provide programmatic and technical support to manage the lab program.
Accomplishments and Challenges since FY 2009 COP With the continuing expansion of HIV and TB services within NHLS and with significant increases in Multi –drug resistant/Extensively-drug resistant (MDR/XDR)-TB cases within South Africa, additional support is required to strengthen HIV and TB diagnostic capacity and information management infrastructure. Contributing to this challenge is the imminent addition of the KwaZulu-Natal laboratory system into the NHLS, which has been functioning as a stand-alone public laboratory service within the province. This integration poses si gnificant challenges and PEPFAR may be called upon to provide coordination and technical assistance. The NHLS is leading the integration by linking the current national Laboratory Information Management System with laboratoriesacross the province and by standardizing services and ensuring that appropriate quality assurance measures are in place. The NHLS is expanding HIV diagnostics and treatment monitoring capabilities to all nine South African provinces. Although the NHLS maintains 68 CD4 laboratories in all the provinces, complete coverage within each health district is still incomplete. Fifteen laboratories located in five provinces are able to provide viral load testing, and 11 laboratories in five provinces are able to provide infant PCR diagnostics. NHLS will continue to expand these services to provide at least one CD4 laboratory per health district and to ensure that viral load and infant PCR services are available in all nine provinces. NHLS also recognizes its limited TB laboratory capacity due to high burden and inability to capture and report MDR/XDR-TB cases to the National TB Control Programme. In response, PEPFAR is supporting the NHLS with the roll out of the line probe assay, a diagnostic service that currently exists in six laboratories but will expand to 20 in 2009, with an additional 11 sites in FY 2010. There is an urgent need to provide increased access to TB diagnostic 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. The current system does require strengthening and the NHLS is actively working to improve the capacity and utility associated with this system. The NDOH has requested USG support to develop a National Laboratory Policy, which will be driven by the NDOH and implemented by the NHLS. PEPFAR will assist in coordinating technical assistance, and the policy is expected to include strategic service delivery expansion activities that will improve results dissemination and turn-around-times; to address specimen transport issues, infection control, and training; and ensure reliable national, provincial, and district budgeting applications. In addition, the policy will include key quality assurance measures to assist the NDOH in monitoring the services provided by the NHLS. The activities described in the policy will guide future PEPFAR activities. Strategic Evaluation, Advisory, and Development Consulting (SEAD) is contributing to the development of quality and sustainable systems by assessing the efficiency of the existing pre- and post-analytical phases of the laboratory diagnostic sequences in the clinics that could impact quality and service delivery. The assessment will take place in all provinces and will help to define the limitations imposed on the NHLS by their customers and how best it can assist in addressing those limitations. The NHLS has also recently conducted a customer satisfaction survey, which will inform the future direction of PEPFAR

laboratory assistance. In previous years PEPFAR provided limited direct support to the NHLS, with a significant portion of laboratory activities established within a NICD cooperative agreement. In 2008 a cooperative agreement was awarded to the NHLS, replacing the previous one. This allows for direct laboratory support to the NHLS, NIOH, and to a limited number of existing PEPFAR-supported NICD activities. The new agreement aims to arrive at a 75% service delivery and 25% programmatic and research related portfolio moving into 2010 and 2011, an approach that has been encouraged by the NHLS and NDOH. 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 enhance collaboration with other PEPFAR-funded countries thro ugh the African Centre for Integrated Laboratory Training (ACILT). Expansion of services includes 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 laboratory technical assistance. All regionally supported activities will be funded by requesting countries within their COP submissions and are not directly funded with South African PEPFAR funds. This regional support is deemed critical to the success of other PEPFAR-funded laboratory program areas within Africa. Goals and Strategies for FY 2010 In FY 2010 service delivery activities will be focused on strengthening sustainable systems and developing human capacity, with the expectation that the NHLS and NDOH assume responsibility of costs in the long term. The new priorities for the lab technical supports as identified in partnership with the SAG will continue to influence the direction of the portfolio as the overall PEPFAR program places increasing emphasis on issues of sustainability and quality. Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. 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. In addition, PEPFAR will continue to build long-term sustainability of quality laboratory systems within the NHLS by improving the coordination of activities with other PEPFAR partners (i.e., Toga Integrated HIV Solutions (Toga), Columbia University, and the University of Witwatersrand Health Consortium). 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. 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 health-care workers. Toga, a third year PEPFAR partner, is funded to establish a network of HIV monitoring laboratories and associated service access tools in resource-constrained ART settings in areas where public NHLS laboratory coverage is limited. The organization is based on the framework of an existing private molecular diagnostics laboratory, and the team comprises clinical virologists, scientists, and technologists with considerable experience in the field of molecular biology. Toga is a valuable resource that assists with HIV laboratory support and clinical management. This year Toga has been tasked to make their roll-out activities sustainable, through a strong and coordinated partnership with the NHLS. Sustainability models have been developed, and costing proposals have been submitt ed to the NHLS for review. Toga will provide laboratory services to the NHLS, with the NHLS being reimbursed by the provinces for the services rendered. Toga has deployed six container style laboratories to date, with the goal of 15 by 2012. This number could increase significantly depending on

the level of support required by the NHLS. This year Toga will be evaluated on the demonstration and efficacy of their sustainability models and coordination of a seamless and integrated service delivery model in partnership with the NHLS. During FY 2010 PEPFAR will continue to support NICD's important strategic information activities that help inform the decisions of policy makers and program officials regarding their HIV prevention and ART roll-out programs. These activities include the 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; training of South African epidemiologists and laboratory workers; and collection of trend data on HIV incidence. Additional assistance will be provided to NICD to evaluate HIV incidence testing methodologies, use EQA to monitor PCR DNA testing of infants and of molecular testing associated with ART for the NHLS; provide quality assessments of HIV rapid test kits for the NDOH to assist training staff in 4,000 voluntary counseling and testing sites on proper HIV rapid testing procedures and quality management systems, utilizing the WHO/CDC HIV rapid test training package; implement an operational plan to scale up early HIV diagnosis in infants utilizing PCR testing of dry blood spots; assist the National TB Reference Laboratory in provision of equipment and readiness preparation when completed in late 2009; and provide laboratory training for clinical laboratorians and building temporary student housing to accommodate long term-training sessions, as well as new facilities under ACILT. PEPFAR's FY 2010 assistance to the NHLS will include increasing the national coverage of HIV and TB diagnostics through line probe assay rollout in 10 additional facilities and enhancement of treatment monitoring capabilities. The lab service will also be supported to ensure uniform quality assurance measures among laboratories, support activities to initiate new and strengthen existing EQA programs, strengthen laboratory reporting systems in support of rural clinics and laboratories, promote efforts to synchronize infection control activities in collaboration with the NIOH, facilitate the use of new automated laboratory diagnostic equipment and high capacity instrumentation for high burden diagnostics and service delivery needs, and expand the regional support and collaboration with other PEPFAR-funded countries through the established ACILT

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	31,541,027	
Total Technical Area Planned Funding:	**31,541,027**	**0**

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	48,624,752	
Total Technical Area Planned Funding:	**48,624,752**	**0**

Summary:
Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG)

to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. Currently the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the orphans and vulnerable children (OVC) activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The South African HIV epidemic continues to create a growing number of vulnerable children without adult protection. Children represent 38% of South Africa's population with nearly one third (31.4%) of the country's population younger than 15 years. The 2007 data from the United Nations Millennium Development Goals Index indicates that 1.4 million South African children had been orphaned due to AIDS. National studies and statistics depict an even grimmer picture; recent estimates state that there may be as many as 1.91 million children orphaned by AIDS in South Africa and as many as 3.8 million children have lost one or both parents (21% percent of all children) largely because of the AIDS crisis. Even more children are highly vulnerable because of HIV infection at birth or through unprotected sex, abandonment, and living in households with sick or elderly caregivers or high numbers of children. Many communities can no longer protect the rights of OVC without outside assistance. The USG support for vulnerable children in South Africa focuses on community-based initiatives that keep vulnerable children in their households and communities. The USG approach supports programs that are aligned with the SAG's strategies to support, protect, and strengthen children, families, and communities. In June 2009 the USG provided technical assistance to the Department of Social Development (DOSD) to measure progress made in achieving the goals of the National Action Plan, 2003-2008 and developed a monitoring and evaluation framework for the new National Action Plan for Orphans and Vulnerable Children and Other Children Made Vulnerable by HIV and AIDS, 2009-2012 (NAPOVC) that allows DOSD to track progress against set targets. The USAID Prevention and OVC Team Lead is the program's focal point and is supported by a technical team with a small interagency working group to monitor and review the activities in South Africa. USG staff, including 3.5 people from USAID (REDACTED), provide programmatic and technical support to manage the OVC program. Accomplishments since FY 2009 COP The USG continues to support the DOSD to mitigate the social impact of HIV and AIDS on children in South Africa. Over the last year, the USG has provided intensive technical assistance with monitoring and evaluation, strategic planning and implementation, and the development of guidelines for norms, standards, and practices. With USG support, a Monitoring and Evaluation Framework for the implementation of the Children's Act was developed and staff was trained. In April 2009 DOSD requested USG support via technical assistance for the development of a strategic framework for a national adoption policy aimed at promoting adoption as a means of addressing the growing number of children in distress. Skills and knowledge transfer are important components of the technical assistance provided to DOSD. The USG provides direct assistance to DOSD and works together with local and international partners to improve and scale-up existing, effective OVC programs that provide protection, care, and support to OVC. Given the solid partnership with DOSD, the USG is well placed for further discussions including co-funding activities that will be outlined more clearly in the Partnership Framework. At the end of March 2009, PEPFAR partners had reached 295,692 OVC with services. In addition, 21,572 individual caregivers were trained to provide quality services for children. In collaboration with DOSD, the USG is developing a vulnerable children service directory and web-based database, which will be completed in 2009. This directory will increase the level and effectiveness of referrals for vulnerable children to receive comprehensive services. This will include mapping that will provide information that the USG and DOSD will utilize for strategic positioning of expanded or new service sites. Directory information will be disseminated via multiple channels, including hard copy directories, web sites, CD-ROMs, and short message service (SMS) text message systems. It will include district level maps of service providers and will be a central information resource for referral networks. This information will assist OVC and their caregivers to identify resources; the SAG to ensure its services are available where needed; donors to better program their OVC activities; and partners to better target activities. Most USG programs provide HIV prevention education through a structured modular curriculum based on peer-led prevention and

support group intervention for vulnerable children aged 10-13 who are taught by 16-19 year-old peer educators. This program promotes resilience in OVC children by building or strengthening social structures that provide new skills and support for OVC from their peers and build trust by maintaining strong social connections. The family focused approach is central for USG OVC programs and is an opportunity to integrate counseling and HIV testing, treatment adherence, and home based care interventions for other members of the family during a visit to the household. Community caregivers are also essential to the USG OVC programs. For example, World Vision, South African Catholic Bishop's Conference, Heartbeat, and other PEPFAR-funded OVC partners support community caregivers who conduct home visits and ensure that children and household members have access to information and services. Community members who assume the role of caring for, supporting, and protecting vulnerable children often lack the skills and capacity to respond effectively. In collaboration with DOSD, USG is supporting PATH and Health Development Africa to train community caregivers and increase their knowledge, abilities, and well-being. With a dual focus on community caregiver support and child protection, the Thogomelo Project is designed to be part of the enduring fabric of South Africa's child protection efforts. The Project works with DOSD to develop a nationally accredited skills development program for caregivers, a child protection guidebook, referral guides, and a caregiver toolkit. The training provides guidance on a comprehensive set of topics including self-care, dealing with stress, building a caring community, understanding child protection, responding to child abuse and neglect, increasing HIV and AIDS literacy, and accessing and mobilizing resources. Over the next four years these training materials will be used in a cascading program to reach master trainers, provincial training facilitators, and thousands of community caregivers at the district level. The training and materials also address the DOSD's priorities: the prevention of abuse by early identification, intervention with affected families, and efficient management of abuse cases within the legal and criminal justice system. The Noah's Ark model supports the mobilization of community leadership and strengthens local structures responsible for the protection of OVC. The USG supports 70 of Noah's 107 Arks in Kwa-Zul u Natal and Gauteng, which serve over 15,600 vulnerable children annually. Children below seven are served through the establishment of a Day Care Center (an Ark) where they are engaged in structured early childhood development (ECD) activities. After-care services are provided for school-going children. To strengthen the interventions for school-going children, NOAH launched the Reducing Exploitative Child Labor in Southern Africa program to educate and sensitize children about child abuse, child labor, and other forms of child exploitation. To date, 40 children have completed this program. NOAH volunteers make monthly home visits to identified vulnerable children that are not able to attend the centers. In the interest of sustainability, each Ark is managed independently, tracking and monitoring children according to their needs and the capacity of the Ark and the community it serves. NOAH is currently registering all their ECD centers with the provincial DOSD to ensure that their centers are recognized and assessed by the Government. Goals and Strategies for FY 2010 Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. OVC funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. In FY 2010 the USG and the DOSD will bring together stakeholders to collaboratively review, modify, or develop quality standards for the protection care and support of OVC. The USG recognizes that the DOSD needs to lead this activity and determine the pace. Once developed and shared with stakeholders, these standards will determine the expected level of services delivery and performance be used to assess the overall impact of services provided to each child. The standards will be used by DOSD and partners to define quality and allow stakeholders to measure and improve services. Save the Children UK, Heartbeat and several other partners are currently

field-testing quality assessment tools using a modified version of the Child Well Being Assessment tool as well as the Child Status Index tool. Together with the DOSD, the USG will participate in a public health evaluation in FY 2010 to evaluate adolescent OVC. This activity will enhance USG and DOSD programmatic efforts by providing a better understanding of the situation of adolescent OVC. Better data and increased understanding of the multi-faceted needs of adolescent OVC and identification of OVC interventions that are effective are critical to the scale up of service delivery. To fully implement National Plans of Action for OVC, governments, donors, and program managers need evidence-based information on how to reach more OVC more cost effectively with appropriate services. USG partners will focus on improving the quality of OVC programs, strengthening coordination of care and treatment, and expanding initiatives that reach especially vulnerable children (e.g., under fives, adolescent girls). USG assistance will continue to focus on reaching especially vulnerable populations through Early Childhood Development interventions with Nurturing Orphans for Humanity (NOAH), Children in Distress (CINDI), and Woz'obona Childhood Commu nity Service Group. In collaboration with DOSD, the PEPFAR OVC program will continue to support programs that assist vulnerable children as they transition to adulthood. Most USG-supported OVC programs provide age-appropriate interventions that focus on gender issues, reproductive health information and education, HIV prevention information, and life skills programming. In FY 2010 specific attention will be given to strengthening economic and livelihood interventions and to build stronger exit programs for 18-year-olds that provide them with marketable skills. For example, NOAH collaborated with a local Art College to provide children between 16 and 18 with a seven-month skills development training that culminated in an exhibition, in which art was sold and talented children were offered opportunities for further study. The U.S. Ambassador's HIV/AIDS Community Grants Program will use FY 2010 PEPFAR OVC funds to support South Africa's most promising community-based non-governmental organizations, with a specific focus on building capacity by supporting accredited training programs and creating sustainability through the introduction of income-generating activities. In FY 2010 USG assistance will build local capacity, encourage coordination, and support DOSD strategic programming. A strong focus on innovative gender and child participation interventions will continue despite the challenges faced in incorporating gender into the daily implementation of activities. Training for partners in gender integration (especially in economic livelihood development and vocational training) will be a high priority. At the request of the DOSD, USG will provide assistance in strengthening the human resources capacity to address the needs of vulnerable children. A national priority in South Africa is the commitment to train, educate, re-deploy, and employ a new category of workers in social development. South Africa has not been able to produce enough social workers to meet the demands of needy communities. With the passing of the Children's Act 2005, an estimated 16,000 social workers are needed to implement the services that children are entitled to receive in terms of the Act over the next three years. USG will work with DOSD to develop a program that increases the number of social workers, social auxiliary workers, and child and youth care workers to meet this demand. USAID is also actively working with partners to place Peace Corps volunteers in OVC projects. USG will provide support for building human resource capacity with management training and program skills enhancement training for DOSD's provincial management level. The USG program continues to work with DOSD and other donors to ensure that there is no duplication of effort. As South Africa begins the development of the Partnership Framework, human capacity building is a central theme.

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	7,192,004	
PDTX	23,312,165	
Total Technical Area Planned Funding:	**30,504,169**	**0**

Summary:
Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the pediatric care and treatment activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The USG in South Africa supports pediatric care and treatment policies and services aligned with the South African HIV & & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP). The joint efforts of the SAG and USG have contributed significantly to reaching the NSP's goals and targets. With the support of the PEPFAR program, more than 726,000 people are currently on antiretroviral treatment (ART) in South Africa (as of March 2009), an increase of more than 60% from the previous year. Of these, 57,251 infants and children have been initiated on ART, of which 51,292 remain on ART (as of March 2009). This is slightly less than the SAG target of 15%. However, of the 45,000 new pediatric infections in 2008, only 20,540 started on highly active antiretroviral treatment (HAART). The SAG's goals for the number of children (2-14) on ART for the next three years are 15% of the SAG's goals for total number of people on ART, which is equal to • March 2010 = 148,690 • March 2011 = 201,721 • March 2012 = 252,852 As of 2007 UNAIDS reports that between 230,000 and 320,000 children (0-14 years) are living with HIV in South Africa. While HIV prevalence among women attending antenatal clinics has not significantly changed according to the National Antenatal Sentinel HIV & Syphilis Prevalence Survey (29.3% in 2008, compared to 30.2% in 2005), lack of effectively implemented prevention of mother-to-child transmission (PMTCT) dual and triple therapy as well poor mobilization of women into antenatal care services in certain areas has impeded achieving overall significant reductions in mother-to-child transmission in South Africa. Additionally, the capacity of clinicians to deliver quality pediatric ART and other HIV-related care varies significantly. Supporting clinical training among primary health-care clinicians to deliver pediatric care and treatment has been a priority for PEPFAR South Africa. In addition to the human capacity development activities, emphasis in FY 2009 was placed on early diagnosis for infants and children, the referral of children from PMTCT programs to care and treatment services, integration of PMTCT with early infant diagnosis and treatment programs including routine use of cotrimoxazole prophylaxis, onsite mentorship, and linkages between programs for orphans and vulnerable children (OVC) and pediatric care and treatment programs. USG staff, including 0.25 people from CDC (REDACTED) and 1.55 people from USAID (REDACTED), provide programmatic and technical support to manage the pediatric care and treatment program. Accomplishments since FY 2009 COP Changes in the political leadership in South Africa have allowed for greater synergy in strategic planning and collaboration between the SAG and USG at the national, provincial, and district levels. This partnership has fostered the development of coordinated and critical evaluations of inputs and outcomes at all levels of pediatric HIV care and treatment including the costing and strategic planning for pediatric ART (both in the near- and medium-term). The capacity to deliver pediatric care and ART services varies significantly within the country. To ensure standardization of pediatric ART services, FY 2009 has been devoted to improving access to pediatric care and ART, particularly through training activities and technical assistance to sites, clinicians (doctors and nurses), and counselors. Strengthening the capacity of all primary care clinicians to deliver pediatric care and ART will continue to be a priority in FY2010. In order to reduce duplication and excess costs and inputs, treatment and care partners have been building on their capacity to implement management systems that assure quality pediatric patient outcomes while reducing inefficiencies. Management system priorities have included the following elements: • Implementation of health management information systems (HMIS) systems, which track a child across the continuum of care; • Task shifting/sharing, including support for the advancement of nurse-initiated pediatric ART; • Integration of maternal and child care and treatment services; • Improved scheduling of appointments through adult

maternal and child health (MCH) and pediatric services; • Coordinated MCH and pediatric tracking for addressing loss to follow-up; • Standardized quality assurance across the continuum of care; • sed TB/HIV integration, including requiring improved infection control protocols, coordinated HIV and TB unit tracking and tracing of infants and children as well as the increased use of isoniazid (INH)-preventive treatment; and • Support for activities to ensure timely PCR testing at six weeks, results reporting, and initiation of ART for infants and children. Goals and Strategies for FY 2010 Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. The rationalization process will include a further analysis of the capacity of PMTCT and adult treatment partners to increase early diagnosis and pediatric treatment coverage. Additionally, the USG will focus on supporting the SAG to finalize polices allowing for task shifting of staff, pre-ART care, integration of services within other points of care (including maternal, child, and TB/HIV services), and increasing coverage in areas of need. The USG is currently compiling an inventory of tools, training materials, and protocols developed by PEPFAR-funded partners. Included in this inventory are Quality Assurance/Better Practices tools. Following assessments of the tools, the better practices that are identified will be implemented across partners through baseline assessments across sites and implementation of standardized quality improvement protocols. Additionally, USG partners will report on additional measures of outcomes on their quarterly treatment reports. Lastly, PEPFAR will develop its Partnership Framework with the newly elected SAG over the next year. Within this framework, the primary focus of pediatric care a nd treatment efforts will be an emphasis on sustainability of programming and transition of the management and funding of activities from the USG to the SAG through enhanced technical assistance and training. Additionally, an emphasis will be placed on operationalizing linkages between all pediatric treatment implementation and the National Integrated Prevention of Mother-to-Child Transmission of HIV Accelerated Plan (the A Plan, as described in the PMTCT narrative). COP FY 2010 also includes the following goals: • Increasing the capacity of the SAG to develop, manage, and evaluate care and/or pediatric treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, conducting public health evaluations, and providing infrastructure assistance through technical assistance and training; • Ensuring integration of pediatric ART programs within palliative care, TB, maternal health, OVC, and PMTCT services; • Improving referral systems; • Emphasizing consistent early diagnosis and treatment; • Monitoring and assuring the use of evidence-based preventive treatments like cotrimoxazole and INH; and • Improving tools for dosing infants and children. Care activities in South Africa include adult and pediatric care and support, TB/HIV services and activities, and support for OVC. The key Care and Support priorities focusing on pediatrics 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 health-care 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 care 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 2010 funds will scale up direct delivery of quality palliative care services. Pediatric services place an emphasis on

early diagnosis for infants and children, the referral of children from PMTCT programs to treatment services to integrate HIV and AIDS services more effectively, 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 National Department of Health has also requested that community integrated management of childhood illnesses (IMCI) activities be integrated into the community component of care and treatment. 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 address acceptance of status, disclosure, 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 as per national guidelines receive cotrimoxazole. This package of services will be offered at community level through support groups. 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. Water, sanitation, and hygiene are incorporated in the preventive care package, which all PEPFAR South Africa partners receiving care and support funds should have as part of their intervention strategy. Further, PEPFAR programs are encouraged to ensure that PLHIV, particularly children, have access to safe drinking water in facility based care settings and to support pediatric PLHIV with home-based drinking water treatment methods and safe storage in communities without a reliable source of safe water. While the success of PEPFAR in South Africa is clear, it must be emphasized that the burden of the epidemic in South Africa cannot be underestimated. PEPFAR support is intrinsic to the availability of quality, comprehensive pediatric HIV care and treatment services within South Africa. Without continued, sustained support through PEPFAR-funding for the near- to medium-term, USG life-saving investments in South Africa will be compromised.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	51,091,960	
Total Technical Area Planned Funding:	**51,091,960**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. An additional $15 million has been earmarked for South Africa's prevention of mother-to-child transmission (PMTCT) program to further enhance activities. A comprehensive submission defining specific activities will be prepared for the November review and final submission in January. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning PMTCT activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The South African National Antenatal Sentinel HIV and Syphilis Prevalence Survey shows a slight decrease in HIV prevalence in pregnant women (aged 15-49) over the last 4 years: 30.2% in 2005, 29.1% in 2006, and 28% in 2007, and 29.3% in 2008. However, the prevalence is still relatively high compared to other countries in the region. There are approximately 1 million new pregnancies per year, and based on the above HIV prevalence, 254,000 to 300,000 HIV-infected pregnant women and their infants will need to access effective PMTCT programs

annually. The South African National HIV Prevalence, Incidence, Behavior, and Communication Survey, 2008 (household survey) indicates significant decreases in HIV prevalence in the 2-14 age group: in 2002 prevalence was 5.6%, 3.3% in 2005, and 2.5% in 2008. A national survey on child health care Saving Children, 2005-2007 finds that the in-hospital mortality rate is 5.6% among the 0-18 age group, and of those, 63% were infants (<1 year of age) and 47% were eligible for antiretroviral treatment (ART). An effective PMTCT intervention has the capacity to reduce the transmission rate to less than 5%, thus saving about 75,000 babies annually. Although data on national and provincial estimates on mother-to-child transmission (MTCT) rates and HIV prevalence among 0-2 years are not yet available, several published studies indicate that effective implementation of the current PMTCT policy may reduce the MTCT rate to 7% (conducted in KwaZulu-Natal in 2008) or 4% if PMTCT coverage achieves 100% (conducted in Soweto district, Gauteng). USG staff, including 1.5 people from CDC (REDACTED) and 0.65 people from USAID (REDACTED), provides programmatic and technical support to manage the PMTCT program. National Scale-Up The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) has set a target of decreasing the MTCT rate for the national PMTCT program to 5% by 2011. In February 2008, the NDOH released a new national PMTCT policy that fully integrates PMTCT into comprehensive Maternal, Child, and Women's Health (MCWH) services. The following policy and guidelines were introduced: • Providing routine screening for sexually transmitted infections, particularly syphilis among pregnant women and tuberculosis (TB); • Implementing provider-initiated testing and counseling (PITC) for all pregnant women and retesting at 32 weeks for those who initially test negative; • Providing a dual antiretroviral 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 (CD4 < 200) 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. As part of the national PMTCT program, the National Department of Health (NDOH) recently issued the National Integrated Prevention of Mother-to-Child Transmission of HIV Accelerated Plan (A-Plan) that is based on a bottleneck analysis to fast track strengthening of the PMTCT program with an initial focus on 18 priority health districts in 24 months. These districts were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. The interventions defined in the A-Plan focus on expanding access to and quality of PMTCT services and increasing demand. In addition, the A-Plan will address health systems and programmatic challenges with social mobilization and mass media interventions. It will also educate communities on the benefits of PMTCT in order to promote early booking during pregnancy; increase HIV testing among pregnant women and their partners and families; increase uptake for ARV prophylaxis among pregnant women and HIV exposed babies; promote early initiation of pregnant women on HAART; promote male involvement in PMTCT; and improve infant testing and safe infant feeding. Data quality is a major concern for PMTCT nationally. The PEPFAR-funded Institute for Health Information (University of KwaZulu-Natal) initiated the "20,000 plus project" in partnership with the provincial Department of Health to implement data quality improvement (QI) in three districts (that are part of the A-Plan). The QI process empowers the district managers to identify gaps in their data, use the data for planning, and identify other service related activities that may impact on the quality of data (e.g., the way services are organized and the number of registers per facility based on the service points/stops per day). The QI process has significantly improved the uptake (100% testing rate at all facilities supported) and quality of PMTCT services at the sites. Quality mentors are also provided per facility to mentor the facility staff in this process. PEPFAR will continue to support these efforts and encourage collaboration with other partners to expand these activities in other districts and provinces. Accomplishments since FY 2009 COP With the support from the USG and its implementing partners, PMTCT service delivery is available and accessible at all public hospitals and in about 97% of public clinics, community health centers, and mobile clinics. Data from the District Health Information System (DHIS) shows that 92% (n=1,020,870, exceeding the target of 700,000) of pregnant women attending antenatal care facilities tested for HIV, 78% (n=193,344) of HIV-infected pregnant women received ARV prophylaxis, and 73% of infants born to HIV-infected mothers received ARV prophylaxis from April 2008 to March 2009. However, there are still challenges with data

quality, since the DHIS has not been updated according to the new PMTCT policies and guidelines. With the 2008 PMTCT policies and guidelines, PITC has been scaled up, HIV rapid tests have been utilized nationally, and, for the most part, test results are returned to the women on the same day. Some partners such as McCord Hospital have taken this practice further by linking HIV testing to routine syphilis screening among pregnant women. HIV-infected women are given CD4 tests and screened for TB, while HIV polymerase chain reaction (PCR) testing is offered to all HIV-exposed infants nationally. While PCR testing and TB screening are the standards of care, these services are not universally practiced. The National Health Laboratory Service (NHLS) currently has more than 50 laboratories providing CD4 tests in all nine provinces with plans to expand CD4 testing capacity to each district. Additionally, there are nine laboratories in five provinces that have the capacit y to perform early infant diagnosis through PCR testing. The NHLS plans to increase the number of PCR laboratories to 11 (each equipped and trained in dried blood spot [DBS] testing). Between April 2004 and December 2008, annual PCR tests have increased from 15,000 to 210,000 in South Africa. Since 2003, the USG has been supporting the NDOH through a range of PMTCT services supported by 26 prime partners that work directly at the facility level to facilitate the implementation of the PMTCT program. The support includes operational research leading to policy development, capacity building, implementation of early infant diagnosis, and integration of PMTCT into existing MCWH services including family planning. One of the better practices described in the A-Plan is the work of one of the PEPFAR partners, the Perinatal HIV Research Unit (now known as ANOVA), in Soweto that provides 100% coverage and has resulted in a transmission rate of less than 4%. The A-Plan intends to replicate gold standards of this type in order to achieve 80% coverage throughout the program. PEPFAR, in collaboration with UNICEF and NDOH, supports a national PMTCT evaluation conducted by the Medical Research Council and the University of the Western Cape to measure the effectiveness and impact of the national PMTCT program on the MTCT rates at six weeks of age through early infant diagnosis. This public health evaluation, approved in 2009, is integrated with routine immunization services (1st DPT dose) at the primary health-care center to ensure its sustainability. The NDOH has requested that USG repeat this evaluation next year to help monitor the impact of the national PMTCT program toward the NSP goal of less than 5% MTCT rate. This evaluation will provide strategic direction to both the national and the PEPFAR PMTCT programs and build human capacity. Goals and Strategies for FY 2010 PMTCT is a priority program through which the SAG aims to reach the Millennium Development Goals 4, 5, and 6 that deal with reduction of infant and maternal morbidity and mortality resulting from HIV/AIDS and malaria. With the NDOH's commitment and continued partnership with the NDOH, the 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 2010. Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts. PMTCT funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. The additional $15 million earmarked for PMTCT will be primarily used to support the A-Plan. The overall goal of the FY 2010 PEPFAR program in South Africa is to support the NDOH in improving the quality and coverage of the PMTCT program to achieve less than 5% MTCT rate nationally. The primary objectives are to have o 80% of pregnant women test for HIV at first ANC visit ? 100% of pregnant women who test for HIV receive their test results o 80% of HIV-infected pregnant women receive and complete any ARV prophylaxis regimens per the current national guidelines ? 100% of newborns born to HIV-infected mothers receive and complete ARV prophylaxis regimens per the current national guidelines o 80% of HIV-exposed-newborns receive cotrimoxazole prophylaxis and test for HIV status at six weeks of age (PCR) per the c urrent national guidelines o 80% of HIV-infected mother-infant pairs followed-up until HIV status of the infant is confirmed And improve linkages to ensure that o 80% of HIV-infected pregnant women are linked to care and treatment programs o 20% of HIV-infected pregnant

women are on HAART o 20% of all HIV-infected adults who are enrolled into ART programs are pregnant women o 100% of HIV-infected infants receive care and treatment services per the current national guidelines PEPFAR partners have played key roles in facilitating readiness for implementation of the new policies and guidelines by (1) providing ongoing technical assistance to the provincial and local health structures to address operational challenges; (2) ensuring that all health-care workers receive the necessary policy updates and training; (3) strengthening linkages between antenatal care and HIV service delivery and social services; and (4) strengthening health systems including data quality improvement. In FY 2010 the PEPFAR PMTCT program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps in service delivery. These include ongoing support and supervision for health-care providers and community health-care workers; the promotion of PITC; 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; scale-up of early infant diagnosis services; and neonatal male circumcision. Furthermore, activities addressing cultural attitudes to infant feeding, male involvement in PMTCT and antenatal care, and increased uptake of services will also be supported. The USG will continue to support the NDOH in facilitating quarterly meetings with all partners who are working on PMTCT programs in South Africa, to share lessons learned and prevent the duplication of activities. PEPFAR will work with WHO and UNICEF in supporting the NDOH in adapting and revising the PMTCT, adult treatment, and pediatric guidelines to rapidly achieve the NSP's goal of less than 5% MTCT rate. The government is expected to initiate implementation of these guidelines by 2010. In addition, PEPFAR, in collaboration with the NDOH, is initially reviewing ten health districts with the highest number of avoidable maternal deaths per total deliveries. This is intended to link the A-Plan with the Accelerated Plan for Maternal Health, which will result in a program of action enhancing both plans in the context of the newly launched Maternal, Neonatal, Child and Women's Health Strategy. It will also strengthen the ongoing effort of the Confidential Inquiries into Maternal Deaths.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	29,054,208	
HVOP	26,123,886	
Total Technical Area Planned Funding:	**55,178,094**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the prevention activities. Context and Background South Africa, with a population of 48.5 million, has a highly generalized AIDS epidemic. UNAIDS estimates HIV prevalence among adults aged 15-49 at 18.1%. Among the age groups, estimated prevalence has changed over time. For example, among children age 2-14 prevalence has declined from 5.6% to 2.5%, but among adults age 25+ and adults ages 15-49 prevalence increased slightly over the period. Young females are more vulnerable to HIV infection than their male counterparts: the peak prevalence among females age 25-29 has remained 33% since 2002. Prevalence has reached a new peak of 25.8% among males aged 30-34. The HIV

epidemic is not uniform and varies between and within provinces. The Human Sciences Research Council's (HSRC) South African National HIV Prevalence, Incidence, Behavior, and Communication Survey, 2008 has shown little change since 2005 with prevalence increasing only slightly in all provinces except Free State, KwaZulu-Natal, and Gauteng, where estimates showed small decreases. Recent data from the National Antenatal Sentinel HIV and Syphilis Prevalence Survey, 2008 indicate that one or two districts in each province contribute disproportionately to the epidemic. For example, in three districts of KwaZulu-Natal and one in Mpumalanga, HIV prevalence exceeds 40%. A recent study also showed that in urban informal settlements, which are a magnet for migrants, HIV prevalence in migrant men was twice as high as non-migrants. The vast majority of new infections in South Africa are believed to be a result of multiple and concurrent sexual partnerships in which consistent condom use is very low. Other factors associated with high HIV transmission include age mixing in sexual partnerships, informal transactional sex, and early sexual debut. The mean age at first sex, currently about 17 years, is declining. Alcohol and substance abuse also contribute to risky sexual behavior and rates of sexual violence in South Africa are among the highest in the world. These behaviors, coupled with low rates of circumcision and exacerbated by frequent transmission of sexually-transmitted infections (STIs), are the key drivers of the HIV epidemic. Frequent labor mobility and low marriage rates further contribute to HIV transmission. Knowledge and awareness of HIV and AIDS is fairly high; however, the HSRC survey shows that HIV knowledge has declined among African females aged 20-34 and among African males aged 25-49. The survey also indicates that programs do not have comprehensive reach into older segments of the population. More than a third of adults aged 50+ are not reached by any national programs, and 16% of adults aged 25-49 reported having no exposure to HIV communication programs. Current interventions and communication efforts are not adequately addressing the key drivers of the epidemic. 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 sexual activity in the early stages of HIV infection when people do not know their status and do not take necessary precautio ns with sexual partners exacerbate rapid transmission among these dense sexual networks. The South African government (SAG) recognizes the urgent need to scale up effective HIV prevention programs and the new Minister of Health has publically stated that HIV prevention is among the SAG's highest health priorities. The HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) has the ambitious goal to reduce the rate of new HIV infections by 50% by 2011. To help attain this ambitious goal, the National Department of Health (NDOH) is in the process of finalizing an operational plan that will accelerate scale up of effective prevention programs with an evidence-based approach that address the key drivers of the epidemic. The South African National AIDS Council (SANAC) is expanding its staff and providing stronger leadership for the prevention response. The USG team works in partnership with the SAG and other donors to intensify prevention efforts using a comprehensive, multisectoral, integrated approach. To support the SAG prevention program and to develop a strategic implementation plan, PEPFAR has initiated a series of actions to align the prevention portfolio with the epidemiological evidence and to address the key drivers of the epidemic effectively. USG staff, including 1 one person (REDACTED) from CDC, and 3 people from USAID, provide programmatic and technical support to manage the prevention program. Accomplishments since FY 2009 COP In FY 2009 based on recommendations from the Prevention Technical Working Group, FY 2009 COP reviews, and the PEPFAR Prevention Partners' Summit, the USG reprogrammed more than 30% of its prevention portfolio, accelerated the assessment of the overall prevention program, and developed immediate, mid-, and long-term directions for a strategic focus and to enhance program impact. Because there was already sufficient programming with youth, the prevention portfolio shifted to add emphasis on adults, particularly young women and older men who are at most risk of becoming infected. To address the fragmentation of school based peer education programs, the USG launched a qualitative assessment of peer education activities with the aim of consolidating programs and harmonizing interventions with the Department of Education's objectives. The rapid assessment will consider the coverage, reach, quality, intensity and effectiveness of peer education programs and will also review elements of sustainability. The assessment is expected to begin in November 2009, with results by April for use in reprogramming. During FY 2009 the USG intensified work with the NDOH

serving on a task team to finalize the accelerated HIV prevention operation plan. PEPFAR partners serve on important SANAC task teams including the overall prevention team, the communications working group, and the men's, women's and youth sectors. The PEPFAR team is also engaged in the SANAC committee that oversees the UNAIDS and World Bank supported Know Your Epidemic/Know Your Response effort that will help provincial AIDS councils gather and use information for a more evidence-based approach to prevention activities. Goals and Strategies for FY 2010 Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts that were id entified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. Funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. During FY 2010 in concert with the SAG, the PEPFAR prevention program will progressively apply an epidemiologically and geographically oriented combination approach in areas of highest incidence starting with greater emphasis in informal settlements and high prevalence urban and rural areas. The program will saturate hotspot districts with combination interventions with a strong behavioral evaluation component and data use approach. PEPFAR will also work closely with prevention partners to improve coordination and enhance synergies. For example, a new USAID solicitation will provide technical assistance to selected high prevalence provinces and districts through an active and participatory approach that will engage key stakeholders and facilitate the alignment of prevention actions based on the local HIV epidemic. With the SANAC prevention communication team that includes PEPFAR partners Soul City and Johns Hopkins, the USG will continue to build partner capacity and harmonize prevention messages around the risks involved in plugging into sexual networks, the dangers of inter-generational and transactional sex, and correctly positioning the promotion of condom use in a context of longer term concurrent partnerships. Soul City will continue its OneLove campaign that directly addresses concurrency through TV, radio, soaps, print media, and talk shows. The FY 2010 COP will reinforce community-based interventions to ensure that sexual networks are discussed clearly, graphically, and openly at the community and household levels. With SAG, PEPFAR will also assure coordinated messaging about the key risks through a variety of venues – using mass media; community outreach; and small group and interpersonal discussions at community centers, clubs, clinics, universities, schools, and other venues. The USG will begin to redirect select prevention activities towards more comprehensive programming for high-risk groups. CDC will conduct an assessment of sex workers and men who have sex with men (MSM) to identify programming gaps. Based on the assessment findings, programs will be reoriented to close the gaps and to more strategically address these important populations. Although the epidemic is generalized, the USG will also review and document prevention programs for Most-at-Risk Populations (MARPs), including MSM-who play a role in transmission-to help identify best practices. USG will reinforce targeted interventions with Sex workers in hot spots such as border zones, taxi stops, mining areas etc. The NDOH has called for a concerted effort to provide comprehensive prevention services to this hard-to-reach target population. Potential areas of intervention may include capacity building for service provision at various levels, technical assistance to SAG, and size estimation of the MSM population in South Africa for proper planning and implementation of services. The International Organization for Migration (IOM) will continue working to reach migrant and mobile populations in Limpopo and Mpumalanga provinces with comprehensive prevention education and services. IOM targets young women in their twenties in high transmission areas, including destination communities for migrants. The focus on Prevention with Positives will continue as part of routine clinical and outreach services. In addition, assessments are being made to determine more effective and efficient prevention messages that can be utilized in this arena. Activities to mitigate the risk of STIs include surveillance, quality access to care, and training of health care workers on syndromic management. The 2010 World Cup in South Africa will serve as a

launching pad for numerous prevention efforts. A PEPFAR-supported media campaign fea tures prominent South African soccer players delivering messages about male responsibility, personal risk perception, and community action to support healthy behaviors. The campaign will also target the young women who are at highest risk as well as the role of alcohol and substance abuse in risky behaviors that will be spread to all audiences. A number of PEPFAR partners are actively collaborating with Federation International Football Association (FIFA) to provide prevention programs before, during, and after the games including Grassroots Soccer, the South African Business Coalition on HIV/AIDS, Johns Hopkins University, Kagiso, Academy for Educational Development, and the South African Democratic Teachers Union. Effective media activities will be complemented by expanded community outreach to adult populations, especially men. A new initiative, Brothers 4 Life (B4L) was launched in August 2009 and will promote positive male norms through high visibility advocacy by traditional and governmental leaders and community norm change interventions. B4L joins the forces of more than 40 civil society organizations under the leadership of SAG. As a comprehensive activity, the mass media, linked to community outreach and grassroots social mobilization, should shape new community norms of responsible sexual behavior. CDC is also adapting and piloting an evidence-based Families Matter Program (parent's education) for partners who are implementing the AB program. The program is targeting adolescent parents between the ages of 9-12 years. The rollout will be done by the middle of 2010 once the adaptation is completed. Gender-based violence (GBV) programs will be intensified in 2010. The Population Concern International (PCI) program focuses in areas of highest estimated incidence in two provinces using recommendations from the HSRC survey to deepen the change interventions for social norms that are imbedded in the communities. Working with two well established national women's networks, PCI will also address GBV with a focus on changing male behavior and community and cultural norms. CDC's Funding Opportunity Announcement will support the dissemination and scale-up of evidence-based interventions such as Stepping Stones and the IMAGE study that address poverty and gender-based inequalities on social, behavioral, and biological outcomes. The USG will directly address alcohol and substance abuse issues in relation to increased risky sexual behavior. The Medical Research Council will continue their bar-based intervention that focuses on reducing the rate of unprotected sex among people frequenting taverns. Singizi, a sub-partner to Kagiso TV, will be evaluating a life-skills intervention program aimed at reducing GBV and risks for HIV and increasing responsible drinking with male customers in taverns. NDOH has also asked PEPFAR to develop a policy on this issue.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	17,860,099	
Total Technical Area Planned Funding:	**17,860,099**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the strategic information (SI) activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background The PEPFAR South Africa Strategic Information (SASI) technical area aims to increase alignment of health management

information systems (HMIS) and monitoring and evaluation (M&E) systems to SAG standards and using epidemiologic and program monitoring information to influence decision- and policy-making effectively within the PEPFAR program and with the SAG. SASI will encourage program evaluations of prevention interventions and will strengthen surveys and surveillance efforts, HMIS, data quality, and the use of geographic information systems (GIS) with an overall goal of building comprehensive strategic information (SI) capacity. In the first five years of PEPFAR, the goal was to scale up services rapidly and reach as many people as possible with HIV prevention, care, and treatment services. The South Africa PEPFAR program is proud to have achieved this goal but harmonization with SAG priorities and plans was a challenge. In the past year, the relationship with the USG and SAG has significantly improved. The USG will work towards a technical assistance model with a focus on strengthening the SAG response. The SASI team will play a pivotal role in terms of information used to guide this process. In January 2009 the SASI team requested that a team of SI experts from USG agency headquarters visit South Africa to conduct an external review of the SI portfolio. The primary objective of this visit would have been to guide a long- and short-term vision of the SASI strategy. Unfortunately the review has been postponed until FY 2010. The SASI team plans and implements activities as part of one USG team with final interagency vetting and approval. To improve integration and coordination of all SI activities, the SASI team will begin to utilize SASI team members as technical advisors for all SI activities being implemented by partners. This will greatly enhance the team's ability to plan and lead SI activities that benefit the program. USG staff, including 2.75 people from CDC (REDACTED) and two people from USAID (REDACTED), provide programmatic and technical support to manage the SASI program. REDACTED. The SASI program continues to grow and these positions are crucial to its success. The SASI team hopes to add an Epidemiology Fellow to the staff from the Foreign Epidemiology and Laboratory Training Program (FELTP) graduates to provide capacity building in epidemiology through hands on work and mentorship from CDC and SAG staff. Accomplishments since FY 2009 COP SASI accomplishments for FY 2009 include • Performing data quality assessments on 15 PEPFAR partners to ensure that the data reported to USG are valid and reliable; • Supporting 25 PEPFAR fellows whose primary goal is to build organizational M&E capacity among the S AG and PEPFAR partners; • Expanding the local contract with John Snow Inc's Enhancing Strategic Information (ESI) project to build capacity through workshops held several times per year to focus primarily on district, provincial, and National Department of Health staff; • Developing a PEPFAR-wide partner inventory that provides a wealth of program area specific information by site that will be used for improved strategic programming during FY 2010 to inform COP FY 2011 activities; • Further developing the PEPFAR HMIS strategy and ensuring its alignment with SAG priorities; and • Utilizing two CDC International Experience and Technical Assistance (IETA) fellows to develop and implement a survey and surveillance assessment of PEPFAR funded partners since 2004; data will be used to guide SASI decisions during FY 2010. Despite these accomplishments, the SASI team faces significant challenges that will continue to be addressed in FY 2010: • The tendency for abundant collection and reporting of results-oriented data among all stakeholders without due attention to data use at all levels to inform evidence-based decision- and policy making; • The disparate nature of HMIS among PEPFAR implementing partners and the SAG systems supported by the Departments of Health and Social Development; • Inadequate use of geographic information for spatial analysis for program decision making; • The seemingly poor coordination and lack of sharing of information of SI activities between PEPFAR partners; • Poor data quality in the SAG District Health Information System (DHIS), which is used to report on aggregate health-care service delivery indicators including HIV/AIDS; and • An overall lack of human capacity in the USG country team, resulting in already stretched SASI team members spending time on COP issues and partner management rather than on core SI functions. Goals and Strategies for FY 2010 Additional goals, strategies and implementation plans for the following year are outlined below by discipline. M&E The SASI team developed the web-based Data Warehouse (DW) to which PEPFAR partners submit their plans and reports. While the DW has received much praise and has even been seen as a model for other PEPFAR countries, it should be noted that there are concerns among the SASI team about the wider use of data in the DW, its complete focus on USG reporting, and the creation of a parallel M&E system in the country. Therefore, in FY 2010 a priority is placed on transitioning the DW to using the DHIS or DHIS-compatible system for monitoring PEPFAR results. Over

the next 18 months, the SASI team will work with the ESI project to implement the interface that will allow the USG and the SAG to access PEPFAR data, which will improve the data quality in DHIS, increase the transparency of PEPFAR-supported activities, and improve capacity for informed decision-making. The SASI team continues to lead the formulation and review of country targets. In previous years, the direct targets were a sum of partner targets. However, for the FY 2010 COP the USG team has decided to set targets based on overall program objectives. A key focus in FY 2010 will also be to review results more frequently to increase the use of the data collected. Currently, all partners report treatment activities on a quarterly basis by site. All other partners report on a semi-annual and annual basis. However, with the transition to DHIS, partners will likely be reporting at the site level so that results can be attributed to a geographical area. This will allow USG to determine whether people are being reached in areas where the drivers of the epidemic and the needs are the greatest. In an effort to strengthen health systems, the USG has held initial discussions about managing partners in collaboration with local government at district level. The aim is to decrease competition between partners, to improve collaboration, and to all ow the SAG to be more directive at the level of program implementation. This would entail setting district level targets guided by district SAG personnel whereby the PEPFAR partners and other stakeholders would collaborate to achieve these broader objectives. M&E capacity building continues to be a key priority and is carried out by USG staff and by implementing partners, primarily ESI. Activities include the Foundation for Professional Development (FPD) PEPFAR Fellowship Program where recent South African master's level graduates are placed within the SAG or with PEPFAR partners; M&E training focused on data for decision making; and seconding staff at the national and provincial level for M&E. Finally, the SASI team leads the coordination of Public Health Evaluations (PHEs). Key evaluations that are supported or will be supported in FY 2010 are the national prevention of mother-to-child transmission and the antiretroviral treatment evaluations. In general, the PHE process has been a major challenge with seemingly insufficient staff at OGAC to manage the process resulting in major delays in protocol approval. In addition, coordination of multi-country PHEs with insufficient staff at the country level and confusion about processes has resulted in delayed implementation. HMIS To date there has not been a comprehensive SAG HMIS strategy. As a result, the SASI team looks for key opportunities to leverage PEPFAR resources toward the use of systems that complement existing SAG systems and help achieve harmonization. In FY 2010 HMIS will work closely with the NDOH to address the challenge of harmonizing systems toward national standards. The USG team has responded to a recent request by the SAG to conduct an independent assessment of nine patient management systems to determine which ones align the best with SAG priorities. In FY 2010 the SASI team will use the results of the assessment and subsequent recommendations from the NDOH to determine HMIS activities with regard to system implementation and customization. In addition, USG will continue to work towards the recommendations from the 2008 USG HMIS assessment of PEPFAR treatment partners and will specifically focus on the issues of ? Developing standards (vocabulary, health data, messaging and data transferability/transportability standards) and tools (application program interfaces) for system interoperability; ? Testing and assessing identified solutions for routine health data collection at facility level and electronic register systems; ? Establishing structures that will ensure systems sustainability during rapid program scale-up; ? Enhancing the technical working relationship between the PEPFAR/USG team and the SAG at all levels, but particularly at sub-national levels; ? Building human capacity in the fields of health informatics and health information systems; and ? Assisting with the fostering of a culture of health data confidentiality, security, and privacy. A Public Health Informatics Fellow has just joined the SASI team and will be supporting these efforts over the next two years. The HMIS track of the FPD PEPFAR Fellowship Program will also recruit its first fellows during FY 2010. Surveys and Surveillance Surveillance activities in the general population are primarily supported through parastatal organizations including the National Health Laboratory Services, the Medical Research Council, and the Human Sciences Research Council (HSRC) and include prevalence and incidence surveys, communication surveys, and most-at-risk population surveillance. In addition, for FY 2010 a Demographic Health Survey is being planned by SAG, and PEPFAR will most likely co-fund the initiative. Antenatal care prevalence surveys are done annually and completely supported by SAG. The parastatal organizations and the SAG drive the process; PEPFAR provides partial but substantial support. The

SASI team provides technical assistanc e with survey design and implementation and has recently been involved in analyses and data dissemination. The 2008 National Household Survey was just completed by HSRC (almost exclusively funded by PEPFAR) and the initial report has just been released. Based on modeling, the incidence among teenagers seems to be decreasing. During FY 2010 the SASI team will continue to work closely with HSRC to analyze these results and determine the reliability. In FY 2009 Johns Hopkins University, in collaboration with other PEPFAR partners implemented the second national communication survey to monitor trends in behavior in relation to media exposure. The SASI team plans to use information from both major surveys to inform prevention interventions in the country. In efforts to improve understanding of the scope of all past and current surveillance and survey activities using PEPFAR funds, the SASI team developed and is conducting a survey and surveillance assessment (SSA). The objectives of the SSA are to create an inventory of all the survey and surveillance activities dating back to the start of PEPFAR funding. The information gathered on populations targeted, location of sites, methodology, co-funding, data analyses, and data dissemination will be used to guide decision-making and develop concrete recommendations regarding next steps in the USG's strategic surveillance planning for PEPFAR. The SASI Team plans to incorporate surveillance activities and survey findings into its capacity development activities to enhance data use among the USG, partners, and stakeholders. The analysis and further use of these survey results will be an important set of activities for FY 2010. 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 for specific NDOH programmatic units. GIS Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. SI funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. This database will also allow for spatial data analysis aligning program results with service delivery locations.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	35,433,494	
Total Technical Area Planned Funding:	**35,433,494**	**0**

Summary:

Introduction This year represents a very important transition year for the PEPFAR program in South Africa. The United States government (USG) is working closely with the South African government (SAG) to achieve the long-term goal of SAG ownership of PEPFAR-supported programs and to define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase USG efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major program rationalization effort to enhance sustainability and increase efficiency. This rationalization will provide the basis for the Partnership Framework, mainstreaming, and realigning the TB/HIV activities. Since the process is ongoing, it is anticipated that there will be significant reprogramming in the coming year. Context and Background According to WHO, South Africa has one of the highest TB rates in the world and is one of 22 high TB burden countries worldwide, ranking 5th in

total number of TB incident cases and 4th in the total number of drug-resistant TB cases reported in 2007. In 2007 South Africa was estimated to have 461,000 incident cases of TB, an estimated incidence rate of 948 per 100,000 people. However, according to the National TB Programme (NTP) data, a little more than 350,000 cases of TB were reported. The NTP results for 2007 showed a case detection rate of new smear positive TB cases of 78% (WHO target: 70%); the cure rate was 62.5% (WHO target: 85%); and the defaulter rate was 8.2% (WHO target: <5%). High treatment interruption and low treatment success rates, compounded by the HIV epidemic, are contributing to the rapid emergence of drug-resistance. Between 2004 and 2008, South Africa reported 26,683 cases of multidrug-resistant TB (MDR-TB) and 1,891 cases of extensively drug-resistant TB (XDR–TB). It is likely that these numbers only represent a small proportion of the true extent of the problem. Of all TB cases notified in 2007, 136,247 (39%) were tested for HIV. Of those, 87,764 (64%) were HIV-infected. Of the HIV-infected TB patients, 58,801 (67%) received cotrimoxazole preventive therapy and 31,040 (35 %) were reported as having been initiated on antiretroviral therapy (ART). However, routine TB screening among people living with HIV has been low thus far. Of the 379,672 HIV-infected patients enrolled for care or ART in 2007, 150,092 (40%) were screened for TB and 15,521 (4%) were successfully started on TB treatment. Only 5,642 patients were started on isoniazid preventive therapy. South Africa adopted the WHO DOTS (directly observed treatment, short-course) strategy in 1996 and expanded it to all districts in the country. DOTS expansion across the nine provinces remained the focus of first TB Strategic Plan for SA, 2001-2005. In 2005, South Africa declared TB a national crisis and developed a TB Crisis Management Plan focusing on provinces and districts with a particularly high burden of TB and poor treatment outcomes. In 2007, the National Department of Health (NDOH) created a separate TB Directorate and wrote a second five-year TB Strategic Plan for SA, 2007-2011 that highlights TB/HIV collaboration as a priority for all provinces. Phased implementation of TB/HIV collaborative activities started in 2002. In 2007, NDOH started collecting TB/HIV data, through the Electronic TB Register, and systematically generated TB/HIV activity reports. In 2009 the NDOH identified 18 priority districts where TB/HIV activities should be rapidly expanded. Additionally, the HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011 (NSP) emphasizes the integration of TB and HIV services. USG staff, including 1.75 people from CDC (REDACTED) and two people from USAID, provide programmatic and technical support to manage the TB/HIV program. Staffing for TB/HIV activities has been slow and several staff have been covering more than one technical area. Accomplishments since FY 2009 COP USG and PEPFAR are supporting the NDOH in its efforts to implement and strengthen integrated TB/HIV programs and services. In 2009, 34 PEPFAR partners received funding to support TB/HIV program implementation at different levels. These included most of the treatment partners who routinely receive a TB/HIV budget to ensure strong collaboration, smooth referrals, and adequate access to care and treatment for TB and HIV. Several PEPFAR partners worked closely with the SAG at national and provincial levels to update policy, develop and disseminate guidelines, support advocacy, communication, and social mobilization programs, develop and provide training, and implement program monitoring and evaluation tools. Most PEPFAR support, however, was targeted at the service delivery level, with some partners providing services independently, while most supported NDOH service delivery sites. Levels of support to NDOH sites vary among partners, but common elements were minor infrastructural improvements; supply of equipment; provision and training for doctors, nurses and lay workers; and provision of technical assistance and mentoring. Support to HIV/AIDS service providers revolves around the scaling-up of the three I's (as recommended by WHO and NDOH). These consist of • Intensified TB case finding, including referrals for TB diagnosis and treatment; • Isoniazid Preventive Therapy for all HIV-infected clients without active TB disease; and • Infection prevention and control. Support to TB diagnostic and treatment facilities includes • Implementation of cotrimoxazole preventive therapy for all TB patients; • Scale-up of provider-initiated HIV testing and counseling; • Referral of HIV-infected people for clinical assessment and enrollment in HIV care and treatment programs; • Where appropriate, initiation of ART within TB clinics, including the MDR-TB treatment facilities; and • Integration HIV testing into the electronic TB register. Although the need for integration of TB and HIV services has been fully recognized and collaborative efforts are being scaled up, TB and HIV programs continue to be implemented separately. Strategies that were outlined in the NTP's strategic document Common Agenda for Action (related to collaborative

activities among TB, HIV/AIDS and STI services) have not been fully realized because of inadequate detail on how such collaboration is to be achieved at district and facility levels. Nevertheless, several PEPFAR partners have been instrumental in the development of strong models of TB/HIV integrated services that are suitable for scale-up. Goals and Strategies for FY 2010 TB/HIV programming will remain a PEPFAR priority in FY 2010. PEPFAR programs will build on prior efforts and achievements and in FY 2010 will be even better aligned with the NDOH programs and objectives. A process of in-depth consultative meetings with NDOH, both at national and provincial levels, will inform PEPFAR of the most current TB/HIV related priorities, and programs will be adjusted accordingly. Following an analysis of a recently completed PEPFAR Partner Inventory of activities throughout service delivery (including training, staffing support, capital expenses, and policy development) and the location of these services, meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services and respond to SAG priorities. The Partner Inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners and will focus partner resources towards specific nodes in need of intensified support. Where applicable, focus will be given to the 18 priority districts, which were identified by the NDOH using a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. TB/HIV funds reserved in a To Be Determined (TBD) mechanism will be used to respond to these needs. PEPFAR will continue to support efforts to strengthen collaboration between TB and HIV programs at all levels and improve coordination for joint policy development, planning, implementation, and monitoring of activities. PEPFAR will support the NDOH with the development and finalization of policies and guidelines, specifically on intensified case finding, isoniazid (INH) preventive therapy and TB infection prevention and control. In addition, PEPFAR will continue to support the development of appropriate surveillance systems for TB/HIV and help produce better information products to document best practices and to inform program management at all levels. At the implementation level PEPFAR partners will continue to provide support to increase access to integrated TB/HIV services by providing infrastructural support, equipment, and personnel where necessary. Partners will provide training and technical assistance for staff working in both TB and HIV services and develop systems that ensure effective patient referrals between TB and HIV services as well as between these services and community and home-based care. As such, PEPFAR partners will assist service delivery sites to scale up the actual implementation of intensified TB screening and ensure proper referrals for TB diagnosis or INH preventive therapy. They will continue to promote provider-initiated HIV counseling and testing for TB patients with prompt referral for HIV care and treatment services. PEPFAR partners will also work with hospitals and clinics to improve infection control systems in order to limit the spread of TB. PEPFAR, in collaboration with the NDOH and National Health Laboratory Service, will continue to support the building of laboratory capacity to ensure timely quality assured laboratory services for TB/HIV, including rapid diagnostics for TB and MDR-TB. This includes activities that enhance good practices in sputum collection, improve the turn-around of TB test results, ensure availability of HIV test kits, and enhance quality assurance programs for HIV testing. Activities to prevent, detect, and manage MDR-TB patients include infection control, as mentioned above, and support for a dedicated information and management system for MDR-TB. Besides their support to the dedicated MDR-TB treatment facilities throughout the country, PEPFAR partners will work with provincial health departments to ensure appropriate case management of all suspected and confirmed MDR-TB patients. This will include support for social mobilization models that inform and engage communities to reduce stigma, improve early access to diagnosis and care, and enhance community-based directly observed treatment through initiatives such as home-based care and tracer programs. The PEPFAR TB/HIV program is complemented with Child Survival and Global Health funds appropriated to USAID to provide extensive support to implement NTP's strategic plan at all levels. A PEPFAR TB/HIV Task Force is established to guarantee coordination of both programs. In addition, the PEPFAR TB/HIV team liaises with several other international donors to ensure collaboration. International donors supporting TB/HIV activities include Belgian Technical Corporation, UK DFID, Italian Institute of Health, Japanese International Cooperation Agency, Bill and Melinda Gates Foundation, the European Union, and the Global Fund. In FY 2010 PEPFAR will increase its coordination efforts to reduce duplication of programs and resources.

Collection and review of up-to-date information on other donor supported TB/HIV activities will feed into PEPFAR's efforts to develop, in collaboration with the NDOH, a more concrete TB/HIV strategic plan (as part of the Partnership Framework).

Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7216	Academy for Educational Development	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	491,608
7221	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	4,462,849
7222	Education Labour Relations Council	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,294,726
7223	South Africa Military Health Service	Implementing Agency	U.S. Department of Defense	GHCS (State)	742,109
7224	Tshepang Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,057,252
7225	South African Democratic Teachers Union	NGO	U.S. Department of Health and Human	GHCS (State)	1,441,591

			Services/Centers for Disease Control and Prevention		
7226	South African Business Coalition on HIV and AIDS	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,034,488
7227	Salesian Mission	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	491,608
7228	Montefiore Hospital	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	540,768
7306	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (State)	4,070,202
7307	JHPIEGO SA	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	491,608
9458	Kheth'Impilo	Implementing	U.S. Agency for	GHCS (State)	8,294,414

		Agency	International Development		
9459	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	1,699,083
9460	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	3,559,721
9461	Africa Center for Health and Population Studies	NGO	U.S. Agency for International Development	GHCS (State)	4,448,054
9462	African Medical and Research Foundation, South Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	811,030
9463	African Medical and Research Foundation, South Africa	NGO	U.S. Agency for International Development	GHCS (State)	1,722,967
9464	Africare	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,309,274
9465	AgriAIDS	NGO	U.S. Agency for International Development	GHCS (State)	438,557
9466	American Association of Blood Banks	NGO	U.S. Department of Health and Human		

			Services/Centers for Disease Control and Prevention		
9467	Solidarity Center	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	965,080
9468	American International Health Alliance	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	582,543
9469	Anglican AIDS & Healthcare Trust	Implementing Agency	U.S. Agency for International Development	GHCS (State)	966,148
9471	Aurum Health Research	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	17,525,493
9472	Boston University	University	U.S. Agency for International Development	GHCS (State)	590,835
9473	Broadreach	NGO	U.S. Agency for International Development	GHCS (State)	17,646,716
9474	Care International	NGO	U.S. Department of Health and	GHCS (State)	3,348,180

			Human Services/Centers for Disease Control and Prevention		
9475	CARE South Africa	NGO	U.S. Agency for International Development	GHCS (State)	3,010,035
9477	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	470,888
9478	Catholic Relief Services	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9480	Child Welfare South Africa	NGO	U.S. Agency for International Development	GHCS (State)	1,612,281
9481	University of Western Cape (University of Western Cape)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,219,130
9482	University of Washington	University	U.S. Department of Health and Human Services/Health	GHCS (State)	3,432,407

			Resources and Services Administration		
9488	University of Stellenbosch, South Africa	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,639,663
9490	University of Pretoria, South Africa	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	355,025
9491	Walter Sisulu University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,003,752
9492	Wits Health Consortium, NHLS	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	327,036
9493	World Vision South Africa	FBO	U.S. Agency for International Development	GHCS (State)	3,951,533
9496	Xstrata Coal SA & Re-Action!	NGO	U.S. Department of Health and	GHCS (State)	3,204,956

			Human Services/Centers for Disease Control and Prevention		
9497	University of KwaZulu-Natal, UKZN innovation(Pty)ltd	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,300,526
9498	University of KwaZulu-Natal, Nelson Mandela School of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	480,598
9499	Childline Mpumalanga	NGO	U.S. Agency for International Development	GHCS (State)	635,000
9500	Children in Distress	NGO	U.S. Agency for International Development	GHCS (State)	970,905
9502	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	17,238,533
9503	Columbia University Mailman School of Public Health	University	U.S. Agency for International Development	GHCS (State)	2,537,945

9506	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State), Central GHCS (State)	11,995,271
9507	Engender Health	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,013,140
9508	Youth for Christ South Africa (YfCSA)	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	560,698
9509	St. Mary's Hospital	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,169,618
9510	Ubuntu Education Fund	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	715,507
9511	Starfish	NGO	U.S. Agency for International Development	GHCS (State)	776,724
9513	TBD	TBD	U.S. Agency for International	Redacted	Redacted

			Development		
9515	Toga Laboratories	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,172,108
9516	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,522,991
9519	South African Clothing & Textile Workers' Union	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,388,114
9521	South African Catholic Bishops Conference AIDS Office	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	16,624,320
9522	National Health Laboratory Services	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	12,073,862

9523	Nozizwe Consulting	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9524	Nurturing Orphans of AIDS for Humanity SA	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,940,062
9525	Pact, Inc.	NGO	U.S. Agency for International Development	GHCS (State)	4,859,280
9526	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development		
9527	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,013,688
9529	South Africa National Blood Service	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000
9531	Soul City	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	7,580,934

			Prevention		
9532	Senzakwenzeke	NGO	U.S. Agency for International Development	GHCS (State)	250,000
9533	Scripture Union	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	795,171
9534	Scientific Medical Research	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9535	Save the Children UK	NGO	U.S. Agency for International Development	GHCS (State)	3,296,221
9537	Salesian Mission	FBO	U.S. Agency for International Development		
9539	Medical Care Development International	NGO	U.S. Agency for International Development	GHCS (State)	840,803
9540	Medical Research Council of South Africa	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	10,191,610
9543	Right To Care, South Africa	NGO	U.S. Agency for International	GHCS (State)	466,032

			Development		
9544	Right To Care, South Africa	NGO	U.S. Agency for International Development	GHCS (State)	34,808,971
9547	Family Health International	NGO	U.S. Agency for International Development	GHCS (State)	2,770,604
9548	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9549	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHCS (State)	27,247,006
9550	Fresh Ministries	FBO	U.S. Agency for International Development	GHCS (State)	2,971,822
9552	GOLD Peer Education Development Agency	NGO	U.S. Agency for International Development	GHCS (State)	407,780
9553	GRIP Intervention	NGO	U.S. Agency for International Development	GHCS (State)	490,306
9554	Hands at Work in Africa	FBO	U.S. Agency for International Development	GHCS (State)	917,595
9555	Medunsa University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	242,726
9557	Mothers 2 Mothers	NGO	U.S. Agency for International	GHCS (State)	6,577,879

			Development		
9558	Mpilonhle	NGO	U.S. Agency for International Development	GHCS (State)	1,234,020
9560	National Association of Childcare Workers	NGO	U.S. Agency for International Development	GHCS (State)	4,688,007
9562	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	613,611
9563	National Department of Correctional Services, South Africa	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9569	National Department of Education	Host Country Government Agency	U.S. Agency for International Development	GHCS (State)	2,213,176
9572	Population Council SA	NGO	U.S. Agency for International Development	GHCS (State)	2,207,838
9574	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,467,637
9575	Project Concern International	NGO	U.S. Agency for International	GHCS (State)	3,101,847

			Development		
9577	Reproductive Health Research Unit, South Africa	University	U.S. Agency for International Development	GHCS (State)	23,205,006
9578	Research Triangle Institute, South Africa	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,973,188
9579	Health and Development Africa	NGO	U.S. Agency for International Development	GHCS (State)	645,651
9580	Futures Group: Health Policy Initiative	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,970,936
9581	Health Science Academy	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	922,360
9582	Heartbeat	NGO	U.S. Agency for International Development	GHCS (State)	760,946
9583	HIVCARE	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9584	Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	Implementing Agency	U.S. Agency for International Development	GHCS (State)	12,743,084

9585	John Snow, Inc.	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9586	Kagiso	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,703,310
9589	Leonie Selvan	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9590	Lifeline Mafikeng	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	235,444
9591	LifeLine North West - Rustenburg Centre	NGO	U.S. Agency for International Development	GHCS (State)	363,118
9592	Living Hope	FBO	U.S. Agency for International Development	GHCS (State)	390,235
9593	Management	NGO	U.S. Agency for		

	Sciences for Health		International Development		
9594	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	5,108,875
9602	Hope Education	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	779,634
9604	Olive Leaf Foundation	FBO	U.S. Agency for International Development	GHCS (State)	2,943,974
9605	Hospice and Palliative Care Assn. Of South Africa	NGO	U.S. Agency for International Development	GHCS (State)	8,998,687
9606	Human Science Research Council of South Africa	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,001,021
9607	Humana People to People in South Africa	NGO	U.S. Agency for International Development	GHCS (State)	1,674,009
9608	Ingwavuma Orphan Care	NGO	U.S. Agency for International Development	GHCS (State)	939,804
9609	Institute for Youth Development	NGO	U.S. Department of Health and Human Services/Centers	GHCS (State)	4,497,942

			for Disease Control and Prevention		
9610	International Organization for Migration	Multi-lateral Agency	U.S. Agency for International Development	GHCS (State)	1,650,538
9611	JHPIEGO	NGO	U.S. Agency for International Development	GHCS (State)	1,135,958
9613	McCord Hospital	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	6,396,243
9813	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHCS (State)	4,614,710
9816	AIDSTAR PATH	Implementing Agency	U.S. Agency for International Development	GHCS (State)	1,650,538
9817	Anova Health Institute	Implementing Agency	U.S. Agency for International Development	GHCS (State)	21,536,315
9821	University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	3,335,888
9827	Columbia	University	U.S. Department	GHCS (State)	485,452

	University Mailman School of Public Health		of Health and Human Services/Health Resources and Services Administration		
9828	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
9834	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		Redacted
9836	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9838	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		Redacted
9840	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and		Redacted

			Prevention		
9842	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9845	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9846	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		Redacted
9847	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9865	National Department of Health, South Africa	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	4,227,758
9866	South Africa National Defense Force, Military Health Service	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	2,403,495
9887	CompreCare	NGO	U.S. Agency for International Development	GHCS (State)	1,725,000
9957	Tuberculosis Care Association	NGO	U.S. Department of Health and Human	GHCS (State)	2,926,306

			Services/Centers for Disease Control and Prevention		
9958	Sophumelela	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9960	Woord en Daad	FBO	U.S. Agency for International Development		
9968	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
9969	TBD	TBD	U.S. Agency for International Development		Redacted
9994	Genisis Trust	Implementing Agency	U.S. Agency for International Development		
9995	Woz'obona	Implementing Agency	U.S. Agency for International Development	GHCS (State)	270,000
10040	Children's Emergency Relief International	NGO	U.S. Agency for International Development		
10041	JHPIEGO	NGO	U.S. Agency for International Development		

10055	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
10804	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
10805	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11498	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	552,200
11500	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	1,430,000
11510	National Department of Health, South Africa	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	7,969,703
12508	National Institute for Communicable Disease/STIRC	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000

12509	WamTechnology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	418,497
12510	South Africa Partners	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	613,612
12511	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12512	Childline South Africa	NGO	U.S. Agency for International Development	GHCS (State)	500,000
12513	Grassroots Soccer	NGO	U.S. Agency for International Development		
12514	Southern African Human Capacity Develp. Coalition	Implementing Agency	U.S. Agency for International Development	GHCS (State)	485,452
12515	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12516	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted

12517	National Institutes of Health- Fogarty International Center	Implementing Agency	U.S. Department of Health and Human Services/National Institutes of Health	GHCS (State)	200,000
12518	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12519	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12520	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12521	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12522	Research Triangle Institute, South	Private Contractor	U.S. Agency for International		

	Africa		Development		
12523	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12524	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12525	Tshwane Leadership Foundation	Implementing Agency	U.S. Agency for International Development		
12526	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12527	American Council on Education	NGO	U.S. Agency for International Development		
16305	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7216	**Mechanism Name: CDC CT FOA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 491,608	
Funding Source	**Funding Amount**
GHCS (State)	491,608

Sub Partner Name(s)

LifeLine Southern Africa	South African National Council on Alcoholism and Drug Dependence	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7216**

Mechanism Name:	CDC CT FOA		
Prime Partner Name:	Academy for Educational Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	491,608	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7221	**Mechanism Name: TB - TASC**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,462,849	
Funding Source	**Funding Amount**
GHCS (State)	4,462,849

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Policy, Tools, and Service	250,000

Delivery	

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7221		
Mechanism Name:	TB - TASC		
Prime Partner Name:	University Research Corporation, LLC		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	4,462,849	

Narrative:

The project plans to construct Park homes to serve as TB focal points in at least 5 Gauteng hospitals that have been identified by the Gauteng DOH TB Program. Currently TB patients diagnosed in hospital get lost in the process after discharge and sometimes are not able to access treatment. The objective of a TB focal point would be to ensure that patients diagnosed with TB receive counseling on TB disease and management, counseling and testing for HIV and appropriate referral for follow up care.

In other Provinces, there are structural challenges related to space and compliance with infection control measures that make it difficult to properly integrate TB and HIV. This results in TB patients being unable to access HIV care in particular HAART when needed. The project will construct park homes in at least 2 clinics in KwaZulu Natal and 3 in other Provinces. REDACTED

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7222	**Mechanism Name: Education Labour Relations Council - Prevention, Care and Treatment Access Project**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Education Labour Relations Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,294,726	
Funding Source	**Funding Amount**
GHCS (State)	1,294,726

Sub Partner Name(s)

American Federation to Teacher Education Foundation	Cape Teachers Professional Association	National Professional Teachers' Organisation of South Africa
National Teachers Union	Professional Educators Union	Suid Afrikaanse Onderwyserunie

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7222**
Mechanism Name:	**Education Labour Relations Council - Prevention, Care and Treatment Access Project**
Prime Partner Name:	**Education Labour Relations Council**

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	360,230	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	453,898	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	480,598	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7223	**Mechanism Name: Masibambisane 1**
Funding Agency: U.S. Department of Defense	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Military Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 742,109	
Funding Source	**Funding Amount**
GHCS (State)	742,109

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7223**
Mechanism Name:	**Masibambisane 1**
Prime Partner Name:	**South Africa Military Health Service**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	97,090	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	115,295	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	48,545	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	20,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	OHSS	48,545	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	97,090	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	266,999	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	48,545	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7224	**Mechanism Name: Tshepang Trust**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tshepang Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,057,252	
Funding Source	**Funding Amount**

GHCS (State)	2,057,252

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7224**		
Mechanism Name:	**Tshepang Trust**		
Prime Partner Name:	**Tshepang Trust**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	55,050	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	966,015	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	156,213	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	837,594	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	42,380	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7225	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Democratic Teachers Union	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,441,591	
Funding Source	**Funding Amount**
GHCS (State)	1,441,591

Sub Partner Name(s)

(No data provided.)

Overview Narrative

BACKGROUND OF UNION STRUCTURE, SPREAD AND MEMBERSHIP

The South African Democratic Teachers Union (SADTU) has a membership of 235, 000 educators spread out in the nine provinces of South Africa. The structural leadership of SADTU consists of national office bearers based at the national office in Johannesburg, provincial office bearers based in the nine SADTU provincial offices, regional office bearers in 5 to 7 regional offices per province, up to a total of 54, and 553 branch office bearers in offices within each region. Each branch is made up of about 100 schools (sites). SADTU also has site leaders in each school, represented by the secretary, education/gender convener and a site steward. Most educaotrs in schools are SADTU memebers, SADTU being the largest teacher union in South africa. Union events are held regularly during the year at different structural levels, which may be branch meetings, regional meetings, provincial meetings or national events. In addition, committee members within and across structures meet to discuss related programmes. HIV&AIDS programmes fall under the gender desk, which is a structural desk beginning at site upto national level, led by the Vice President for Gender. The HIV&AIDS pandemic affect union members at all levels and since educators work with learners on a daily basis, they are also faced with the problems of dealing with orphans and vu2lnerable children daily. According to the 2005 ELRC(HSRC) study, the HIV prevalence amongst educators was 12%, which was the same as in the general population. However, in 2006, the public antenal clinic HIV prevalence rates from the Health Systems Trust reflected a high HIV Prevalence in six provinces as follows: EC(28.6%), KZN(37.4%) MP(32), FS(31.1%), GP(30.3%) and NW(29%). Since the educators general HIV Prevalence was similar to that of the general population, it can be assumed that these ANC statistics are also typical amongst educators.

The PPCT-OVC 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. The programme seeks to reduce the impact of the HIV&AIDS pandemic by implementing activities in five programme areas; Sexual Prevention, Other Prevention, Counselling and Testing, Care and Strategic Information and Policy. This programme has been implemented incrementally in six provinces, largely amongst union members in all the nine provinces of South Africa as well as amongst learners in selected schools. Since it began in Eastrn Cape, Kwa-Zulu Natal and Mpumalanga provinces in 2007 - 2008, in 2008 - 2009 implementation was begun in Gauteng, Free State and North West Provinces and in the 2009 - 2010 period it now includes all nine provinces. During this period, 2010 - 2011 the SADTU aims to develop more sustainable mechanisms building on what has been gradually being achieved through continued positive interaction hrough collaborative action with the provincial Departments. Memoranda of Agreement with the Department of Health in the various provinces have been slow from beurocratic processes, however collaboration has been possible in the form of structural support for VCT and referrals for treatment, support group training material and anti-retro viral therapy. Support from the Department of Education has mainly been in the form of providing release time for educators and learners to attend to programme activities. SADTU is also forming parnership with other

organisations with specialised skills in training specific gender groups, e.g. Man as Partners with Engenderhealth and Women and Gender with Ditsela. The training is then cascaded to local area leaders where peer education groups are then encouraged with gender groups for a holistic approach to the reduction of new HIV infections and that of the impact of the countrywide pandemic. In all instances, the organisations provide the training free and SADTU then covers logistics. Specific partership is also sought in the business organisations to offer further training in business management to strenghten income generation projects that the programme is running. More sustainable and efficient and cheaper strategies for providing access to voluntary counselling and testing, as well as more efficient referral systems as well as improved efforts to care and support . With the extremely slow processes of signing the Memoranda of Agreement after a series of advocacy meetings have been held, the VCT programme had to proceed only with private VCT providers at a larger cost. Consequently the funding goes to non-sustainable strategies of providing VCT access that is also limited by their availability and convenience. The SADTU workplace is such that a lot of the time, meetings take place outside working hours, thus limiting the use of public services in the workplace, as they knock off just when meetings are at their peak and members are more interested in accessing VCT services. This is usually the case when we have VCT services provided by the local public clinics from the Department of Health and other private organisations, they leave 'early' in terms of union standards and leave queues of disappointed members. SADTU is therefore seeking to provide an in-house mobile VCT clinic that would be able to offer these services for members within the operating time frames of the organisation, i.e. from early afternoon; 12h00 to early evening, 20h00. The funds that have been used in the 2008-2009 period on VCT can easily purchase a mobile clinic and test more that five times the numbers reached in this period; i.e. 3000 x 5 = 15 000 members. In the other prevention programme area, SADTU being located in the heart of Johannesburg city is in the proximity of operations of vulnerable groups such as pirating cormmecial sex workers. Interventions on HIV prevetion education, access to free VCT and provisioning of female condoms (which they say are more discreet for men who do not want to use condoms) will be provided for this vulnerable group of women. This was begun at a very small scale, and will be expanded to reach this community in other regional towns as well. The OVC programme in the schools will also be expanded to teach a wider range of skills to prevent vulnerability to HIV to these young people include more learners and other partners that offer a variety of development programmes to strenghten decision making skills and self empowerment.

The SADTU project covers the following key issues: End-of-Program Evaluation, Workplace progams; and Gender; increasing women's legal rights and protection, increasing gender equity in HIV/AIDS activities and services, adressing male norms and behaviour, and increasing women's access to income and productive resources.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	24,295
Education	284,884
Food and Nutrition: Policy, Tools, and Service Delivery	269,574
Gender: Reducing Violence and Coercion	109,476

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7225**		
Mechanism Name:			
Prime Partner Name:	**South African Democratic Teachers Union**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	260,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	423,799	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	259,960	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	237,871	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	259,961	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7226	**Mechanism Name: South African Business Coalition on HIV and AIDS (SABCOHA)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Business Coalition on HIV and AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,034,488	
Funding Source	**Funding Amount**
GHCS (State)	2,034,488

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Workplace Programs

Budget Code Information

Mechanism ID:	**7226**
Mechanism Name:	**South African Business Coalition on HIV and AIDS (SABCOHA)**
Prime Partner Name:	**South African Business Coalition on HIV and AIDS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	152,574	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	740,106	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	266,999	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	874,809	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7227	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Salesian Mission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 491,608	
Funding Source	**Funding Amount**
GHCS (State)	491,608

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7227		
Mechanism Name:			
Prime Partner Name:	Salesian Mission		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	491,608	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7228	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Montefiore Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 540,768	
Funding Source	**Funding Amount**
GHCS (State)	540,768

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7228		
Mechanism Name:			
Prime Partner Name:	Montefiore Hospital		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	540,768	

Narrative:

The Montefiore Medical Center aims to eliminate missed opportunities to test youth by building the capacity of youth-serving clinics and STI clinics to more routinely provide CT using the ACTS model. ACTS (Assess, Consent, Test and Support) is a program of rapid, simplified counseling and testing (CT) that effectively scales up provider-initiated counseling and testing (PICT).

BACKGROUND:

Engaging young people in HIV counseling and testing, prevention and care is one of the most important strategies for reducing the burden of HIV and AIDS in South Africa. Unfortunately, thousands of opportunities to achieve these goals are missed every day when vulnerable South African youth seek a variety of health care services but are not offered HIV counseling and testing (CT). By reducing pre-test counseling sessions to five minutes or less, ACTS allows nurses to incorporate CT into the other clinical services they provide, such as sexually transmitted infection (STI) care and family planning and promotes immediate follow-up and linkage to care. This frees up lay counselors via task shifting to provide more intensive counseling and support services to HIV-infected youth.

ACTIVITIES AND EXPECTED RESULTS:
Using ACTS, this program will focus initially on maximizing CT services in high-prevalence youth clinics, starting with STI clients and expanding to family planning clients. TB screening will also be introduced. The ACTS program will then broaden its activities to other health care facilities and community organizations. The ACTS team will engage each new site, develop an implementation and monitoring plan and train all relevant health care providers in CT, collect PEPFAR indicators, provide quality

assurance monitoring and initial HIV care. During the five year cooperative agreement, this model will be continuously refined and successively implemented in high prevalence communities and sites throughout South Africa starting in the Western Cape and Mpumalanga.

In FY20 08, the team will continue to refine the ACTS services in two youth clinics in Khayelitsha . A monitoring and evaluation plan will be developed that includes PEPFAR indicators. A quality assurance plan will evaluate linkage to care among newly diagnosed HI-infected youth. A Project Director will be hired and trained and locations in Mpumalanga or other Province will be chosen as well as additional clinical and community sites in the Western Cape. The goal is for this partner to test 20,000 youth for HIV and link them to prevention, link 2000-4000 HIV-infected youth to improved care, screen at least 100 youth for TB,

train 180 nurses, lay counselors and peer educators to implement the ACTS CT protocol, and establish 15 new CT outlets. The integration of local staff and partners in the operation and monitoring of this program to scale-up routine testing will ensure local ownership and sustainability.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7306	**Mechanism Name: HCI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,070,202	
Funding Source	**Funding Amount**
GHCS (State)	4,070,202

Sub Partner Name(s)

Amakhumbuza Home Based Care	Arthurseat Community Based	Delpark Home Based Care

	Organization	Organization
HIV and AIDS Adherence Counsellors Organization	Mamosa Home Based Care Organization	Phaphamani
Phaphamani Home Based Care	Philisani Home Based Care Organization	Qaukeni Empowerment Centre
Ruta O oke Voluntary Association	Zimeleni	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7306**
Mechanism Name:	**HCI**
Prime Partner Name:	**University Research Corporation, LLC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	699,051	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	786,432	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	370,401	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	166,025	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	364,748	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	635,700	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	423,800	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	624,045	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7307	**Mechanism Name: JHPIEGO SA**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO SA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 491,608	
Funding Source	**Funding Amount**
GHCS (State)	491,608

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	49,749

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**7307**		
Mechanism Name:	**JHPIEGO SA**		
Prime Partner Name:	**JHPIEGO SA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	491,608	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9458	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Kheth'Impilo	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,294,414	
Funding Source	**Funding Amount**
GHCS (State)	8,294,414

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Commodities	77,143
Human Resources for Health	6,792,860

Key Issues

Addressing male norms and behaviors

Safe Motherhood
TB

Budget Code Information

Mechanism ID:	9458		
Mechanism Name:			
Prime Partner Name:	Kheth'Impilo		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,307,354	

Narrative:

None

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	4,576,503	

Narrative:

Based on 2010 COP planning with provinicial decision makers in Kwa-Zulu Natal, Eastern Cape, Western Cape, and Mpumalanga, REDACTED. The National Strategic Plan for South Africa, as well as provincial workplans, will guide the geographic allocation of renovations. No large-scale renovation work is anticipated.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	345,053	

Narrative:

Kheth'impilo anticipates rolling out the offsite VCT programme in school targeting 8 schools and a budget for the construction or buying of 8 wendy houses to be placed at the selected schools for the purposes of confidential counselling in the identified schools.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	345,077	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	508,501	

Narrative:

Kheth'Impilo will place a concerted effort in scaling up of pediatric treatment services. It is envisaged that 2 park-homes will be purchased to assist in improving the space constraints often encountered with the delivery of paediatric treatment services in the Kheth'impilo supported sites.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,211,926	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9459	Mechanism Name: Capable Partners
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,699,083	
Funding Source	**Funding Amount**
GHCS (State)	1,699,083

Sub Partner Name(s)

LifeLine Southern Africa		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9459**		
Mechanism Name:	**Capable Partners**		
Prime Partner Name:	**Academy for Educational Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,699,083	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9460	**Mechanism Name: UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,559,721	
Funding Source	**Funding Amount**
GHCS (State)	3,559,721

Sub Partner Name(s)

Anglican AIDS & Healthcare Trust	GRIP Intervention	Hospice and Palliative Care Assn. Of South Africa
Ingwavuma Orphan Care	Population Council SA	Project Concern International
Senzakwenzeke	Woz'obona/SEP	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,886,652

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9460		
Mechanism Name:	UGM		
Prime Partner Name:	Academy for Educational Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	242,726	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	567,979	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	2,280,215	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	468,801	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9461	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Africa Center for Health and Population Studies	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,448,054	
Funding Source	**Funding Amount**
GHCS (State)	4,448,054

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Key Issues

Impact/End-of-Program Evaluation

Child Survival Activities

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**9461**		
Mechanism Name:			
Prime Partner Name:	**Africa Center for Health and Population Studies**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	961,195	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HTXS	1,106,832	

Narrative:

Based on 2010 COP planning with provinicial decision makers in Kwa-Zulu Natal, it is anticipated that REDACTED and ten pre-fabricated/parkhomes installed at rapidly growing Care and Treatment government facilities. The National Strategic Plan for South Africa, as well as provincial workplans, will guide the geographic allocation of renovations. No large-scale renovation work is anticipated.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,165,086	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	368,944	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	263,455	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	291,271	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	291,271	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9462	Mechanism Name: VCT Project
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 811,030	
Funding Source	**Funding Amount**
GHCS (State)	811,030

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The South African National Strategic Plan (NSP, 2007-2011) for HIV/AIDS and STIs notes that a reduction of new HIV infections by 50% by 2012 (within 5 years) is an ambitious target that requires a supportive policy framework. Therefore, the Department of Health seeks to expand the primary model (VCT) to include provider-initiated counseling and testing (PICT).

In partnership with the National Department of Health (NDOH) and Provincial Department of Health in Eastern Cape, Limpopo and KwaZulu-Natal, AMREF aims to strengthen counseling and testing services in Amathole, Umkhanyakude, and Sekhukhune districts, respectively. The project will build the capacity of health providers to provide HIV testing to people attending health facilities within the South African counseling and testing model and build on the initiative by the Department of Health and other service providers, on provider – initiated counseling and testing (PICT). This will be done through through on site (clinic facility) mentoring and coaching. The target population includes health professionals working in

HIV and TB services, including lay councilors and/or DOTS supporters. AMREF will strengthen Counseling and Testing services and collaboration with TB services, and will strengthen referral systems between HIV and TB services as means to increasing access to quality VCT and TB services.

The project comprises a series of coordinated interventions that aim to achieve the following outcomes:
(1) increased capacity of the selected VCT sites in the three provinces;
(2) improved integration and coordination of HIV and TB services in selected facilities in the same areas.
(3) a sound data management strategy in place that supports the DHIS at facility level,
(4) improved management of the facilities that AMREF is currently supporting.
AMREF will work in partnership with the provincial, district and municipality levels of the Department of Health to improve the quality of HIV counselling, testing, support and care services and to ensure that effective referral is taking place between HIV and TB and other PHC services. AMREF will achieve this through: (a) comprehensive training programs; (b) continuous mentoring of trainees (health workers); (c) developing and strengthening sustainable systems for quality VCT services, referral, and VCT and TB co-ordination; (d) strengthening data management at facility and local service area level. AMREF will focus its attention on Human Capacity Development. Specifically, AMREF will conduct training in VCT, VCT-TB, and data management. AMREF will also provide mentoring support to health workers on VCT and VCT-TB integration and monitor the referral system for HIV and TB clients. Four main outcomes (results) are expected:
(1) Increased number of healthcare providers trained and applying acceptable standards in counseling and testing;
(2) Increased number of people counseled and tested for HIV and TB and receiving their results.
(3) a sound data management strategy in place that supports the DHIS at facility level,
(4) improved management of the facilities that AMREF is currently supporting.
Activity 1: Capacity Building
The human capacity building activities are in line with South African National Strategic Plan for HIV/AIDS, and STIs (2007 to 2011). Specifically, AMREF will continue to support 180 health facilities in the project areas. AMREF has provided initial training and continuing support to these facilities. In the coming year we will carry out the following activities.

1. Because of high staff turnover in the areas, staff members who have been hired recently will not have received the initial training. AMREF will train recently hired healthcare providers from 180 facilities in counseling and testing, integration of TB and HIV, and data management, according to national and international standards.

Training programs will be on VCT (10 days), VCT-TB integration (3 days), and data management (3 days). This intervention is aimed at improving the overall quality of service provision for Counseling and

Testing by addressing human resources capacity gaps and critical weaknesses as identified by the needs assessment and district/provincial DOH. Training will also strengthen data collection, management, and organizational systems, including the referral system.

2. We will continue to provide mentoring support to health providers to ensure that VCT and TB service providers are applying the knowledge and skills by the have learned. The mentor will visit facilities at least once a month and will be available for consultation between visits. AMREF will support health providers to apply policy guidelines for both routine and provider-initiated counseling and testing to increase access to counseling and testing services. We will put Standard Operating Procedures (SOPs) for client services in place to support the facility staff. AMREF will also do onsite training as part of regular support supervision visits.

AMREF will identify the gaps between the training done and the implementation of the training, and will monitor the health workers to ensure that the mentoring is having an impact. AMREF will also identify facilities that have been supported by the program for three years and are doing well, and will reduce the number of visits with the goal of phasing out support for those capable of standing on their own.

ACTIVITY 2: DATA MANAGEMENT
Khulisa Management Services conducted a Data Quality Audit at the health facilities in 2008. They examined six data quality criteria: validity, reliability, integrity, precision, timeliness, and completeness. Some strengths and deficiencies were noted especially on the total risk scores (TRS) during the clinic audit (8 out of 16 for precision/accuracy) and office audit (validity (9/16 TRS); reliability (9/16 TRS); precision/accuracy (12/16 TRS); completeness (9/16 TRS). Khulisa recommended that AMREF improve reliability and precision of data collection and collation by developing standard operating procedures (SOP) with clear quality control steps and data collation tools. They further recommended that we monitor transcription at critical points in the DMS, maintain an error log to record all data errors found, and ensure that all data management documents are dated accurately. AMREF is implementing these recommendations.

In the third year of the grant, AMREF will strengthen M&E and referral systems to improve data management and institutional systems for VCT and TB data collection, management, reporting and use. This will involve analyzing DMS at facility level, conducting data audits and quality assurance, developing tools and manuals for data management, collection and collation, and technical assistance to the Department of Health (especially at LSA level) on DHIS. AMREF will conduct strategic meetings and training workshops with key stakeholders such as Information Officers, Programme Managers, and local HAST committees (where they exist) to strengthen the quality of data inputs from facilities into the District Health Information System (DHIS).

AMREF has embarked on a threefold data management system that includes immediate, intermediate, and advanced intervention. The immediate intervention aims to address the immediate data need of the facility. Therefore, AMREF will assess which tools are being used within the facility and the logic of the use of the tools in relation to the information flow of the facility. Based on the assessment, we will facilitate a training to ensure that the facilities are using the paper-based data collection system correctly. The training will include ensuring that the HF staff understand how the data they collect is passed on to LSA and then to the District, where it is entered into an electronic data system (DHIS).

The M&E Officer and provincial mentors provide follow-up support. The final aspect of this process is for the mentors to take the information to the district for data input into the DHIS System. This information is then verified and the figures are fed back to the facility. The facility then plots the figures on a graph so that they can measure their progress and use the information to identify problems and implement changes to address them. In this way, the facilities own their data and learn to value it.

Activity 3: Referral Systems
In FY2007, AMREF refined the Eastern Cape Department of Health's referral protocol for VCT and TB patients. In FY2010 AMREF will roll out and/or institutionalize the use of a referral system (and tools) for VCT and/or TB services in all three provinces. This will be done through a consultative approach with the Department of Health in the provinces. An external consultant will be used to carry out this specialized activity.

AMREF will work in collaboration with service providers to monitor the referral system. In line with the mentoring support strategy, we will check the use of the referral tools and track 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 conduct on-site training for health providers who were not previously trained on the referral system. If use of the tool indicates that it should be refined, AMREF will refine the tool in line with the needs of the relevant stakeholders. The tool will then be implemented again and monitored.

Activity 4: Quality Assurance
AMREF has identified the link between quality of services offered to clients and uptake of voluntary counseling and testing. If clients feel that they are treated kindly and competently and with respect, they are willing to seek care, but if they do not like the way they are treated, they will not use the facility. Hence, AMREF has embarked on an initiative that will improve the quality of service and measure client satisfaction. We will develop a quality management tool that measures customer care, quality assurance in general, clinic/ facility audit and clinic/facility staff practices. WE will then train staff on all the above

issues. Facilities will implement the tool and be measured on a quarterly or ad hoc basis and the facility that scores the highest in terms of quality assurance will be rewarded with a motivational token (for example a trophy).

Activity 5: Community Involvement
To increase uptake of services, it is important for AMREF to reach beyond the facilities into the communities to disseminate messages that encourage people to know their HIV status. However, the project does not have the resources for an extensive community motivation intervention. Therefore in year 3, when project staff visit facilities, they will not only check on how the referral tool is working, and if the data management system is in place, but will ask what community efforts are under way and how AMREF can work with the communities, with CBOs and FBOs to support the project goals.

Activity 6. Monitoring, Evaluation, and Documentation
AMREF will document outcomes and lessons learned on approaches and strategies that are shown to improve access to VCT services and cross-referrals between VCT and TB services. HAST committees are charged with monitoring and evaluating the performance of the health facilities, but are not doing it. We feel that documenting lessons learned will be an important step in increasing the understanding of HAST committees and district authorities of how good data can be used to improve quality and to increase access to services, and therefore gain their commitment to maintaining and using the HMIS. This is crucial to the sustainability of the project, because if the committees and districts do not take over the responsibility for the system, it will cease to function when the project has ended. AMREF will convene strategic meetings with policymakers (Department of Health) and HAST committees and other key civil society bodies to demonstrate the importance of a high quality HMIS for identifying problems and setting priorities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9462**

Mechanism Name:	VCT Project		
Prime Partner Name:	African Medical and Research Foundation, South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	811,030	

Narrative:

The Programme Manager (based in AMREF's Pretoria office) works with the Country Director, Deputy Director, and Finance Manager to develop the project work plan and budget, and directs its implementation. She supervises the project staff and reports to the Deputy Country Director. She is responsible for establishing and maintaining the project's relationships with the Department of Health and with the CDC. She is responsible for preparing project reports.

The project employs four Project Managers, one each in Limpopo and KZN and two in Eastern Cape. They provide project management and implementation oversight in each province, supervise and support the Project Officers, communicates and coordinates with the provincial and district departments of health on implementation, and write progress reports. They report to the Programme Manager.

There are three Project Officers, one in each province. They assist the Project Managers with all aspects of the project in their district. These are key technical staff members responsible for supporting all project activities, especially health worker training and mentoring, and reporting.

Two Project Assistants are assigned to Limpopo and KZN, due to the workload and the geographic spread of the sites supported. The PAs will support project activity, strategy development, and implementation; and will provide administrative support to the Project Officers and Project Managers.

The M&E Officer deals with data collection, analysis, and use of data for planning within the project areas as well as all levels of the health system. The M&E Officer works closely with the Programme Manager to improve data management and quality, including analyzing DMS at facility level, conducting data audits and quality assurance, and developing tools and manuals for data management, collection and collation. The Officer provides technical assistance to the Department of Health (especially at LSA level) on DHIS.

The Quality Assurance Manager focuses on: (1) monitoring client service at facility level, insuring that the service offered is of good quality, in terms of the actual information parted to the client; (2) data quality management at facility level, especially on areas concerning data management strategy and the M&E strategy; (3) keep facilities motivated on quality management systems and tools so as to improve quality and information use.

AMREF SA management and administrative staff (Country Director, Deputy Country Director, Finance Manager, Human Resources Manager, and Administrative Assistant) will all provide programmatic, financial, and administration leadership and support to the project team.

AMREF USA, as the grantee, maintains oversight of the project's finance and administration, provides some support on technical issues, and serves as the liaison between the project and CDC's Procurement and Grants Office. AMREF USA's Director, Institutional Giving, Finance Manager, and Technical Advisor are budgeted at daily rates based on their salaries.

The Director of Institutional Giving, is the point person at AMREF USA responsible for this grant. He helps produce the annual continuing application and reviews interim reports and deals with most administrative issues concerning the grant. The Finance Manager, reviews quarterly financial reports, draws down and transfers grant funds to AMREF for the project. He reviews annual financial reports and prepares the annual FSR 269. He conducts an on-site review of the financial management of the grant by AMREF South Africa. Cudjoe Bennett, MPH, is AMREF USA's technical advisor and is available to the project for advice technical issues related to public health and monitoring and evaluation.

AMREF will require Local and international travel for project staff and Directors. Travel will cover vehicle running and maintenance costs, insurance, and fuel costs for the vehicles used for the project, and air tickets and accommodation for senior management during technical support and technical backstopping visits, participation in management meetings and periodic technical meetings and quarterly programme reviews, and meetings with strategic alliances like national or provincial government departments. Travel costs include per-diem (for accommodation and meals and incidentals) at the country-approved rate, air-ticket and (where applicable car hire).

International travel by AMREF USA for financial and programme technical backstopping and help prepare the interim report and continuing application. The AMREF USA Finance Manger also does an on-site review of each U.S. government grant's financial records, procedures, and internal controls. The Finance Manager will conduct such a review in this project year. International Air Fares are shared with other projects, and are budgeted at less than full cost. Lodging and per diems are included at 7 days per trip at current State Department rates. AMREF USA reimburses employees for actual expenses however, which are generally lower than the allowable rates.

Supplies
Fuel costs are calculated based mostly on travel for quarterly management meetings and routine fieldwork.

Office supplies and stationery costs for meetings and other office work is calculated per participant (or workstation) per day and aggregated to participant-month. This total cost covers books, pens, folders, marker pens, production of learning materials and other supplies such as training props/aids (i.e., flipchart stands) and project promotion items (t-shirts, caps, etc).

Project Activities
Data Management, Capacity Building(clinical Training refresher, mentoring and coaching, quality assurance), M&E and Documentation of Best Practices, Referral System Strengthening are key planned activities
Administrative
Local project offices will incur costs such as rent, utilities, water, maintenance and insurance for office space in the Eastern Cape, KZN and Limpopo. All associated communication costs and other miscellaneous costs (including mobile and land telephones, fax, e-mail, internet, courier and postage) are budgeted under this category. Other monthly expenses include insurance for project computers and vehicle and photocopying and printing services. Other expenses include bank fees for project bank account, and maintenance of project vehicle. Project funds will also cover a small proportion of running costs of the national office.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9463	**Mechanism Name: AMREF**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: African Medical and Research Foundation, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,722,967	
Funding Source	**Funding Amount**
GHCS (State)	1,722,967

Sub Partner Name(s)

Dindela Health and Community Home Based Care	Ithembalesizwe Community Care Centre	Itsoseng Youth Production Club
Lethuthando Home Based and Orphan Care	Masibumbane Christian Care Orgainisation	Moutse Health Education Development and Information Center
Ndumo Drop in Centre	Ubombo Drop in Centre	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	220,000
Education	212,500
Food and Nutrition: Commodities	39,467
Gender: Reducing Violence and Coercion	36,000
Human Resources for Health	1,215,000

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Child Survival Activities
TB

Budget Code Information

Mechanism ID:	**9463**
Mechanism Name:	**AMREF**
Prime Partner Name:	**African Medical and Research Foundation, South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	169,520	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,553,447	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9464	**Mechanism Name: Africare**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Africare	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,309,274	
Funding Source	**Funding Amount**
GHCS (State)	2,309,274

Sub Partner Name(s)

UKZN Innovations PTY (LTD)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	30,000
Human Resources for Health	45,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9464**
Mechanism Name:	**Africare**
Prime Partner Name:	**Africare**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	644,681	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	989,692	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	262,873	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	203,042	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	208,986	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9465	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: AgriAIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 438,557	
Funding Source	**Funding Amount**
GHCS (State)	438,557

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	15,000

Key Issues

Addressing male norms and behaviors
TB
Workplace Programs

Budget Code Information

Mechanism ID: 9465 Mechanism Name: Prime Partner Name: AgriAIDS			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	194,181	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	147,286	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	97,090	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9466	**Mechanism Name: Track 1**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Association of Blood Banks	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9467	**Mechanism Name: American Center for International Labor Solidarity (ACILS)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Solidarity Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 965,080	
Funding Source	**Funding Amount**
GHCS (State)	965,080

Sub Partner Name(s)

National Union of Metal Workers of South Africa (NUMSA)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Workplace Programs

Budget Code Information

Mechanism ID:	**9467**		
Mechanism Name:	**American Center for International Labor Solidarity (ACILS)**		
Prime Partner Name:	**Solidarity Center**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	188,356	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	194,181	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	582,543	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9468	**Mechanism Name: Twinning Project**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 582,543	
Funding Source	**Funding Amount**
GHCS (State)	582,543

Sub Partner Name(s)

Walter Sisulu University		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9468		
Mechanism Name:	Twinning Project		
Prime Partner Name:	American International Health Alliance		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	582,543	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9469	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Anglican AIDS & Healthcare Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 966,148	
Funding Source	**Funding Amount**
GHCS (State)	966,148

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	114,285
Human Resources for Health	420,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9469**		
Mechanism Name:			
Prime Partner Name:	**Anglican AIDS & Healthcare Trust**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	966,148	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9471	**Mechanism Name: Aurum Health Research**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Aurum Health Research	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 17,525,493	
Funding Source	**Funding Amount**
GHCS (State)	17,525,493

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

Workplace Programs

Budget Code Information

Mechanism ID:	**9471**		
Mechanism Name:	**Aurum Health Research**		
Prime Partner Name:	**Aurum Health Research**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	917,505	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	9,741,038	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,261,982	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	92,235	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,014,595	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	223,672	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	3,367,534	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	906,932	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9472	**Mechanism Name: Cost and cost-effectiveness of HIV treatment**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Boston University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 590,835	
Funding Source	**Funding Amount**
GHCS (State)	590,835

Sub Partner Name(s)

Wits Health Consortium, Health Economics and Epidemiology Research Unit		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9472**
Mechanism Name:	**Cost and cost-effectiveness of HIV treatment**
Prime Partner Name:	**Boston University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	590,835	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9473	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Broadreach	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 17,646,716

Funding Source	Funding Amount
GHCS (State)	17,646,716

Sub Partner Name(s)

Kaelo Community Services	Siyakhana Health Trust (EC)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	5,600,000

Key Issues

Addressing male norms and behaviors

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**9473**		
Mechanism Name:			
Prime Partner Name:	**Broadreach**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	786,433	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. REDACTED aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for

utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	11,892,349	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	802,453	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for

utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	92,236	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,321,372	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	800,511	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	679,963	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	1,271,399	

Narrative:

Any construction using COP 2010 funds will be determined using BroadReach Healthcare's (BRHC) standard approach to REDACTED. All projects are determined jointly with Department of Health and Department of Public Works, and approvals are obtained at all necessary levels within SAG prior to

launching any REDACTED. All BRHC REDACTED are aimed at providing the space and infrastructure necessary to remove bottlenecks to new HIV-positive patient enrollment or to the maintenance of high-quality care for existing patients. The process begins with a holistic analysis of the current operations of the entire District health care system (hospitals and clinics), making 5-10 year projections of patient volumes using epidemiological data, population data, and BRHC-developed capacity modeling tools. REDACTED The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9474	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,348,180	
Funding Source	**Funding Amount**
GHCS (State)	3,348,180

Sub Partner Name(s)

Balwantwa	Beacon of Hope	Bophelo
Bophelong	Choice Health Care Trust	Golden Gateway
Hokomela wa Heno	Khothalang Home Based Care	Love One Another
Marquard	Mohlanatsi	Petsana

Ramotshinyadi	Thembalethu Home-based Care	Thembelihle Hopetown 08-HBHC Adult Care & Treatment
YOFCA		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9474**		
Mechanism Name:			
Prime Partner Name:	**Care International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,456,389	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	365,410	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	115,295	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	411,086	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9475	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: CARE South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,010,035	
Funding Source	**Funding Amount**
GHCS (State)	3,010,035

Sub Partner Name(s)

Aganang Home Based Care	Anglican Church of South Africa/Mosamaria AIDS Ministry	Boikhucho Home Based Care
Bonukhanyo Youth Organization	Child and Family Welfare Society Betlehem	CHOICE Comprehensive Health Care
Civil Society Development Initiatives	Dihlabeng Development Initiative Consortium	Direlang Project
GaManoke Home-Based Care	Gethsemane Health Care Centre	Golang Kulani Early Learning Centre
Golden Gateway Hospice	Gundo Community Development	Hlokomela wa Heno
House of Hope Hospice	Ikhwezi Lomso	Inkwanca HBC

Lafata HBC	Makhuduthamaga	Makotse
Mapate HIV/AIDS project	Masakhane Women's Org	MOH
Motswadibe Home-based Care Group	Mutale Comforting Centre	Muvuma drop-in centre
Ncedisiwe HBC	Nhlayiso Community Health and Counselling Centre	NPAT/Khanyiselani Development Trust
Ntsoanatsatsi Educare Trust	Nweli HBC	Ramotshinyadi HIV/AIDS Youth Guide
Swazimoyame Home-Based Care	Vongani Child and Youth Care Development Project	Zwoitwa HBC

Overview Narrative

Brief Project Summary

CARE South Africa's Deepening and Expanding Local Links Project (DELL) has been awarded through APS 674-08-003 which is a follow up of Local Links project funded through track 1. The two projects were merged by CARE separately in FY09 and in FY2010 Local Links Project (LLP) will be absorbed into DELL. Through LLP CARE supported and managed 12 CSOs to directly reach 54,223 OVCs and 2,200 care givers. CARE's Voluntary Savings Loan (VSL) has enabled vulnerable households to meet children's basic needs. CARE has also build community and government support for OVCs through intensive psychosocial support and child participation activities.

Activities

Objective 1: CBO provide access to a core package of service that meets the needs and enable the rights of OVC. Partners will receive in – house training on a minimum core package of services developed by CARE South Africa in consultation with other key stakeholders. Partners will develop relationships and reliable referral protocols with local service providers to ensure that OVCs and their primary caregivers are able to access care and support, health services, economic strengthening, educational support, food and nutrition, psychosocial support, child protection and shelter. Quality service delivery will be ensured through placement of critical technical capacity like social workers, nurses at technical partners' site to provide support and mentoring. Partners will be trained on Child Right Programming Framework to maximise protection of OVC and families. Partners will identify Child headed households and link them to the core package of services. To measure the quality and impact of services provided to OVC and families, partners will be trained on the Child Wellbeing assessment. CARE SA will strengthen after school care and drop-in centers programs through provision of educational toys and materials. Partners will be encouraged to recruit retired teachers and nurses or older youth as volunteers in these communities for additional support. In addition interventions for OVC between 0 – 5 will be strengthened

by means of a cross visit to early childhood development organizations. In addition CARE SA with partners will organize a three days Career and psychosocial camp for OVC in Grade 11. The camp will focus on a range of career development and psychosocial support activities. Potential donors and partners from the corporate sector, government departments, universities and technical institutions will be approached for support. CARE SA will work with John 1; 27 Trust and Rural Education Access to link deserving OVC to bursaries. Partnership with organizations such as Soul City and National Parks Board will be established to assist in the establishment of kids and conversation clubs. CARE SA will hold Caregivers' Wellness Day per province to provide psychosocial support to minimize volunteer burnout.
Objective 2: The economic Security of OVC and their families and caregivers is strengthened Households with OVCs will have more diversified and sustainable livelihoods through the use of income grants based on the CARE savings and lending model (VSL). The VSL groups will also serve as a social support function during stressful times. CARE will work with the Tshwane University of Technology to train primary caregivers on small scale farming. In addition, the Dept of Agriculture and local authorities will be approached for technical support. Economic literacy activities will be incorporated into life skills program for OVC over 12 years and this program will be developed in partnership with the Centre for the Support of Peer Education.
Objective 3: Local government policy and implementation environment is enhanced to further benefit of OVC and their caregivers.
CARE will place 1 OVC Focal person at Thulamela Local Municipalities to assist government to prioritize OVC issues, identify advocacy issues and develop strategy to deal with these issues. The OVC Focal person will coordinate OVC services delivery and data management and will also participate in strengthening networks of care and Local AIDS Council to build effective referral and support networks and provide hands on support to CBO and develop district database to inform Integrated Development Plans and Budgets. This will assist in addressing bottlenecks in government service delivery. In year 3, CARE will use the lessons learnt from the CARE-Thulamela municipality model to replicate this in the rest of other Local Municipalities across the project.
Objective 4: Organizational capacity of Implementing partners is strengthened, for their own sustainability and for broader project impact.
DELL will focus on institutional strengthening of partners to improve strategic leadership, institutional planning and monitoring, stronger governance systems, human resource management and capacity, increased resource mobilization and financial management capacities. Partners will receive M&E and Grant management support on a regular basis through site visits by CARE's support staff.
Overall Expected Results:
In Year II (2010) the Local Links current sub-grantees (N=12) and 12 new MSH partners will be supported through DELL. In Year III and IV a minimum of 20% of participating CSOs will be strengthened organizationally and be supported attract independent funding. Over the five years CARE will sub-contract 36 Implementing and Technical Partners and develop the capacity of municipalities to meet the

needs of orphans and vulnerable children. From Year III onwards DELL will annually provide direct services to 28 000 OVC and train 2100 caregivers. 74 000 OVC will be directly reached, and 6000 caregivers trained.
Alignment to SAG policies or plans CARE SA will familiarize it partners with the 2009 - 2012 National Action Plan for OVC, each partner will be provided with a copy. In addition drop – in centres guidelines will be developed using the amended Children's' Act to ensure compliance. Partners will be orientated on these important policy documents. Partners will be linked to existing government coordination mechanisms at local and provincial level. (e.g. Local AIDS Councils or Local Action Committee for OVC). A shorten version of the National Strategic Plan for HIV, AIDS and STI's will be distributed to all partners followed by an in – depth orientation.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9475**		
Mechanism Name:			
Prime Partner Name:	**CARE South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	3,010,035	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9477	**Mechanism Name:**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Medical Mission Board	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 470,888	
Funding Source	**Funding Amount**
GHCS (State)	470,888

Sub Partner Name(s)

Diocese of Port Elizabeth		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	28,300
Human Resources for Health	425,223

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9477**
Mechanism Name:	
Prime Partner Name:	**Catholic Medical Mission Board**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	470,888	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9478	**Mechanism Name: Track 1**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9480	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Child Welfare South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,612,281	
Funding Source	**Funding Amount**
GHCS (State)	1,612,281

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	27,143
Food and Nutrition: Commodities	36,857
Human Resources for Health	756,080

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9480 Mechanism Name: Prime Partner Name: Child Welfare South Africa			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,612,281	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9481	**Mechanism Name: University of Western Cape**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Western Cape (University of Western Cape)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,219,130	
Funding Source	**Funding Amount**
GHCS (State)	1,219,130

Sub Partner Name(s)

TB/HIV Care		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	41,027
Human Resources for Health	34,918

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9481**
Mechanism Name:	**University of Western Cape**
Prime Partner Name:	**University of Western Cape (University of Western Cape)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	367,196	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	422,182	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	228,906	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,846	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9482	**Mechanism Name: I-TECH**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,432,407	
Funding Source	**Funding Amount**
GHCS (State)	3,432,407

Sub Partner Name(s)

Boys 2 Men	Empowerment Concepts	University of California San Diego, Owen Clinic

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9482**		
Mechanism Name:	**I-TECH**		
Prime Partner Name:	**University of Washington**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	737,888	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,118,999	

Narrative:

REDACTED
I-TECH will develop a management and leadership training program to support key facility level administrators and managers to develop independent, sustainable HIV, AIDS, TB and STI programs that support quality service delivery outcomes, the goal of which will be to improve health service delivery in selected provinces in South Africa by increasing the capacity of health programme managers to effectively and efficiently manage human, fiscal and capital resources.

Objectives include:
1. Improve the capacity of facilities to effectively support the strengthening of health systems in order to improve service delivery in the following programme areas: HIV prevention, care and treatment, Prevention of Mother-to-Child Transmission of HIV and TB management
2. Develop a training initiative that is tailored to the specific needs and realities of health managers
3. Ensure that the training model is sustainable – that it is cost-effective, integrated into existing systems, and designed to be modified as needs change.
4. Improve the capacity of the facility-level managers to effectively manage their programs through a multi-level approach that includes didactic and skill-building workshops, individual and team assignments, mentoring and supportive supervision visits.

Additionally, leadership skills related to HIV and AIDS will be prioritized in providing I-TECH technical assistance to Walter Sisulu University (WSU) for the development of a one year Fellowship program, the

goal of which will be to prepare physicians and nurses to be leaders in HIV-related care and support, education and research. A comprehensive curricula package will be developed and at the completion of the programme, fellows will be qualified as HIV and AIDS experts, as well as provide clinical leadership. TA, in collaboration for Eastern Cape Regional Training Centre (EC RTC), for the HIV/AIDS portion of the WSU Clinical Associate Program will be offered to assure graduates have the necessary care and treatment skills.
Additionally, I-TECH will continue to support HPQAs/RTCs to:
-Develop 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

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, Limpopo, Free State and others) to continue developing capacity of health care workers, including the training of trainer's model.
I-TECH will also host two skills-building workshops for relevant NDOH, HPQA and partner staff. The goals of the workshops are to support and promote excellence, innovation, and collaboration in training program and materials development across SA in support of health workforce capacity development and systems strengthening.
Human capacity development activities will include the following.

Skills Development: improve leadership and management skills of physicians in training, administrators and managers at the Province, District and sub-district level; build training program design and evaluation

skills of staff at NDoH and HPQAs related to key components including curriculum development, training materials and reproduction, and performance improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	575,520	

Narrative:

TB/HIV integration, by necessity, is a major focus of the ITECH clinical mentoring program. We estimate that of the patients we see in hospitals over 70% have co-morbid tuberculosis, while in the clinics at least 50%. As has recently been published in Lancet (The Lancet, Volume 373, Issue 9670, Page 1145, 4 April 2009), throughout sub-Saharan Africa, integration of TB-HIV care activities is close to non-existent. This has been our consistent finding in both the Eastern Cape and Mpumalanga provinces. Much of this is structural, with TB care assigned to the PHC level and most ARV clinics still hospital based. Many patients are falling through the cracks as evidenced by high default rates and rising drug resistance. Our major strategic efforts, in addition to providing mentoring around particular cases, are focused on 2 of the 3 "I's" identified by the WHO StopTB Partnership: infection control and isoniazid preventive therapy. In most facilities, there is effectively no TB infection control program. Other activities will build upon previous TB/HIV related courses to accompany mentoring activities at facilities.
In response to the growing need to reduce exposure of PLHIV to TB and in line with the PEPFAR State of Program Area priorities for 2009, I-TECH will partners with other global organizations involved in TB and HIV programming to develop a toolkit aimed at helping health care facilities develop and sustain TB infection control practices that a suited to the existing local resources, including the recognition and treatment of MDR TB. The audience for the toolkit includes mid-level program managers at provincial, district and sub-district levels, facility management teams, front line healthcare workers, health management team members, national AIDS control programs, national TB programs and National Departments of Health. Additionally, I-TECH will promote effective infection control practices in all of the trainings developed for health care workers and managers/administrators. Key infection control indicators related to administrative and workplace practices, environmental controls and personal protective equipment will be emphasized throughout trainings and will be integrated into clinical mentoring activities.

I-TECH will facilitate the development of an integrated TB and HIV specialized curriculum based on current national and international guidelines, and grounded in the appropriate body of adult learning theory and experience that can be presented the NDOH. Upon completion of the TB/HIV specialized course in 2009, training in additional provinces will be initiated with this curriculum. For example; efforts will be made through the WSU Fellowship programme to respond to the lack of HIV, AIDS and TB content in pre-service curricula.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9488	**Mechanism Name: Desmond Tutu TB Centre**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Stellenbosch, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,639,663	
Funding Source	**Funding Amount**
GHCS (State)	1,639,663

Sub Partner Name(s)

At Heart (Stellenbosch Aids Action)	Catholic Welfare and Development	City of Cape Town Health Directorate
Etafeni Day Care Center	Lifeline Childline Western Cape	Living Hope
Philippi Trust South Africa	Sizakuyenza	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	103,529

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

TB

Family Planning

Budget Code Information

Mechanism ID:	9488		
Mechanism Name:	Desmond Tutu TB Centre		
Prime Partner Name:	University of Stellenbosch, South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	833,047	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	118,715	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	687,901	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9490	**Mechanism Name: University of Pretoria-MRC Unit**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Pretoria, South Africa	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 355,025	
Funding Source	**Funding Amount**
GHCS (State)	355,025

Sub Partner Name(s)

Jive Media Marketing and Communication CC	Perlcom CC	Simply Software (Dr JD Coetzee)
Workshops Anonymous		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	197,062

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	**9490**		
Mechanism Name:	**University of Pretoria-MRC Unit**		
Prime Partner Name:	**University of Pretoria, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	355,025	
Narrative:			

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9491	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Walter Sisulu University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,003,752	
Funding Source	**Funding Amount**
GHCS (State)	2,003,752

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9491		
Mechanism Name:			
Prime Partner Name:	Walter Sisulu University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	388,362	

Narrative:

1n 2009 ECRTC has been working with provincial facility managers, clinical doctors and nurses reviewing and incorporating preventive therapy regimens such as cotrimoxazole and disseminating the standardized palliative care and HIV Cor-morbidity management protocols to more facilities.
ECRTC provides training to community based organizations and PLHIV through collaboration with SA Partners and Masihlanganeni Network of People living with HIV and AIDS. The ECRTC has developed a training program with all the learning materials for the Level 4 CCW curriculum. Also, an HIV advocacy and leadership skills training course has been adapted into SAQA standards, piloted and lessons learned incorporated into the course. Community based organisations have been mobilised in 2 districts (OR Tambo and Ukhahlamba), trained, mentored, and strengthened their capacity as community support service points working with ARV clinics.
The ECRTC has appointed and trained wellness mentors that are attached to the three ECRTC satellite mentoring teams with a responsibility of mentoring CCWs in the facilities while directly supporting the initiation of support groups and training of PLHIV within their support groups, as well as improve recording systems by CHWs. There has been an improvement in recording of work done by CCWs as a result of the mentoring of facilities by wellness mentors.
ECRTC will be increasing human capacity through demonstration of optimal Adult Care and support protocols through 14 learning network sites throughout the Eastern Cape Province. Each site will be a learning hub for a cluster of health facilities who will meet at least two days every month. For each visit there will be an ECRTC team comprising of a dedicated Doctor, Training Coordinator and Nurse Clinician supported by a Social worker and wellness mentors. During this period the team supports the facility managers to initially evaluate the care support services, patient review, and palliative care evaluation identifying need and providing targeted didactic training, ongoing mentoring support and coaching using case discussions and introducing standardized protocols and procedures based on national guidelines, and application of improvement methodologies.
Didactic Training
ECRTC will package developed learning on care and support including palliative care and prophylaxis component of the certificate courses offered by Walter Sisulu University.
2. Training materials reproduction and distribution
The updated materials will be replicated and distributed to training organizations throughout the province.

3. Training implementation
ECRTC has scheduled and will provide 6 direct training sessions each in HIV acute Care, Palliative care, Post exposure prophylaxis.
Health care workers on adult HIV care and PLWHIV and Lay counselors will also be trained on the basic care package, per facility in collaboration with MANEPHA.
Mentoring sites by ECRTC team and through engagement of 12 part time wellness will provide ongoing support to community workers to implement the basic package of care at community level, through the 14 learning hubs supporting Health promoters and facility managers to empower them to be able to initially evaluate the adult HIV care in their sub-districts and provide targeted didactic training, ongoing mentoring and coaching using standardized care protocols.
4. Performance improvement program
Coaching staff of sub- districts, treatment sites and their feeder clinics in improvement approaches and methods and in 3 sub-districts (101 clinics) so doing, creating a "learning" network and demonstrable improvement in care across operation. This will facilitate and support health workers to maintain accurate records and use them to assess and effect improvements in delivery of quality HIV and AIDS palliative care and enhance their capacity to participate effectively in all levels of HIV and AIDS care. The areas of emphasis include the quality of counseling, early diagnosis and ensuring follow up and support for all HIV positive people, nutrition and prophylaxis treatment and referral to initiate ARV treatment and social support.
Expected Outcomes
Protocols for general HIV care and cor-morbidities including palliative care for inpatient and outpatient will be introduced adapted and monitored during mentoring sessions to provide standardized optimal care services.
Demonstration of a Wellness Program
Work with Health promoters, social workers and community care workers for psychosocial support including support group activities basic package of care and patient tracking
Demonstrate and mentor Family Clinic approach
Implement a family centred approach when managing clients infected by HIV through encouraging the other family members to come for HIV testing for early diagnosis, care and support.
Nutrition support
Participation in wellness and Home care learning activities
Implement Home based care programs and community awareness.
Implement an individual awareness program, support group activities and deliver basic care package.
Improve system for patient follow up tracking and referral.
Supervision of community workers maintain accurate records, Regular analysis and review of and participation in Performance improvement meetings for continued learning.
Support community based organizations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	907,601	

Narrative:

During the past three years the ECDOH introduced a comprehensive HIV care and treatment programme. ECRTC effort has been mainly in the preparation of new sites for accreditation. To date, a large number of patients have been started on antiretroviral therapy (ART) at hospital level, but there is a gap in preparing primary health care clinics and district hospitals to continue supporting patients (down-referral). Many eligible patients are started late on ARVs which may result to poor outcomes. Despite the numbers trained and mentored by ECRTC, 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. With the limitation of reliable information system and medical records there are no clear trends on the efficiency of access to appropriate care, how patients are responding or not responding to therapy or emergence of resistance. HIV care has continued to be a vertical program with limited integration in the rest of health care services which has given an impression among managers, clinicians and even clinical consultants that it is someone else's responsibility. There is an urgent need to provide facility-level mentoring and support from managers, clinic supervisors and more experienced clinicians.
Objectives:
In the coming year ECRTC objective will be support for accredited sites and capacitating of all levels of care to prepare for initiation and follow up patients initiated on ARVs.
ECRTC will be increasing human capacity through Demonstration of optimal Adult Antiretroviral (HAART) support and Care through a 14 learning network sites throughout the Eastern Cape Province. Each site will be a learning hub for a cluster of health facilities who will meet at least two days every month. For each visit there will be an ECRTC team comprising of a Doctor, Training Coordinator and Nurse Clinician supported by a pharmacist and laboratory technologist. During this period the team supports the facility managers to initially evaluate the HAART services patient review, and care evaluation identifying need and providing targeted didactic training, ongoing mentoring support and coaching using standardized HAART protocols and application of improvement methodologies.
ECRTC will support a demonstration of optimal care within available resources at different levels of care with the objectives of:
• Understanding what it takes to get things working
• Provide an opportunity for HCW to learn by spending time rotating through a working program to learn and benchmark what could be emulated in their facilities.
Activities to be facilitated by ECRTC will be:
Monthly Outreach visits to clusters and ongoing Tele-consultation by ECRTC team, ECDOH Clinical support:

Continue preparation of sites for accreditation with scheduled Site Preparation (6 sessions) and Chronic care to initiate ARV (9 sessions) sessions.
The more experienced ECRTC doctors and nurses will guide standardized Protocol Development and dissemination, and provide Clinical Consultation and discussion of difficult patients with Clinicians at tertiary level 3: (2 days per week)
Provide bedside mentoring through Clinical review of Specialist Complicated admitted or referred cases including PMTCT and Children (e.g. Pneumonia, liver disease, Drug reactions, Kaposi. Non HAART response- Resistance) in Specialist Clinic and Ward Rounds.
Facilitate Monthly Pharmacovigilance meetings and Switch committees.
Operational Systems such as referrals, project planning, procurement, ordering will be adapted during mentoring sessions to provide optimal services.
Information systems including patient records and data quality will be perfected to ensure ongoing monitoring and feed back of clinical care, services uptake rates and program outcomes.
Supervisors will be mentored on regular analysis and review of data and participation in level 2 Performance improvement meetings.
Performance Improvement (PI)
ECRTC PI mentors will work closely to mentor Program managers, Supervisors and operational managers at sub-district and facility level on performance improvement methodologies enhancing their job performance areas of supervision of facility performance and support at all levels. The managers will apply the methodologies to the health facilities to improve the performance of the facilities and programs they are responsible for.
Emphasis will be put on:
• Accurate records, regular analysis and review of data.
• Identifying gaps.
• Mobilize teams and resources to close the gaps.
• Review the changes effected to see if they are working.
• Maintain a continuing learning network.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	92,236	

Narrative:

The NSP seeks to ensure the effective implementation of policies and strategies to mitigate the impact of HIV in particular to orphans and vulnerable children as well as youth headed households while also improving enrolment and retention of children (and adults) on ART (85%) through implementation of facility and community based adherence support strategies and programs (100% sub-districts).
In 2009 ECRTC employed a dedicated medical doctor on a 3 year contract, to provide training

development coordination, clinical consultations, training and advice on Pediatric management of HIV and AIDS. She will continue working with provincial facility managers, clinical doctors and nurses reviewing and incorporating Pediatric care management protocols to more facilities and integrating pediatric care into the existing PMTCT services and IMCI training and services.
ECRTC will be increasing human capacity through demonstration of optimal Pediatric care and support protocols through 14 learning network sites throughout the Eastern Cape Province. The dedicated TB_HIV doctor will through a learning hub for a cluster of health facilities, support the Clinicians and facility managers to evaluate Pediatric care and support services, identifying need and providing targeted didactic training, ongoing mentoring support and coaching using case discussions and introducing standardized protocols and procedures based on national guidelines, and application of improvement methodologies.
In the past year ECRTC has developed and sustained collaborating relationships with Children's HIV Association- South Africa (CHIVA) to take provide support for pediatric care training which has so far received limited attention. Expertise will work with RTC in six one week hands on clinical mentoring sessions for clinicians from a cluster. Three of these mentoring will end with 2 days pediatric HIV management conferences for participants from through the province.
Pediatric care training materials will be updated, adapted, reproduced and distributed during Didactic Training implementation and to other training organization throughout the province.

Performance improvement
The support areas to improve skills and quality of care through PDSA cycles and monthly improvement meetings incorporating 2 sub districts. Focus will include increasing PMTCT uptake, quality of counseling, maintaining accurate records, ensuring follow up of new born infants, infant feeding, performance of PCR and referral to ARV treatment and social support. The training and mentoring will be targeted to developing care teams that include managers, doctors, nurses and community health workers and will consider and review relevant system issues. Demonstration models are set up to develop practical knowledge of care programs. Lessons learned from such a model will inform the current changes in the development of a pediatric care training module and also provide hands on practical experience in training health workers.
A Pediatric 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	184,472	

Narrative:

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 HAART.

In 2009 ECRTC employed a dedicated medical doctor on a 3 year contract, to provide training development coordination, clinical consultations, training and advice on Initiating and management of HAART in children. She will continue working with provincial facility managers, clinical doctors and nurses reviewing and incorporating Pediatric care management protocols to more facilities and integrating pediatric HAART c are into the existing PMTCT services and IMCI training and services.

ECRTC will be increasing human capacity through demonstration of optimal Pediatric care and support protocols through 14 learning network sites throughout the Eastern Cape Province. The dedicated Pediatric HIV doctor will through a learning hub for a cluster of health facilities, support the Clinicians and facility managers to evaluate Pediatric care and support services, identifying need and providing targeted didactic training, ongoing mentoring support and coaching using case discussions and introducing standardized protocols and procedures based on national guidelines, and application of improvement methodologies.

ECRTC will continue drawing on and coordinating of visiting expertise from Children's HIV Association-South Africa (CHIVA) to take provide support for training on initiating and management of HAART in children which has so far received limited attention. Expertise will work with RTC in six one week hands on clinical mentoring sessions for clinicians from a cluster. Three of these mentoring will end with 2 days pediatric HIV management conferences for participants from through the province.

Ongoing Support

ECRTC will continue to provide ongoing support for clinical teams at district level to improve quality of and confidence of clinicians in providing pediatric ART through telephonic support to clinicians in rural areas. ECRTC will also facilitate regular mentoring visits by pediatricians experienced in pediatric ART to district hospitals and community health centers to strengthen their capacity and improve quality of pediatric ART in these areas.

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.
A Pediatric 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.
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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	242,726	

Narrative:

1n 2009 the ECRTC has been working with provincial PMTC managers reviewing and incorporating dual therapy regimens and disseminating the standardized PMTC procedures manual to more facilities.
ECRTC will be increasing human capacity through Demonstration of optimal PMTCT Care through 14 learning network sites throughout the Eastern Cape Province. Each site will be a learning hub for a cluster of health facilities who will meet at least two days every month. For each visit there will be an ECRTC team comprising of a dedicated PMTCT –Pediatric Doctor, Training Coordinator and Nurse Clinician supported by a pharmacist and laboratory technologist. During this period the team supports the facility managers to initially evaluate the PMTCT services patient review, and care evaluation identifying need and providing targeted didactic training, ongoing mentoring support and coaching using standardized PMTCT procedures manual and application of improvement methodologies. Integration will be explored through a Family care approach to the management of clients including PMTCT and Children.

Training development
ECRTC will continue to ensure that the current PMTCT training materials and procedures manual is updated to include any new province specific adaptations to the national guidelines 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 accredited course.
New courses: ECRTC will package developed PMTCT and Health Information system modules component of Postgraduate certificate course offered by Walter Sisulu University.
2. Training material reproduction and distribution
The updated materials will be replicated and distributed to training organizations throughout the province.
3. Training implementation
ECRT will organize scheduled didactic PMTCT trainings for those individuals who have not been trained in PMTCT or who need update; Conduct a brief skills audit assessment and recommend to attend ECRTC scheduled PMTCT training sessions providing direct 'top-up' training for Doctors, nurses and lay

counselors that have already been trained on PMTCT
Mentoring Performance improvement
The ECRTC supports areas to improve skills and quality of care through care reviews and monthly improvement meetings implementing and evaluating PDSA cycles. This will be done monthly in all 14 learning hubs and continuously in 3 sub districts. Focus will include increasing PMTCT uptake, quality of counseling, maintaining accurate records, ensuring follow up of new born infants, infant feeding, performance of PCR and referral to ARV treatment and social support. The training and mentoring will be targeted to developing a care team including managers, doctors, nurses and community health workers and will be considering and reviewing relevant system issues.

EXPECTED RESULTS:
PEPFAR funding will be used to continue employment of a PMTCT dedicated team of 1 Doctor, 1 trainer, 1 laboratory technologist 1, nurse clinician and supporting administration and logistics of the team to accomplish the above tasks.
This will support the National Strategic Plan (NSP) for HIV and AIDS and Sexually Transmitted Infection (STI) for 2007-2011, adopted by Cabinet in 2007, which has made allowance for the introduction of dual therapy to reduce mother-to-child-transmission of HIV.
The reported indicators are a projection of number of people to be trained in scheduled sessions and mentored at the 14 learning hubs throughout province and pregnant women and babies at all service outlets the minimum PMTCT package: counselling and testing of babies at sites visited by the ECRTC. The service outlets include Nyandeni, Mhlontlo and KSD sub-districts. These are sites visited throughout the year either during the performance improvement programme or mentoring by ECRTC teams.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	188,355	

Narrative:

Tuberculosis associated with HIV still the biggest Cor-morbidity in the Province. There is a need to integrate TB_HIV care into one program. The Eastern Cape Regional Training Center (RTC) will use FY 2010 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.
RTC will continue to employ a dedicated medical doctor, to provide training development coordination, clinical consultations, training and advice on HIV and AIDS in the field of TB/HIV.

In 2009 ECRTC has been working with provincial facility managers, clinical doctors and nurses reviewing and incorporating preventive therapy regimens such as INH prophylaxis and disseminating the

standardized TB_ HIV Cor-morbidity management protocols to more facilities.
ECRTC will be increasing human capacity through demonstration of optimal TB/HIV care and support protocols through 14 learning network sites throughout the Eastern Cape Province. The dedicated TB_HIV doctor will through a learning hub for a cluster of health facilities, support the Clinicians and facility managers to evaluate TB-HIV patient care, Infection Control and support services, identifying need and providing targeted didactic training, ongoing mentoring support and coaching using case discussions and introducing standardized protocols and procedures based on national guidelines, and application of improvement methodologies.
Didactic Training
Training materials reproduction and distribution
The updated TB-HIV training materials will be replicated and distributed to training organizations throughout the province.
Training implementation
ECRTC has scheduled and will provide 6 direct training sessions each in TB-HIV expecting 40 participants each
Performance improvement program
Coaching staff of sub- districts, treatment sites and their feeder clinics in improvement approaches and methods and in 3 sub-districts (101 clinics) so doing, creating a "learning" network and demonstrable improvement in care across operation. This will facilitate and support health workers to maintain accurate records and use them to assess and effect improvements in delivery of quality HIV and AIDS TB, palliative care and enhance their capacity to participate effectively in all levels of HIV and AIDS and TB care. The areas of emphasis include the quality of early diagnosis and ensuring follow up and support for all TB-HIV positive people, nutrition and prophylaxis treatment and referral to initiate ARV treatment and social support.
Expected Outcomes
Protocols for general HIV –TB care and infection control for inpatient and outpatient will be introduced adapted and monitored during mentoring sessions to provide standardized optimal care services.

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.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9492	**Mechanism Name: CARE UGM**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Health Consortium, NHLS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 327,036	
Funding Source	**Funding Amount**
GHCS (State)	327,036

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9492**		
Mechanism Name:	**CARE UGM**		
Prime Partner Name:	**Wits Health Consortium, NHLS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	160,137	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	166,899	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9493	**Mechanism Name: World Vision**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: World Vision South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,951,533	
Funding Source	**Funding Amount**
GHCS (State)	3,951,533

Sub Partner Name(s)

CHoiCe Trust	Holistic Soul Body Institute	Naledi Hospice

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	25,714
Education	71,429

Gender: Reducing Violence and Coercion	22,868

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9493**		
Mechanism Name:	**World Vision**		
Prime Partner Name:	**World Vision South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	127,140	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	3,824,393	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9496	**Mechanism Name: Re-Action!**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Xstrata Coal SA & Re-Action!	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,204,956	
Funding Source	**Funding Amount**
GHCS (State)	3,204,956

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Education	2,000
Food and Nutrition: Policy, Tools, and Service Delivery	185,000
Gender: Reducing Violence and Coercion	15,000
Human Resources for Health	2,200,000
Water	10,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9496**

Mechanism Name:	Re-Action!		
Prime Partner Name:	Xstrata Coal SA & Re-Action!		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	873,815	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	174,763	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	599,534	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	470,888	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	184,472	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	92,235	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Other	OHSS	291,271	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	517,978	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9497	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of KwaZulu-Natal, UKZN innovation(Pty)ltd	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,300,526	
Funding Source	**Funding Amount**
GHCS (State)	1,300,526

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	130

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9497 Mechanism Name: Prime Partner Name: University of KwaZulu-Natal, UKZN innovation(Pty)ltd			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,300,526	
Narrative:			
Although we are working in the PMTCT programme,we are also strengthening the health system by improving data management,and the quality of care in this programme			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9498	**Mechanism Name: Traditional Healers Project**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of KwaZulu-Natal, Nelson Mandela School of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 480,598	
Funding Source	**Funding Amount**
GHCS (State)	480,598

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9498**
Mechanism Name:	**Traditional Healers Project**
Prime Partner Name:	**University of KwaZulu-Natal, Nelson Mandela School of Medicine**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	218,454	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	87,381	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	174,763	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9499	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Childline Mpumalanga	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 635,000	
Funding Source	**Funding Amount**
GHCS (State)	635,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	6,000
Education	3,000
Food and Nutrition: Policy, Tools, and Service Delivery	35,000

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	9499		
Mechanism Name:			
Prime Partner Name:	Childline Mpumalanga		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	635,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9500	**Mechanism Name: CINDI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Children in Distress	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 970,905	
Funding Source	**Funding Amount**
GHCS (State)	970,905

Sub Partner Name(s)

Community Care Project	LifeLine PMB	Sinani Survivors of Violence programme
Youth for Christ KwaZulu-Natal		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	105,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**9500**		
Mechanism Name:	**CINDI**		
Prime Partner Name:	**Children in Distress**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	970,905	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9502	**Mechanism Name: Columbia University Mailman School of Public Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 17,238,533	
Funding Source	**Funding Amount**
Central GHCS (State)	4,446,000
GHCS (State)	12,792,533

Sub Partner Name(s)

Disease Management System		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9502**		
Mechanism Name:	**Columbia University Mailman School of Public Health**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	849,388	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	6,580,329	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	384,245	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	95,925	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	1,060,713	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	3,303,018	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,261,407	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	186,899	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	HTXD	931,122	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	2,585,487	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9503	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,537,945	
Funding Source	**Funding Amount**
GHCS (State)	2,537,945

Sub Partner Name(s)

The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)		

Overview Narrative

OVERVIEW AND BACKGROUND

The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S) is a partnership between The International Center for AIDS Care and Treatment Programs at Columbia University and Tygerberg Children Hospital at Stellenbosch University, which began in May 2006 with a focus on building pediatric care and treatment capacity throughout sub-Saharan Africa. In March 2008, S2S re-launched to focus exclusively on the needs of South Africa.

S2S PROGRAM GOALS & OBJECTIVES

S2S's goal is to work closely with USAID implementing partners supporting Adult HIV Care and Treatment to implement a family-focused approach to service delivery that includes integration of PMTCT and pediatric care and treatment programs that that will advance the SA National DOH's HIV & AIDS and STI Strategic Plan (2007-2011) to reduce the number of HIV infections and reduce the impact of HIV/AIDS on individuals and families. This includes ensuring quality, timely and comprehensive HIV care and treatment to all HIV-infected pregnant and postnatal women, their children and family members.

The primary aim of the S2S program is to collaborate with the Department of Health other USAID implementing partners to improve the ability of health workers, the multidisciplinary team and health service to meet the objective of providing quality family-focused approach to HIV care and treatment.

S2S AREAS OF FOCUS (BUDGET CODES)

• Support provision of comprehensive PMTCT services
• Care and treatment for HIV-infected pregnant women, women in the postpartum period, and woman of childbearing age
• Prevention, care and treatment for HIV-exposed infant and HIV-infected infants and children
• Identifying and engaging HIV-infected infants and children with unknown HIV status
• TB/HIV co-infection management and integration

S2S APPROACH

S2S provides technical, programmatic, capacity building and systems support using a multidisciplinary care model to initiate, expand, link and/or deepen relevant family-focused services to rapidly increase the uptake of HIV prevention, care and treatment services for pregnant women and young children.

The cornerstone of S2S efforts target clinical and management site staff and includes continuing and phased-in skills building, knowledge transfer, supportive supervision, clinical mentoring and modeling to improve quality of care, strengthening clinical critical thinking/reasoning skills, supporting job-realignment and instituting a multidisciplinary approach to service provision. The S2S technical team is a multidisciplinary team, targeting all cadres of health workers involved in the provision of HIV prevention, care and treatment services.

S2S supports these efforts through the following activities in all four areas of focus (PMTCT, Pediatric Care and Support, Pediatric Treatment and TB/HIV):
1. Direct Site Support: Working in collaboration with USAID implementing partners at site level to support government and non-government staff working to implement family-focused HIV services
o Clinical systems mentorship: Clinical and systems
2. Offsite Training: Conducting offsite skills building and performance improvement interventions for site staff at the Tygerberg Children's Hospital
o One week Pediatric HIV management course
o Conducting one-week (CPD accredited) Performance and Capacity Enhancement trainings (PACE), focusing on developing and supporting health workers and fostering the skills that enhance their capacity to work effectively and to remain engaged in their work, motivated and healthy while working in an environment that is often physically and emotionally demanding.
3. Onsite Training: Conducting onsite skills building and performance improvement interventions for site staff at the S2S supported sites
o Two-day PMTCT District Cluster Implementation Workshop, focusing on the implementation aspects of increasing the uptake of and improving the quality of pediatric HIV care, treatment and support services
o One-day Pediatric District Cluster Implementation Workshop, focusing on the implementation aspects of increasing the uptake of and improving the quality of PMTCT services
4. Development of HIV specific performance and training tools and resources.

Program outcomes will be measured using a Standards of Care (SOC) tool, which speaks to the DOH and PEPFAR indicators for quality and comprehensive HIV prevention, care and treatment for women, children and their families. This tool aims to quickly and simply assess the key service delivery areas outlined in the Budget Code sections of this document. While it is multifaceted in function, it can serve to monitor the programs longitudinal progression and growth over any period of time. S2S will utilize the SOC in the initial assessment of the program, and after support has been provided, to assess program progress and also to identify other areas in need of support. Sites will be encouraged to use the SOCs after formal support ends to continue to monitor important program quality and measures.

It is anticipated that by closely monitoring and evaluating the inputs, activities, outputs and outcomes of the S2S program that a comprehensive summary of the achievements of the program will be highlighted. This information will not only be critical for program improvement, but also to communicate to the partners the progress and achievements that have occurred as a result of these site level collaborations.

Although not providing direct prevention, care and treatment services, S2S supports USAID implementing partners to increase the capacity of health facilities to manage and strengthen HIV/AIDS

prevention, care and treatment services, including, training and mentoring health workers, improving information systems and ensuring integration of ART programs within TB, STI and PMTCT services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	9503		
Mechanism Name:			
Prime Partner Name:	Columbia University Mailman School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	553,416	

Narrative:

S2S will work with DoH and USAID implementing partners to provide family-focused treatment and care services for HIV-infected children. S2S equips health workers with the necessary skills to address the special needs of HIV-infected children, and their families.

Areas for support will be prioritized based on challenges and needs of district and sites supported by S2S and will be contextualized according to the specific setting, site attributes and available (and future) resources. S2S supports the following Pediatric Care and Support activities:

• Identification of infection status: ensure timely identification of HIV exposure and infection status of infants and children, initiate HIV care and treatment services for children, provider support to provider-initiated counseling and testing.
• Routine testing (provider initiated testing) of symptomatic children in pediatric medical settings: rapidly identify large numbers of HIV-positive children, and provide direct links to treatment and care.

• Linkages to HIV services: improve linkage, referral and retention of HIV-exposed and infected children in care, linkage to child survival interventions.
• Opportunistic infections: support the prevention, diagnosis and treatment of opportunistic infections in HIV-infected children.
• Monitoring of HIV-infected children: regular clinical and CD4 monitoring, monitoring of growth and development, monitoring of nutritional status.
• Early Infant Diagnosis: Develop services to offer EID, reporting tools and counseling for HIV-exposed infants.
• Improve quality of life: provide appropriate pain assessment and management, provide psychological, social and spiritual support to HIV-exposed and HIV-infected children.
• Linkage, referral and coordination with care and treatment programs for caregivers and family members: Community HIV care for HIV-exposed and infected children.
• Comprehensive pediatric HIV care support services: basic and quality pediatric care, neurodevelopmental screening and capacity building, psychiatric and psychological issues and support, HAART initiation and management in children, toxicity, treatment failure, adherence, adolescents, malaria, pediatric pain/symptom relief assessment and management, sexual abuse.

As part of the larger package of support, S2S offers offsite Comprehensive Pediatric HIV Care and Treatment Trainings and onsite Paediatric HIV/AIDS Cluster Implementation Workshop.

1. One week CPD accredited pediatric HIV training events will be hosted at the University of Stellenbosch Faculty of Health Science, Tygerberg Children's Hospital, for 10 participants per training event. At the end of the pediatric training events, participants will have received comprehensive exposure to pediatric HIV/AIDS care and treatment services and issues through a variety of training platforms, including a targeted didactic program that emphasizes case management and service implementation. Four participants are selected from S2S-supported facilities for the training. In addition, partners such as FPD, BroadReach, ECHO and Right to Care are allocated six slots for participants they choose to nominate. The pediatric care and support content of the pediatric training focuses on: an overview of pediatric HIV, early infant diagnosis and care of the exposed infant, management of the HIV-infected child, growth and neurodevelopmental monitoring, pediatric ART , ART Follow-Up: toxicities and second line regimens, pediatric tuberculosis, opportunistic infections (respiratory, oral, gastrointestinal, neurological, dermatology), adherence, psychosocial support and counseling, pediatric disclosure, adherence and care.

2. The Paediatric HIV/AIDS Cluster Implementation Workshop is a one-day workshop offered to staff at primary level (and ART staff at S2S supported sites on the management of HIV infected children (care and treatment). The aim of the workshop is to address identified knowledge and skills gaps related to

paediatric HIV/AIDS care with the goal of increasing the uptake of children into HIV care and treatment services. To reinforce skills and guidelines and help staff implement the skills transferred at the Paediatric Cluster Implementation workshop, S2S provides onsite technical and systems support, including mentoring, shadowing and one-on-one skills and knowledge transfer to reinforce concepts and guidelines discussed in the workshop.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	611,670	

Narrative:

Areas for support will be prioritized based on challenges and needs of district and sites supported by S2S and will be contextualized according to the specific setting, site attributes and available (and future) resources. S2S supports the following Pediatric Treatment activities:

• Provision of and adherence to treatment: provide ART for all HIV-infected infants and eligible children, appropriate pediatric formulations, CTX prophylaxis, ongoing treatment adherence support.
• Comprehensive pediatric treatment services: basic and quality pediatric care, neurodevelopmental screening, psychological support and adherence, HAART initiation and management in children, including: toxicity, treatment failure.

As part of the larger package of support, S2S offers offsite Comprehensive Pediatric HIV Care and Treatment Trainings and onsite Paediatric HIV/AIDS Cluster Implementation Workshop.

1. One week pediatric HIV training events will be hosted at the University of Stellenbosch Faculty of Health Science, Tygerberg Children's Hospital, for 10 participants per training event. At the end of the pediatric training events, participants will have received comprehensive exposure to pediatric HIV/AIDS care and treatment services and issues through a variety of training platforms, including a targeted didactic program that emphasizes case management and service implementation. Four participants are selected from S2S-supported facilities for the training. In addition, partners such as FPD, BroadReach, ECHO and Right to Care are allocated six slots for participants they choose to nominate. The pediatric care and support content of the pediatric training focuses on: an overview of pediatric HIV, early infant diagnosis and care of the exposed infant, management of the HIV-infected child, growth and neurodevelopmental monitoring, pediatric ART , ART Follow-Up: toxicities and second line regimens, pediatric tuberculosis, opportunistic infections (respiratory, oral, gastrointestinal, neurological, dermatology), adherence, psychosocial support and counseling, pediatric disclosure, adherence and care.

2. The Paediatric HIV/AIDS Cluster Implementation Workshop is a one-day workshop offered to staff at under-five clinic and ART staff at S2S supported sites on the management of HIV infected children (care and treatment). The aim of the workshop is to address identified knowledge and skills gaps related to paediatric HIV/AIDS care with the goal of increasing the uptake of children into HIV care and treatment services. To reinforce skills and guidelines and help staff implement the skills transferred at the Paediatric Cluster Implementation workshop, S2S provides onsite technical and systems support, including mentoring, shadowing and one-on-one skills and knowledge transfer to reinforce concepts and guidelines discussed in the workshop.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,081,588	

Narrative:

The PMTCT activities conducted by S2S are aligned to South Africa's 2009 National Accelerated PMTCT Plan (A-Plan). The Standards of Care (SOC) utilized to assess progress made by sites supported by S2S following capacity building activities are directly correlated to the priority PMTCT indicators detailed in the A-Plan.

Areas for support will be prioritized in collaboration with the leadership of the DoH and USAID implementing partners based on challenges, needs and set targets of district and sites supported by S2S. These areas of support will be contextualized according to the specific setting, site attributes and available (and future) resources. S2S supports the following PMTCT activities.

MCH services: integrate PMTCT with MCH services to serve as an entry point to other HIV services for women, children and male partners, ensure mothers and infants with HIV are appropriately referred to HIV services for continued treatment, care and support.
• Family planning services: improve access to available family planning through active and effective wrap around and linking to PMTCT, MCH and ARV services.
• Transition PMTCT program: transition short-course PMTCT programs to full, family-based care and treatment programs, support effective interventions based on current WHO antiretroviral PMTCT and national guidelines, prepare for the rapid implementation of new guidelines.
• Quality/performance improvement: support the implementation of quality and performance improvement measures, ongoing evaluation of the quality of PMTCT services and program impact.
• Routine HIV testing and counseling services for PMTCT: target all women of reproductive age at every entry point, group pre-test information session, disclosure support, family testing.
• Partner testing: integration of partner testing in PMTCT, gender issue awareness/sensitization, supportive services for partners at every entry point.

• Comprehensive MCH service: enhance basic MCH package to meet needs of HIV-positive pregnant women including safer sex, nutrition, malaria prevention, family planning, immunizations, TB screening, treatment and isoniazid prophylaxis.
• ARV for PMTCT: Routine clinical/immunological evaluation of HIV-positive women, prophylaxis for all women not HAART eligible, fast tracking of HAART for all eligible women.
• Provision of safe labor and delivery and post-partum services: Improve/enhance quality of labor and delivery services, biosafety, safer obstetric practices, postpartum follow-up.
• Infant feeding counseling: ongoing and routine comprehensive infant feeding support during pregnancy, labor and delivery and post-delivery, quality infant feeding counseling and assessment of AFASS of feeding choice.
• Enhance existing on-site PMTCT client tracking systems: enhance/implement MCH appointments and client tracking/tracing system, criteria for use system to improve client management.
• Linking PMTCT programs with pediatric follow-up: systems strengthening for HIV-exposed infant follow-up, early infant diagnosis and routine testing of children, and strengthen linkages to adult and pediatric care and treatment.

As part of the larger package of PMTCT support, S2S will offer 2 day PMTCT District Cluster Implementation Workshops to antenatal, postnatal and labor and delivery ward staff at supported sites. The aim of the workshop is to address indentified knowledge and skills gaps related to PMTCT services. These training courses focus on implementing newly acquired skills to improve the quality of the care package for HIV-infected pregnant women and HIV exposed infants, and are in addition to the onsite mentoring, precepting and informal training sessions S2S offers to sites in the areas of PMTCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	291,271	

Narrative:

Areas for support will be prioritized based on challenges and needs of district and sites supported by S2S and will be contextualized according to the specific setting, site attributes and available (and future) resources. S2S supports the following TB/HIV activities:

• TB/HIV and the family: integration of TB screening at every entry point, improved linkages between HIV and TB programs, routine HIV testing for all clients undergoing TB treatment.
• TB/HIV testing and linkages: increase provider-initiated HIV testing and counseling and linkages to HIV care and treatment among TB patients.
• TB/HIV testing and linkages: increase provider-initiated HIV testing and counseling and linkages to HIV

care and treatment among TB patients. • PLHIV with TB: improve TB screening, diagnosis and treatment among people living with HIV, provide isoniazid preventive therapy for PLHIV. • Infection control: develop or enhance TB infection control activities. • Monitoring and evaluation: strengthen program monitoring and evaluation of TB.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9506	**Mechanism Name: Elizabeth Glaser Pediatric AIDS Foundation**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Elizabeth Glaser Pediatric AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 11,995,271	
Funding Source	**Funding Amount**
Central GHCS (State)	5,283,351
GHCS (State)	6,711,920

Sub Partner Name(s)

AIDS Healthcare Foundation		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9506**
Mechanism Name:	**Elizabeth Glaser Pediatric AIDS Foundation**
Prime Partner Name:	**Elizabeth Glaser Pediatric AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	677,748	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	5,728,625	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	257,585	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	515,277	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,097,804	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	527,362	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	2,270,401	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	153,812	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	766,657	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9507	**Mechanism Name: RESPOND**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Engender Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,013,140

Funding Source	Funding Amount
GHCS (State)	1,013,140

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

TB

Budget Code Information

Mechanism ID:	**9507**
Mechanism Name:	**RESPOND**
Prime Partner Name:	**Engender Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	240,736	

Narrative:

Because men equate illness or attending health services with weakness, many defer seeking health care until it is too late. When they do seek help, they often feel unwelcome at health facilities, which are largely designed for women. Frequently they confront health workers who are uncomfortable treating them because they have not been trained to do so, are concerned that men's services will be too time consuming, labor intensive, and too expensive to provide, are afraid that men will be threatening or disruptive, or are simply unaware of the factors that attract and repel men.

EHSA and partners will implement a comprehensive supply and demand program at the MAP Centre, including HIV counseling and testing (mobile drives and community testing at the MAP Centre), Couple Counseling, CD4 testing, basic STI and primary health checks services. On the supply side, the project team will work with health workers and sites to address organizational and attitudinal barriers that deter men from using services. Through training, EHSA will build health workers' capacity to attract men to use services themselves and to support their partners' attendance. EHSA will also train health workers on counseling and communicating with men about HIV, both alone and with their partners.

EHSA will also provide teachnical support to other prevention partner through it mobile VCT and health van through drives in communities and support to other grassroot communities, individuals, NGO and CBO. The Van and sites will include locally appropriate male-friendly initiatives, such as displaying HIV BCC materials that appeal to both men and women, scheduling services at times that fit men's work and recreation patterns, providing opportunities for men and women to attend as couples, and involving men in planning, implementing and evaluating services.

MSM and injecting drug users (IDU) have special health and counseling needs. Due to denial of their existence in especially in the rural communities: EC, LP and the severe stigmatization of their behaviors, however, they are unlikely to get the help they need. To increase health workers' awareness, and to help them provide non-discriminatory care, health worker training will include a brief overview of sexual orientation and the social factors that influence people to start, and to continue using, illicit drugs. Training will include a brief discussion of these men's special health needs plus information on where to refer men for specialized care. As required, EHSA will link with other specialized programs, such as Men's Clinic, to arrange more intensive training for health workers who need it. .

Male Circumcision (MC) is now recognized as one of the most promising HIV prevention approaches when integrated with all other HIV prevention, care, and treatment strategies. South African stakeholders believe that community acceptance of MC should not be imposed. EHSA through the MAP Center will work closely with the provincial department of Health and the department of Social Development to determine how to promote male circumcision for HIV prevention in MAP workshops, health worker training, focused group discussions, door-to-doors and community mobilization activities. EHSA will link interested partners with the Male Circumcision Working group in SANAC, to train health workers in clinical MC services including modern surgical technique.

EHSA will work with community groups and outreach workers to increase men's demand for services via existing community mobilization activities and mass media campaigns, and through new specific activities by community outreach workers. In addition, MAP workshop participants will discuss the factors that deter men from using specific services and will examine the importance of seeking help when it is

needed. Throughout its work, EHSA will promote messages that equate men's use of HIV services with manhood, strength, and courage.
EngenderHealth is committed to effective project monitoring and the use of data for planning and decision making. To do this, EHSA program team will be involved with the monitoring of this project: determining meaningful indicators; reporting on specific indicators; reviewing indicators and data results; and applying results to planning, course correction and decision making.

To avoid duplication and to minimise time and expense, EHSA will exploit existing information and data collection systems used by USAID/ PEPFAR and gender partners and SA government Agencies. The Project Team will set up a comprehensive system for routine performance monitoring that will function in coordination with health management information system. along with its District Health Information System (DHIS). We will also coordinate all our M&E efforts with USAID, in collaboration with their other HIV/AIDS and gender projects.

EHSA's M&E Program Officer will manage performance monitoring under the direction of the COP. Once the PMP is finalized and approved, the team will work closely with the partner to assure the quality of data collection, interpretation of findings, and integration and the use of data for planning and decision-making..

The PMP will cover the project, and will include the data collection process for establishing baseline conditions, the key indicators against which progress will be measured, and the data collection process for the mid term and final evaluations.

All components of this Project will monitor their performance. Therefore, responsibilities for M&E will be shared among the Prime and other partners, under the coordination of the M&E program Officer. The Table below outlines illustrative M&E activities per component. As needed, and in a timely manner, survey tools, questionnaires, and databases will be developed by the EHSA team for use on this Project. To ensure quality collection and reporting, EHSA will develop the capacity of local partners as needed to monitor and report their activities through training, follow-up, feedback, and participatory planning and implementation. EHSA will implement a quality assurance (QA) system to monitor data recording and reporting, and will provide assistance as needed to implementing partners to improve their own QA systems. Data audits will be done every quarter for the first year and every 6 months thereafter using an audit checklist.

EHSA will identify and carry out selective targeted investigations driven by programmatic need and NSP priorities, in consultation with other partners.

Baseline survey reports will be produced and disseminated to stakeholders. Each quarter, project data will be collected, consolidated, analyzed and disseminated to stakeholders, including implementing partners, collaborating organizations, and program staff. Relevant project documents will be posted on EngenderHealth's public webpage.

In collaboration with its partners, EHSA will identify and document success stories of initiatives that are successfully engaging men, and will disseminate the findings widely through the MenEngage SA and EngenderHealth public websites, professional literature, and local and international meetings.

EHSA will provide USAID/PEPFAR with printed and electronic copies of all program products, including publications, studies, trip reports, assessments, and short term consultancy reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	398,605	

Narrative:

Gender norms—societal expectations of men's and women's behaviors are among the strongest factors fueling HIV transmission worldwide. Traditional male gender norms encourage men to equate a range of risky behaviors—using violence, substance abuse, pursuing multiple sexual partners, dominating women, alcohol and drug abuse—with being manly. Rigid constructs of masculinity lead men to view health-seeking behaviors as signs of weakness. Men who adhere to non-equitable views of manhood are more likely to participate in unsafe sexual practices, act violently towards women, and engage in substance abuse. In addition, women's low status limits the social, education and economic opportunities that help protect them from infection.

In South Africa, multiple sexual partners are socially condoned and often encouraged for men. 20% of youth believe that a man must have more than one partner to be sexually satisfied, while over 30% believe it is impossible for men to have a sexual relationship with only one woman at a time. 10% of currently married women and men are in polygynous unions2. Long term concurrent relationships, as polygynous marriage, can rapidly transmit HIV if any member of the sexual network has outside partner(s). More than a quarter of sexually active men report having two or more partners in the past twelve months, but only half used condoms at last sex with their non-spouse.

Only 4% of men report having sex with a prostitute in the last twelve months (although there are regional and occupational variations), however, other forms of transactional sex are frequent. Gift giving is a standard component of sexual relationships among youth. Peers and family sometimes urge young women to exchange sex to gain financial security. Such relationships create clear power imbalances that

increase women's vulnerability to HIV. Economically dependent women are less able to negotiate for safer sex, including consistent condom use, and this dynamic is further complicated when there are significant age disparities between partners.

Violence also reflects the power imbalances between men and women. In a Dar Es Salaam study , 8.5% women reported being forced to do something sexual with an older person before age 12. In their lifetime, 45.7% had one or more verbally abusive partners, 37.6% had one or more physically abusive partners, and 16.3% had one or more sexually abusive partners. 11.4% experienced at least one physically violent event during the past three months. The connection between HIV and gender-based violence is clear. Alcohol use fuels HIV transmission by reducing inhibitions to engage in high-risk sex such as unprotected casual sex, sex with sex workers, and sex with multiple partners. Alcohol abuse also increases domestic violence. For PLHIV, alcohol can further suppress the immune system, speeding the onset of AIDS and related illnesses. Men of all social classes are encouraged to drink and they often seek status based on the amount of alcohol they can consume. Alcohol consumption, however, is highest in poor communities where potent home-brews are cheap and readily available.

All of these behaviors are rooted in traditional male and female gender roles and expectations. Successfully redressing these harmful beliefs and practices through transforming South African men, women and social structures, therefore, is critical to bringing the country's HIV epidemic under control.

The goals of the integrated behaviour change model are to:
• Promote partner reduction and fidelity and reduce high-risk behaviors;
• Promote supportive social norms that discourage multiple partnering, violence, and sexual coercion;
• Promote positive health-seeking behavior by men, including male participation in health services and in the national HIV response.
• Improve access to RH, HIV, and psycho –social support services in the 3 provinces; the Eastern Cape, Limpopo and Gauteng.

Through MAP Centre situated within grass root communities, EHSA will transform male gender roles in three primary ways:
• Promote gender norms that portray men as supportive partners. Men will understand that masculinity can best be manifested through protecting the health and well-being of their spouses, lovers, and children.
• Promote gender norms that portray men as clients of clinical HIV services. Traditional concepts of masculinity reinforce the idea that men should not seek health care. By transforming these norms, men will associate health seeking behaviors with courage and strength.
• Transform gender norms regarding men as agents of social change. Men will realize that real men

actively stand for gender equality and against gender-based violence. Men will appreciate that they have the power to change societal norms and that there are significant benefits in doing so, for themselves and for the women and children in their lives.
• Integrate and provide all above interventions as a comprehensive service to communities, individuals and organizations.

Transforming gender roles requires large scale societal change. From birth, humans are socialized to adopt gender roles by a range of influences. EHSA, therefore, will work through multiple levels of society. MAP's ecological model addresses multi-faceted aspects of the social environment to effect personal and social change. They include strengthening individual knowledge and skills, creating a supportive peer and family environment, increasing men's use of health services, mobilizing communities, changing organizational practices, and reforming policy and legislation.

Through this comprehensive approach, EHSA will contribute to PEPFAR 7 and 10 goals, USAID's Health Sector and Strategic Plan for Africa goals, and to the Millennium Development Goals in Health. Respond to priority number 1 of the South Africa National strategic plan 2007-2011. In order to create sustained behavioral change, studies have identified the importance of men undergoing a personal reflection process that increases their understanding of how existing gender norms negatively affect their own lives, their partners and their families. EHSA will work with local and international organizations including schools, NGOs, CBOs, FBOs and workplaces to help individual men understand how current gender and social norms increase their personal and their partners' risk for HIV and how they can adopt and promote alternate, healthier behaviors. Through ongoing experiential workshops, dialogues and focused group discussions.

Through group workshops that are rooted in social learning theory, use youth and adult learning principles, and are participatory; non-directive approach, participants will reflect on their personal values concerning gender. The initial sessions examine traditional gender roles, stereotypes and the power dynamics between men and women. With a gender framework in place, the group focuses on men's willingness to protect themselves, their partners and their families from HIV, emphasizing abstaining from sexual activity, reducing multiple concurrent partnerships, increasing fidelity, and eliminating inter-generational sex, sexual coercion and violence. Finally, activities encourage participants to seek voluntary counseling and testing, to take an active stand against violence and HIV-related discrimination, and to help care for and treat those who are infected. In each workshop, participants will develop action plans that indicate how they will support a community response to HIV and gender norm transformation. EHSA aimes to focus it behaviour and integrated approach in 3 provinces working with a total of 12 schools in FY2010; 6 business (SME and large organizations); out-of school youths and adults in the above provinces. Building on the excellent relationships that EngenderHealth, SPW and local

government departments and clinics; EHSA will orient an extensive and diverse group of partners to the MAP approach through individual meetings and through national, provincial, district and local orientation workshops.

The MAP Centers will adapt and use EngenderHealth's Men as Partners? curriculum, which has been implemented in more than 20 countries, including South Africa, Kenya, and Uganda. Core staff from collaborating organizations will provide input to curriculum adaptation, including issues specific to South Africa such as male circumcision, raising awareness of illicit drug use and same sex behavior, and strategies for working with women to transform their views of male gender roles. They will also help develop associated materials for individual and group education work. Following approval of all materials by Health and Welfare SETA and USAID, EHSA will translate the materials into Xhosa, Zulu, Sotho and Pedi.

EHSA staff will work with each collaborating partner and individual to identify their unique Individual/ technical assistance needs, and to select motivated staff and volunteers to lead MAP group education. EHSA staff will guide these leaders to develop detailed strategies and implementation plans, which will include a range of training and post-training mentoring, supervision and follow-up activities. EHSA will train core staff from each partner organization as MAP master trainers. TOT training includes gender values clarification, extensive orientation to workshop activities, and repeated practice and feedback on facilitating training sessions. EHSA will support the master trainers to train other facilitators within their organizations. EHSA will follow-up to ensure that training is appropriately and efficiently implemented according to each organization's implementation plan. To assure quality, EHSA staff will attend MAP workshops conducted by the organizations' trainers at least quarterly to provide on-the-job coaching. To improve the master trainers' own supervision skills, EHSA will train them in Facilitative Supervision?, an EngenderHealth curriculum that emphasizes mentoring, joint problem solving and two-way communication. Annual refresher workshops will include recent MAP methodology developments, training needs expressed by the trainers and collaborative partners, and issues arising during the follow-up visits.

When challenging harmful social norms, power lies in numbers. Most men are good men who want to eliminate violence and other negative male behaviors, however, they are unsure of what they can do and lack the opportunity to act in solidarity. The MAP Community Engagement Manual, recently revised and piloted in Uganda is essential for communities while the SCAGE manual will be applied to schools for in-schools youths.

EHSA will support schools education structures and collaborating partners to conduct participatory in-school and community-based needs assessments to identify factors that drive men and boys to take health risks including alcohol and drug abuse, the reasons for violence against women in their

community; and community perspectives on practical ways to rectify these problems. EHSA will help partners incorporate the information gained into MAP training and community mobilization activities.

EHSA will put together action kit to include personal testimonials from men and boys who are working in their communities and schools to transform gender norms, promote gender equity, eliminate gender-based violence, and address HIV. MAP Centers will employ digital storytelling, a powerful, innovative multi-media format that combines voice, photographs and music in 3-minute video stories. EngenderHealth has pioneered digital story CD compilations in India and South Africa (www.engenderhealth.org/ia/wwm/wwmds.html and www.engenderhealth.org/ia/wwm/wwm-india.html). EHSA will invite men to share their stories, and train them in video production. EHSA will use the videos in MAP workshops, community events, radio, television, national advocacy meetings, and local and international conferences. The kit will include a digital stories facilitators' guide to help partners use them most effectively. Sporting events attract men of all ages. Sports clubs and informal soccer teams draw in adolescents and younger men. EngenderHealth's S-CAGE Initiative in South Africa works in partnership with a global organization, Grassroots Soccer, to integrate gender norm programming in their soccer and life-skills based curriculum. EHSA will work with groups such as Show Me Your Number to integrate gender transformative life skills programs into soccer clubs. Further building on men's interest in sports, EHSA in partnership with Show me Your Number will recruit South African sports stars as spokesmen for our workplace and media campaigns.

With EHSA partnership with Project Hope, technical assistance and funds, EHSA will integrate MAP activities in their model farmer and livestock training with men. In addition, they will implement a variety of gender realignment activities and introduce microcredit to some successful clients. EHSA will leverage community and National faith based groups for cordial collaboration to ensure that messages and media campaigns are sensitive to most/all culture and perspectives. Women play a vital role in perpetuating or challenging male gender roles. Gender alignment strategies involve working with women and men separately and then bringing them together for joint discussions. EHSA will work with CEDPA, Marie Stopes, CBO, NGO and district and community clinics.

EHSA will re-launch I AM A PARTNER CAMPAIGN and conduct annual national advocacy and mass media campaigns that tackle negative social norms head on. Each year, EHSA will use multiple reinforcing messages, channels and advocacy tools to address one thematic area in male social norms and HIV. Messages for the general public will be asset-based –

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	373,799	

Narrative:

EngenderHealth's Men's Reproductive Health curriculum develops or strengthens health workers' ability to provide quality sexual and reproductive health services (SRH) to men. The course focuses on how to work effectively with men on reproductive health and sexuality issues, including gender concerns and women's RH needs. Modules include: Rationale for providing men's RH services, male sexual and reproductive anatomy and physiology, sexuality, HIV and AIDS, contraception, sexually transmitted infections, and service management, including male friendly services, and counseling and communicating with men and their partners.
Because men equate illness or attending health services with weakness, many defer seeking health care until it is too late. When they do seek help, they often feel unwelcome at health facilities, which are largely designed for women. Frequently they confront health workers who are uncomfortable treating them because they have not been trained to do so, are concerned that men's services will be too time consuming, labor intensive, and too expensive to provide, are afraid that men will be threatening or disruptive, or are simply unaware of the factors that attract and repel men.

EHSA and partners will implement a comprehensive supply and demand program at the MAP Centre, including HIV counseling and testing (mobile drives and community testing at the MAP Centre), Couple Counseling, CD4 testing, basic STI and primary health checks services. On the supply side, the project team will work with health workers and sites to address organizational and attitudinal barriers that deter men from using services. Through training, EHSA will build health workers' capacity to attract men to use services themselves and to support their partners' attendance. EHSA will also train health workers on counseling and communicating with men about HIV, both alone and with their partners.

Discrimination against PLHIV is common in South African Health facilities. Fear of discrimination dissuades many men from attending counseling and testing sites to learn their HIV status, and results in PLHIV delaying to seek care and ART. EHSA partners will train government, NGO and private sector health workers to eliminate HIV stigma and discrimination, linking it with universal precautions training to reduce health worker's fears of workplace transmission.

EHSA and Partners will also support sites to introduce locally appropriate male-friendly initiatives, such as displaying HIV BCC materials that appeal to both men and women, scheduling services at times that fit men's work and recreation patterns, providing opportunities for men and women to attend as couples, and involving men in planning, implementing and evaluating services.

MSM and injecting drug users (IDU) have special health and counseling needs. Due to denial of their existence in especially in the rural communities: EC, LP and the severe stigmatization of their behaviors, however, they are unlikely to get the help they need. To increase health workers' awareness, and to help them provide non-discriminatory care, health worker training will include a brief overview of sexual

orientation and the social factors that influence people to start, and to continue using, illicit drugs. Training will include a brief discussion of these men's special health needs plus information on where to refer men for specialized care. As required, EHSA will link with other specialized programs, such as Men's Clinic, to arrange more intensive training for health workers who need it.

Male Circumcision (MC) is now recognized as one of the most promising HIV prevention approaches when integrated with all other HIV prevention, care, and treatment strategies. South African stakeholders believe that community acceptance of MC should not be imposed. EHSA through the MAP Center will work closely with the provincial department of Health and the department of Social Development to determine how to promote male circumcision for HIV prevention in MAP workshops, health worker training, focused group discussions, door-to-doors and community mobilization activities. EHSA will link interested partners with the Male Circumcision Working group in SANAC, to train health workers in clinical MC services including modern surgical technique.

EHSA will work with community groups and outreach workers to increase men's demand for services via existing community mobilization activities and mass media campaigns, and through new specific activities by community outreach workers. In addition, MAP workshop participants will discuss the factors that deter men from using specific services and will examine the importance of seeking help when it is needed. Throughout its work, EHSA will promote messages that equate men's use of HIV services with manhood, strength, and courage.
Evidence-based Targeting of Interventions and Selection of Priority Geographic Focus Areas As HIV epidemics mature, the age incidence of new infections rises above 25 years. EHSA will therefore focus on adult but reaching early adult in schools. Targeted evidence-based interventions among higher risk 'bridge populations' are extremely cost effective.

Although EHSA will work with varying intensity throughout South Africa, we will coordinate with government, bilateral and NGO partners to focus activities in 3 provinces (EC, LP and GP) and 3 districts where HIV prevalence is highest, and where risk behaviors and/or gender violence are known to be more common. EHSA will agree on specific sites to set up MAP Centre for comprehensive and integrated activities with collaborating partners. Some activities, such as mass media campaigns and policy advocacy, will be national.

Engaging SA Men SA men are the experts on SA culture and male social norms. EHSA will actively involve men in the communities where MAP Centre will be set up; in the design, implementation, management, monitoring and evaluation of all Project activities. As individuals who are changing their own behavior and providing peer support to their friends who are attempting to do so, as members of Community Action Teams who are raising community awareness, and as activists who are advocating for

legal and policy reform, the men reached by this project will be changed in every sense of the word.

Identifying and Documenting Best Practices In collaboration with the MenEngage Global Alliance and Global MAP, EHSA will support organizations to review existing programs that are working to identify and document success stories and the reasons contributing to their success, and to disseminate the findings widely through MenEngage, professional literature, and local and international meetings.

Capacity Building and Partnerships To ensure sustainability, all EHSA activities will link with and support the NSP Strategy. We will prioritize capacity building of SA public and private sector institutions and community organizations.
EHSA will collaborate with and will complement the work of the SA Government.
To ensure cost effectiveness, avoid wasteful duplication, and to maximize impact, MAP Centres will add value to existing SA initiatives by strengthening their ability to integrate activities that effectively address prevailing negative male social norms. Programs fall into two categories:
a) Those that already reach men and boys effectively but will benefit from "top-up" training, tools and materials to confront issues such as multiple concurrent sexual partners, the role alcohol plays in sexual disinhibition, and attracting men to participate in HIV services. Programs in this category include USG-funded initiatives such as the JHEIPIGO, Futures Group Health Policy Initiative; as well as SABCOHA.
b) Those that already reach men and boys but need additional assistance, and/or those working in other development or business fields who do not currently address HIV and male gender norms. These partners will require a greater level of effort in advocating for a focus on male norms and HIV, capacity-building via training and other mechanisms, and tools and materials to incorporate into their programming. Partners in this category include Sonke Gender Justice, Men's Clinic, TAC and DSD.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9508	**Mechanism Name: Youth for Christ, South Africa - HIV Prevention Through ABC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Youth for Christ South Africa (YfCSA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 560,698	
Funding Source	**Funding Amount**
GHCS (State)	560,698

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SUMMARY:

Youth for Christ South Africa (YFC) will promote HIV risk reduction through abstinence and being faithful (AB) activities among youth 10 to 18 years of age. The activities will take place in at least 100 schools in five provinces, namely Eastern Cape, Gauteng, Mpumalanga, North West and the Western Cape. The organization has recruited and trained Youth Workers as facilitators of the prevention program for a period of a year. An itinerant Creative Arts Team, consisting of 20 youths, shall also be recruited and trained to deliver messages using dance and drama. Emphasis areas for this program will be families, gender, 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 six provinces of South Africa. YFC runs a number of programs aimed at preparing youth for the future. The organization has in the past been funded by the National Department of Health (NDOH) since 1995. YfC receives PEPFAR funds through a CDC cooperative agreement with the NDOH starting in 2005. As of FY 2007, YFC then became a PEPFAR prime partner directly receiving PEPFAR funds from CDC through a cooperative agreement that is in place. Youth for Christ has worked in various communities amongst sexually active older youths through risk reduction programs and messages. In South African communities, there is also a high ratio of unemployment amongst out of school youth of 18-25 years of age, which has been seen as a further contributing factor to their risk status. Primarily, programs for this target group have sought to develop skills and norms to promote abstinence or delay of sexual initiation, secondary abstinence, fidelity, and partner reduction. The risks of serial monogamy and concurrent partnerships should also be highlighted. Those youths who were not practicing abstinence were then presented with risk reduction information and skills building in correct and consistent condom use and encouraged to access and use condom supplies. Approach to risk reduction education for this group is consistent with values based on concern and care for the lives of young people that seeks to help them remain uninfected. Reaching out to this group, at community level, has expanded access to prevention programs, including peer outreach, and training that

has empowered them to make better and informed choices in their relationships. Recent evidence that has come out from the Human Sciences Research Council's Survey of Prevalence, Incidence and Behavior Communication (HSRC 2008), partly funded by PEPFAR/CDC funds, there has is reported very encouraging outcomes and data: That HIV prevalence has decreased among youth aged 15-24 years, with especially a substantial drop in the age groups of 15, 16, 17, 18 and 19 year olds, in 2008, compared to previous surveys. There also has been a reported increase in exposure to one or more HIV and AIDS communication programs, with 90.2% of youth aged 15-24 years of age reached. The report asserts that, it is commendable that there is such evidence coming out of South Africa against a number of indicators vital for an effective response to the epidemic (HSRC 2008).

ACTIVITY 1: Capacity Building

YfC intends to have a one week national training event for all personnel and staff that are involved in the prevention program, in training in Facilitation and Training; Basic HIV and AIDS; Communication of AB; Team Building; Peer Education; Reporting; etc. YfC's Prevention Programme recruits unemployed Christian youth who are active in local churches and organizations, that are then placed in schools at the various YfC sites/offices. The purpose of the year-long internship is to p+B13rovide 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 by YfC South Africa.

ACTIVITY 2: Lifeskills Education

Youth for Christ trains and places in schools, Youth Workers who facilitate Lifeskills sessions in, conjunction with the Life Orientation curriculum that the Department of Education uses. Youth for Christ cooperated with other Christian Youth Organizations and developed a Lifeskills Manual, Imbizo Bangani, that is meant for this age group, both junior and senior high school. Youth Workers visit schools and do facilitation in classes for a minimum of one day per school, whereupon a schedule from the LO Educator is provided for them to visit classes. The Imbizo Bangani Manuals (Grade 7-9; and Grade 10-12) focus on the areas of Health; Personal Growth; Emotional Intelligence and HIV and AIDS. Under these Lifeskills areas, relevant sessions presented cover the four areas, thereby effectively reaching and impacting the learners. The sessions addressed in the manual primarily focus on: challenging young people to sustain a healthy value system regarding their sexual behavior; support and develop peer education systems; activate positive community support and participation; arrange media events which expose communities to healthy value systems about sexuality and HIV/Aids (including the challenge for pro-abstinence; teach life-skills to young people; provide confidential voluntary counseling and HIV testing; training of young leaders in the schools and discussions on sex and sexuality norms to promote AB.

ACTIVITY 3: Peer Education

Building on the activities and experiences of the previous two years, Youth for Christ will continue

implementing Peer Education in some of the same schools since FY 2007. In the last two years it has been a challenge to implement Peer Education in the schools as the Department of Education has become more reluctant to give permission to organizations to operate in schools. Schools have been as well not very willing to have learners deliver sessions, thereby loosing class time. On the other hand the Department of Education has been in the process of developing their own Peer Education model that shall be released in 2010. YfC has been working with the Centre for the Support of Peer Education (CSPE) since FY 08 to implement an evidence based model of Peer Education they developed called Rutanang. This model has been endorsed by the National Department of Health and is being adopted by various provincial Departments of Education. The Rutanang model of Peer Education trains and equips groups of learners in a school to deliver a series of sessions of AB message dosages using a HIV prevention curriculum.

ACTIVITY 3: Creative Arts

For our 2010/11 COP YfC envisages the recruitment, selection and training of an HIV Aids Specialist Production Team consisting of 20 people. The number of participants/team members relates to the high standard of professionalism and excellence that is envisaged for this team. This group of young people will be professionally trained in the arts, i.e. music, dance and drama and their productions will address the following key topical areas relevant topics and issues such as Sexuality; Peer Pressure; Self Image; Gender Oppression; Father and Mother Relationships; Substance; Abuse; Decision Making, i.e. learning to make informed decisions and choices).

The training of this Production Team will equip them to not only work in schools, but also in community settings with the OSP Program such as community halls, churches, shopping centers and open venues. The team members will be trained to delivers and present mini productions that will cater for all age groups, i.e. school learners, out of school youth, parents and other.

In addition to their training and equipping in the creative arts, team members will also be trained as Lifeskills Facilitators and equipped to divide into 5 smaller teams of 4 people each enabling them to maximize their influence in class rooms and small group settings. The main aim of this team is to have high impact and high visibility in all the key areas/communities and schools YfC works in. As a key Combination Intervention Strategy all our other activities will compliment the 'thrust' of this production team.

The Creative Arts Team will be used nationally, in every district and community where Youth for Christ has a program. The Team shall have an itinerary of up to two weeks in an area giving presentations and productions that are supporting existing prevention programs and activities in the area. A Creative Arts Production Team will be used as a stimulus ('hook') in the community for the prevention program like the Family Matters Program, creating an interest among parents and their children.

ACTIVITY 3: AB Prevention/Awareness Camps

In FY 2010 YfC aims to use camps to further reach groups this group. Awareness camps shall be organized over weekends and school holidays, based on a series of workshops that follow a Lifeskills and

HIV Prevention curriculum that promotes AB messages, a delay in sexual debut and secondary abstinence for this group.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**9508**
Mechanism Name:	**Youth for Christ, South Africa - HIV Prevention Through ABC**
Prime Partner Name:	**Youth for Christ South Africa (YfCSA)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	373,799	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	186,899	

Narrative:

SUMMARY:
Youth for Christ South Africa (YFC) will promote HIV risk reduction through abstinence and being faithful (AB) activities among youth 10 to 18 years of age. The activities will take place in at least 100 schools in five provinces, namely Eastern Cape, Gauteng, Mpumalanga, North West and the Western Cape. The organization has recruited and trained Youth Workers as facilitators of the prevention program for a period of a year. An itinerant Creative Arts Team, consisting of 20 youths, shall also be recruited and trained to deliver messages using dance and drama. Emphasis areas for this program will be families, gender, 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 six provinces of South Africa. YFC runs a number of programs aimed at preparing youth for the future. The organization has in the past been funded by the National Department of Health (NDOH) since 1995. YfC receives PEPFAR funds through a CDC cooperative agreement with the NDOH starting in 2005. As of FY 2007, YFC then became a PEPFAR prime partner directly receiving PEPFAR funds from CDC through a cooperative agreement that is in place. Youth for Christ has worked in various communities amongst sexually active older youths through risk reduction programs and messages. In South African communities, there is also a high ratio of unemployment amongst out of school youth of 18-25 years of age, which has been seen as a further contributing factor to their risk status. Primarily, programs for this target group have sought to develop skills and norms to promote abstinence or delay of sexual initiation, secondary abstinence, fidelity, and partner reduction. The risks of serial monogamy and concurrent partnerships should also be highlighted. Those youths who were not practicing abstinence were then presented with risk reduction information and skills building in correct and consistent condom use and encouraged to access and use condom supplies. Approach to risk reduction education for this group is consistent with values based on concern and care for the lives of young people that seeks to help them remain uninfected. Reaching out to this group, at community level, has expanded access to prevention programs, including peer outreach, and training that has empowered them to make better and informed choices in their relationships. Recent evidence has also come out in commendation of the efforts and endeavors towards Other Sexual Prevention Programs. The Human Sciences Research Council has made findings in the South African National HIV Prevalence, Incidence, Behavior and Communication Survey (HSRC 2008), partly funded by PEPFAR/CDC funds, that the HIV prevalence has seemingly stabilized at around 11%. Whilst much more has to be done still, seen in the greater context, it is also very positive and encouraging that as an outcome of all efforts there has been a general increase of awareness in HIV status and also increase in exposure to HIV and AIDS Communication. This we see as having a resultant effect in that there also is a reported increase in condom use and awareness sexual reproductive health amongst this age group, who are a most at risk population.

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 and secondary abstinence. Full information on correct and consistent condom use is provided and referral to relevant service sites for access of condoms.

ACTIVITY 1: Family Matters! Program

YfC recognizes the vital importance and value of healthy families producing healthy young people and communities. This necessarily is a key component in the strategic vision of YfC SA. For healthy relationships to exist between parents and their children YfC also recognizes the need for an Intervention that will train and equip people to communicate effectively, i.e. learning to be open and honest. Many South African culture groups do not intentionally foster a strong parent/child relationship. The absence of such relationships is often further frustrated and compounded by the effects of poverty and disposition, (parents who work long hours and return home tired and fatigued do not easily recognize the need or importance to 'connect' with their children). In many impoverished communities children will often try to escape difficult circumstances by spending significant time on streets, outside the uncomfortable reality of an often over-crowded and cramped home. Parent/child communication easily gets sacrificed in these contexts.

Observation shows that children who grow up without a strong parental influence and/or relationship more readily gives in, typically, to peer pressures and influences, and the negative consequences of choices based thereof. The Family Matters! Program will equip YfC with the necessary tools to strategically and effectively encourage and enhance parent-child communication. Through this program healthy relationships between parents and their children will be fostered, enabling parents to more easily and openly discuss sexual issues. A vital part of the program will be the equipping and training of the parents to foster healthy attitudes toward sex early on the lives of their children.

The objectives of YfC's Family Matters Program will be: Teaching positive parenting skills; Equipping parents with the necessary skills, confidence and information to become sex educators for their children; Reducing the risk of children and young people being influenced by peers who have little knowledge and wisdom regarding myths and facts about HIV and Aids; and Establishing healthy parent/child Role Models in our communities, and thereby reducing the risk of irresponsible and dangerous sexual behavior (through peer pressure)

ACTIVITY 2: Options/Young Mothers Program

A major challenge that we see, currently, in South Africa regarding the HIV prevalence is the contribution made by the fact that out of school youth and especially young women, continue to be especially vulnerable. In most communities that are steeped in culture and traditions in South Africa, women experience systematic oppression that makes it conducive for gender based violence as an acceptable practice and norm. It therefore is not uncommon to find that increasing numbers of young women are coerced into sexual relationships, and held there in fear for violence against them as a consequence. On the other hand, crisis teenage pregnancy is very high and common in most communities where we work. Teenage pregnancy has to be also seen in the context of socio-economic challenges as well that often is not without the stereotypes that feed gender based violence that women generally face. In response to these observed challenges, YfC South Africa therefore established the Options/Young Mothers Program, in the 1990's as an intervention strategy for young women and girls who find themselves in crisis

situations and circumstances such as: an unplanned or unwanted pregnancy; STI and/or HIV infected; trapped/caught up in a crisis situation/relationship that renders them helpless because of their status as women and Sexual and/or other forms of abuse (gender based violence). The Options Centres and Program offer the following services: Pregnancy and HIV testing and counselling; Crisis Counselling and support; Crisis Support Groups Network; Teen Mom's Club Support Groups; Lifeskills and Parenting Skills Workshops; Sexual Integrity Workshops (Voices and Choices Program); etc. The Options/Young Mothers Program also has a skills training and income generation project whereby young mothers are trained in an arts and crafts skill (like jewellery and sandal making; making of greeting cards, etc). Products are marketed and sold whereby the Young Mother receives the profit. Though Options is takes a pro-life stance, we are cognisant of the Choice of Termination of Pregnancy right that pregnant individuals have. Clients of Options are encouraged to consider various options (such as adoption; support structures with raising up the baby, including support by extended family), in counseling sessions, with regards to unwanted pregnancy. Options counselling is highly professional and respects the choices of its clients to choose and make their own decision. It is the philosophy of Options to support the client (young woman/girl), whether she makes the choice to terminate her pregnancy or not, where Options staff are trained to provide support to extent of accompanying a client to clinic (facility) for termination of pregnancy. The Options provides post abortion (trauma) counselling.

The Options/Young Mothers Program has also begun to reach out to the men (boyfriends, partners or common law husbands) involved with the young women clients of the Options/Young Mothers Program. A recent Human Sciences Research Council publication and study, that engaged in dialogue with Teenage Fathers in South Africa (Teenage Tata: Voices of young fathers in South Africa: 2009) assertion is made that services and programs have tended to focus on girls and young women and have neglected boys and young men. The Options/Young Mothers Program therefore aims to reach men and boys to equip and sensitize/educated them on gender issues, to primarily help them understand the need and importance of gender empowerment, giving women a Voice and a Choice regarding their sexuality.

ACTIVITY 3: Creative Arts

This activity is the same as under AB

ACTIVITY 4: Community Based Training and Awareness Program

The Community Based Training and Awareness Program reach the older echelon of out of school youth, mainly of 24-29 years of age. This age group, like all others, has its unique set of needs in that most of them are either in part time employment or are seeking for jobs. They are either in relationships that are sexual or have long term partners that they may be living with. The young women in this category mostly have had a child or two. On the other hand, this group is in a "transition mode" to make decisions to get married. Therefore these workshops, over 3-5 days, appropriately address the needs of this group. The workshops cover such topics as: Sexual Violence; Voluntary Counseling and Testing; the risks of Multiple Concurrent Partnerships; Personal Profiles and Job Seeking Skills; etc. This activity aims at fostering culturally appropriate social norms, attitudes, and beliefs and develops 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 community.
ACTIVITY 5: OSY Prevention/Awareness Camps
Out of School Youth (OSY) are also reached through a 3 day Prevention and Awareness Camp whose focus is to ddevelop skills and norms to promote abstinence or delay of sexual initiation, secondary-abstinence fidelity, and partner reduction. Those who do not practice abstinence are provided with risk reduction information and skills, and encouraging correct and consistent condom use and accessing local points of condom supplies. Values and norms are addressed at these camps to address the risks of serial monogamy and concurrent sexual partnerships that is prevalent amongst this group. The prevention camps also aim at reducing and addressing the high incidence of gender based violence stereotypes and tendencies, including substance abuse and negative peer influence among this group of young people. Both young men and women are challenged and empowered to challenge and deal with stigmatization and gender stereotyping. Over the 3 days of the camp a number of workshops are organized and conducted that participants have to attend on a rotational basis. These workshops cover such topics as: Communications; Assertiveness; Gender based violence; Positive Personal Identity; Stress Management; Sexual Transmitted Infections and HIV and AIDS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9509	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: St. Mary's Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,169,618	
Funding Source	**Funding Amount**
GHCS (State)	7,169,618

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	150,000
Food and Nutrition: Policy, Tools, and Service Delivery	20,000
Human Resources for Health	4,100,000

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**9509**		
Mechanism Name:			
Prime Partner Name:	**St. Mary's Hospital**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	511,364	
Narrative:			
Please note that St. Mary's Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, St. Mary's Hospital. Activities have not changed between FY 2009 and FY 2010.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	5,135,318	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	162,693	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	180,000	

Narrative:

Please note that St. Mary's Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, St. Mary's Hospital. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	362,287	

Narrative:

Please note that St. Mary's Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, St. Mary's Hospital. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	24,273	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	601,712	

Narrative:

Please note that St. Mary's Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, St. Mary's Hospital. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	191,971	

Narrative:

Please note that St. Mary's Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, St. Mary's Hospital. Activities have not changed between FY 2009 and FY 2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9510	**Mechanism Name: Ubuntu Education Fund**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ubuntu Education Fund	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 715,507	
Funding Source	**Funding Amount**
GHCS (State)	715,507

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9510**		
Mechanism Name:	**Ubuntu Education Fund**		
Prime Partner Name:	**Ubuntu Education Fund**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	65,536	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	250,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	399,971	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9511	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Starfish	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 776,724	
Funding Source	**Funding Amount**

GHCS (State)	776,724

Sub Partner Name(s)

Agape Support Group	Arekopaneng Support Group	Bambanani Youth Project
Cornerstone Project	Empilisweni HIV/AIDS and Orphans Care Centre	Happiness Fostercare
Hoedspruit Training Trust (Hlokomela)	Ikhwezi Support Group	Inkululeko Xanthia HBC
Isipho HIV/AIDS Project	Khuma	Madiba Sunrise Cerebral Palsy
Maker's Plan	Malime	Masiphuhlisane Catholic Project
Masivuke Education and Training Centre	Mount Frere Sinosizo Home Based Care	Ncedisanani
Nkuri Health & Development Organization	Ntshuxekani	St. Paul's Outreach
Tshwaraganang le Unicef	Umonde Community Based Organisation	Vezokhle Orphaned and Vulnerable Children
Vukukhanye Mntwana Organisation	Willowvale AIDS Action Group	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Economic Strengthening	110,588
Education	174,368
Food and Nutrition: Policy, Tools, and Service Delivery	40,000
Gender: Reducing Violence and Coercion	21,221
Human Resources for Health	522,589

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9511 Mechanism Name: Prime Partner Name: Starfish			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	776,724	
Narrative:			
Starfish will work with 10 new CBO partners in the Eastern Cape to upgrade and/or renovate existing or new Drop In Centres for OVC. The Drop In Centres will be developed to ensure that they provide safe spaces for OVC to study and play under responsible supervision from care workers.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9513	**Mechanism Name: TBD - Male Circumcision**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TBD Male Circumcision funds will be used to scale up safe clinical medical male circumcision (MMC) in South Africa. USAID has been assisting the National Department of Health with policy development and costing activities with an expected result of an enacted policy on medical male circumcision. COP 2010 funds will be programmed within the anticipated national policy to provide MMC at District Hospitals and Community Health Centers that have the capacity to do so. MMC will be an integrated part of the District Health Model. Additionally, an expansion of high volume and high efficiency sites is expected. Model for MMC will likely include the use of disposable and non-disposable instruments.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	REDACTED

Key Issues

Addressing male norms and behaviors
Family Planning

Budget Code Information

Mechanism ID:	**9513**
Mechanism Name:	**TBD - Male Circumcision**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9515	Mechanism Name:
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Toga Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,172,108	
Funding Source	**Funding Amount**
GHCS (State)	2,172,108

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. A unique approach to implementing HIV laboratory measurement in rural, resource poor primary health care settings.

2. South Africa is dealing with an advanced epidemic of HIV-1 infection and AIDS with an estimated 500,000 new infections per annum and the current imperative to get 1 million people on antiretroviral therapy (ART).The problem is huge and requires courageous and creative interventions with involvement of all of civil society.

3. Laboratory measurement underpins all aspects of HIV management including basic care of patients, administration and evaluation of programmes and even impact on whole communities. While the bulk of HIV management must reside at primary health level, the current pathology paradigm excludes contemplation of performing key tests such as CD4+ lymphocyte level and HIV viral load at primary health level on the basis of feasibility and cost. In rural and resource poor settings this complicates the provision of quality care and places stress on centrally based laboratory facilities.

4. One of the benefits of this model is that laboratory measurement empowers peripheral facilities to deploy task-shifting or down-referral, thus extend the healthcare footprint for HIV (and by implication for other chronic diseases as well) without compromising the quality of patient care.

5. Prior to the commencement of this programme Toga laboratories had evolved a facilitated, peripheral

laboratory solution utilising purpose built and converted shipping containers or modified buildings, together with highly functional communication. This solution continues to be operational in three different settings, including in association with a Government programme in the Western Cape. Experience gained during the implementation of the proof of concept confirmed that clinical support based on a comprehensive menu of appropriate HIV pathology tests performed in a community setting is both affordable and technically feasible.

6. The scope of this project includes the placement of 15 such peripheral laboratories in association with established and growing clinical HIV programmes in rural and/or resource poor settings, each capable of supporting 8-10,000 people on ART.

7. The qualification of candidate sites for the programme is best contextualized within the development of the concept of the Autonomous Treatment Centre where all aspects of HIV are managed within a community clinic setting. The service includes the ability to offer infant diagnosis in support of PMTCT programmes.

8. The complex of activities and expenditure includes:
8.1. Project management.
8.2. Laboratory container conversion.
8.3. Information systems for laboratory test requesting and resulting.
8.4. Configuration and placement.
8.5. Staffing and human resource support.
8.6. Implementation and operational management.
8.7. Training and continuous professional development.
8.8. Quality system management and accreditation (SANAS [South African National Accreditation System] or ISO/IEC 17025 progressing to ISO 15189 standards).
8.9. Itinerant and backup support.
8.10. Site sustainability planning.

9. The successful implementation of this project may be determined by reference to the 'deliverables' listed below.
9.1. Deployment of containerised laboratories.
9.2. Empowerment through informatics.
9.3. Test and patient metrics.
9.4. Skills development.
9.5. Partner leveraging.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9515**		
Mechanism Name:			
Prime Partner Name:	**Toga Laboratories**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HLAB	2,172,108	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9516	**Mechanism Name: CDC VCT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,522,991	
Funding Source	**Funding Amount**

GHCS (State)	2,522,991

Sub Partner Name(s)

Health System Trust		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9516**		
Mechanism Name:	**CDC VCT**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	2,522,991	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9519	**Mechanism Name: South African Clothing & Textile Workers'' Union**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Clothing & Textile Workers' Union	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,388,114	
Funding Source	**Funding Amount**
GHCS (State)	1,388,114

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	24,000
Education	135,000
Food and Nutrition: Commodities	5,000
Food and Nutrition: Policy, Tools, and Service Delivery	3,000
Water	2,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9519**

Mechanism Name:	South African Clothing & Textile Workers'' Union		
Prime Partner Name:	South African Clothing & Textile Workers' Union		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	368,944	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	294,002	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	678,079	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	47,089	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9521	**Mechanism Name: Southern African Catholic Bishops'' Conference (SACBC)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Catholic Bishops Conference AIDS Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 16,624,320	
Funding Source	**Funding Amount**
GHCS (State)	16,624,320

Sub Partner Name(s)

Catholic Relief Services		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9521**		
Mechanism Name:	**Southern African Catholic Bishops'' Conference (SACBC)**		
Prime Partner Name:	**South African Catholic Bishops Conference AIDS Office**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,687,742	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,500,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,461,334	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	236,027	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	687,147	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,273,030	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	555,167	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	5,522,259	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	701,614	

Narrative:

Please note that SACBC has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, SACBC. Activities have not changed between FY 2009 and FY 2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9522	**Mechanism Name: National Health Laboratory Services (NHLS)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Health Laboratory Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,073,862

Funding Source	Funding Amount
GHCS (State)	12,073,862

Sub Partner Name(s)

(No data provided.)

Overview Narrative

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 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 funds. This regional support is deemed critical to the success of other PEPFAR funded laboratory program areas within Africa.

ACILT was established in 2008 with funding from PEPFAR to provide training courses for laboratory personnel to meet the increasing demand for training in laboratory management and diagnosis of HIV, TB and malaria. The demand for training far exceeds its current capacity because ACILT operates in borrowed laboratory and lecture spaces at the NHLS campus and does not have a dedicated facility. Another major challenge is the lack of affordable accommodation in proximity to the NHLS campus. To meet the present and future demands in South Africa, Southern Africa and Sub-Saharan PEPFAR countries, ACILT will need a newly constructed facility containing three training laboratories, two lecture/seminar rooms, staff offices, and accommodation for visiting staff and trainees. NHLS has developed plans and a budget, as well as identified adequate space on its campus for the proposed facility.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9522**
Mechanism Name:	**National Health Laboratory Services (NHLS)**
Prime Partner Name:	**National Health Laboratory Services**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	3,472,753	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	2,635,683	

Narrative:

1. BACKGROUND

ACILT was established in 2008, via funding from the President's Emergency Plan for AIDS Relief (PEPFAR), to set up training courses for laboratory personnel within Africa to build the much needed extra capacity required for treating these diseases.

In 2008 five courses were offered at ACILT to 85 participants, and in 2009, 14 courses will be presented to an estimated 200 attendees, participants coming from different 14 African countries.

2. FUNCTIONS

Courses recently presented are Early Infant Diagnosis (EID); Practical Approach to Monitor and Improve the Quality of HIV Rapid Testing; Practical Course on Growth, Detection and Identification of Mycobacterium tuberculosis complex; Strengthening of laboratory management towards accreditation; Bio-safety and infrastructure development; and National Laboratory Strategic Planning. For each course materials and documentation for participants of courses are prepared, printed and collated as well as the preparation of laboratory supplies, and issuing of biological substances necessary for the courses conducted and standardization of teaching laboratory facilities, equipment etc.

Facilitation of most courses are performed with ongoing support in the form of instructors and technical assistance from Centre for Disease Control and Prevention (CDC), World Health Organisation (WHO), Association of Public Health Laboratories (APHL), and President's Emergency Plan for AIDS Relief (PEPFAR).

A major challenge presents itself in the accommodation of participants. Hotels in Johannesburg are expensive and access at time from even local hotels is difficult. Participants' countries carry the expense of travel to and accommodation in Johannesburg, often difficult to do when not budgeted.

3. CONCLUSION

This project would ensure the establishment of the African Centre for Integrated Laboratory Training in its

own facility at the National Institute of Communicable Diseases. With this state of the art training facility, ACILT will be able to provide a full training service to address the requirements of the various hand-on courses offered in collaboration with its international partners (CDC, WHO, APHL, PEPFAR.) in building the required capacity in Africa to improve efficiency and management in the diagnosing and monitoring of TB, HIV / AIDS and Malaria. The facility will ensure that all participants attending these courses will be exposed to the ideal layout and design required for the establishment of such laboratories in their respective countries.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	5,965,426	

Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9523	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Nozizwe Consulting	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9524	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Nurturing Orphans of AIDS for Humanity SA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,940,062	
Funding Source	**Funding Amount**
GHCS (State)	1,940,062

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	245,691
Human Resources for Health	100,459

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9524**		
Mechanism Name:			
Prime Partner Name:	**Nurturing Orphans of AIDS for Humanity SA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,940,062	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9525	**Mechanism Name: Pact UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Pact, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,859,280	
Funding Source	**Funding Amount**
GHCS (State)	4,859,280

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9525**		
Mechanism Name:	**Pact UGM**		
Prime Partner Name:	**Pact, Inc.**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	182,530	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,883,555	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,973,849	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVAB	395,546	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	423,800	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9526	**Mechanism Name: Partnership for Supply Chain Management**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

National Department of Health (NDOH)	Provincial Departments of Health (9)	South African National Defence Forces (SANDF)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9527	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,013,688	
Funding Source	**Funding Amount**
GHCS (State)	3,013,688

Sub Partner Name(s)

Health Information Systems Programme	South Africa Partners	

Overview Narrative

PATH, in partnership with the Eastern Cape Department of Health, Health Information Systems Programme (HISP) and South Africa Partners (SAP) was awarded a five year cooperative agreement, 1U2G/PS000731-01 with the CDC on July 1, 2007. In an effort to create a program identity that was

inclusive of all partners, and not just the PATH project, the team adopted the name The Khusela Project. In Xhosa, the local language where the project is working, Khusela means to prevent, to protect, to handle with care, like you would with an egg.

The goal of this program is to increase the utilization of high-quality, comprehensive PMTCT services in Eastern Cape. This project will strengthen the ability of current PMTCT facilities to provide a minimum package of services, enable the Eastern Cape Department of Health (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 objectives of the project are to:
• Improve availability and quality of counseling and testing services during ANC.
• Increase access to and provision of antiretroviral prophylaxis for PMTCT.
• Improve counseling and support for safe infant feeding practices.
• Improve quality of family planning counseling, particularly during the postpartum period.
• Increase awareness of and demand for services in communities.

The project uses three strategies to achieve its goals and objectives, each working at a different level of health service delivery system.

Strategy 1: Support DOH systems that strengthen the delivery of high-quality, comprehensive PMTCT services. This strategy addresses critical higher-level NDOH systems that influence access to and provision of high-quality, comprehensive PMTCT services. Interventions will strengthen human resource capacity by ensuring there is additional capacity to train more providers who will in turn train the remaining untrained facility staff (Strategy 2), such as nurses, midwives, and lay counselors to provide PMTCT services, reinforcing the skills of currently trained PMTCT staff, and orienting other staff (e.g., child/wellness clinic nurses, community health workers) who help ensure a continuum of care. The Khusela project will assist in ensuring that monitoring and supervision systems are fully operational at all levels (district, local service area, facility), providing on-site technical support as needed. The Khusela project will strengthen ECDoH data and logistic systems, improving the quality of data recorded, collected, reported, and used at all levels and address specific policy and guideline issues that directly affect PMTCT services. Finally, the Khusela project will work to improve referral systems, especially referral of pregnant or postpartum women and their children to antiretroviral (ARV) care and treatment sites and pediatric centers.

Strategy 2: Build the capacity of health facilities and staff to provide high-quality comprehensive PMTCT services. Interventions that support this strategy focus on the facility level to strengthen the provision of high-quality, comprehensive PMTCT services, from community-based clinics to community health centers

to district hospitals and large tertiary institutions. Initially the project will focus on forty facilities including 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. In year three the Khusela project will scale up an additional ten sites per quarter. The package of interventions is tailored to each facility's needs and includes 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 services are fully utilized.

The ECDoH chose three target sub-districts in two of the most populous districts of Eastern Cape for project implementation: Mbashe and Mnquma in Amatole District and King Sabata Dalindyebo (KSD) in OR Tambo District. The project initially worked in 40 clinics and has now expanded to 80 clinics.

Strategy 3: Increase community engagement and leadership in promoting, supporting and utilizing PMTCT services. The ECDoH has prioritized the need 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 the capacity of community networks and organizations to implement and monitor programs. Interventions include strengthening HIV prevention programs providing PMTCT information, and reducing stigma in the community; strengthening peer support for HIV-infected pregnant women to increase demand for and adherence to PMTCT and ARV regimens; and improving community-facility collaboration to increase local ownership and utilization of services.

Additionally, through supplemental funding, the project has added two components

Component two: Initiated the Midwives AIDS Alliance (MAA)
The goal of the MAA is to provide a platform for midwives to advocate for the integration of HIV prevention, treatment and care into maternal and child health. The MAA focuses on mobilization and empowerment of midwives work and advocacy work.

Mobilization and empowerment
The MAA will recruit midwives into the association through existing networks, associations and organizations. Points of access include: SOMSA, DENOSA, HOSPERSA, NEHAWU, SADNU, PSA, NUPSAW, SAMWU, NASA and the private sector.

Advocacy
MAA will advocate for:
• HIV training: Comprehensive training of all midwives in HIV prevention, treatment and care.
• Clinical Practice: Enhanced role for midwives in HIV prevention, treatment, and care of mothers and their children from the stages of preconception to postpartum care.
• Patient Status\; Access to clear and accurate information on the HIV status and history of care of mothers and their newborns in patient records.
• Occupation Safety: Access to and utilization of health and safety measures to protect midwives from HIV transmission.

Strategy 5: TB Infection Control in Swaziland (See Swaziland COP 2010)
PATH will continue its collaboration with Stellenbosch University to provide technical assistance, training, and supportive supervision to improve infection prevention and control (IPC) practices to reduce transmission of TB and HIV among health care workers and clients in Swaziland. This project will focus one central TB referral hospital and 15 peripheral health facilities and laboratories that diagnose and treat people with tuberculosis, many of whom are co-infected with HIV.

This project provides technical assistance requested by CDC and the Government of Swaziland to review and finalize infection control guidelines, assess current IPC practices and training needs at the identified facilities, train health care workers in basic IPC, and develop a cadre of trainers in Swaziland who can provide ongoing training and technical support to their peers in infection control. PATH and IPC experts from Stellenbosch University/Tygerburg Hospital in Cape Town, South Africa work closely with the Ministry of Health of Swaziland, CDC, and other implementing partners to ensure good coordination and synergy with other planned activities.

The overall goals and objectives of this component are to:
• Assess TB infection control practices and make recommendations for improvement in selected facilities and laboratories.
• Review current infection control guidelines in the context of TB/HIV to ensure they are responsive to the current evidence base and assist in the development of updated guidelines.
• Provide broad infection control training for different cadres of health care workers as well as a more advanced course for key personnel;
• Provide technical assistance in the selection of equipment and services for limited infrastructure changes.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9527**		
Mechanism Name:			
Prime Partner Name:	**Program for Appropriate Technology in Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	3,013,688	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9529	**Mechanism Name: SANBS country buy-in**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa National Blood Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	**Funding Amount**
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9529**		
Mechanism Name:	**SANBS country buy-in**		
Prime Partner Name:	**South Africa National Blood Service**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMBL	1,000,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9531	**Mechanism Name: Soul City**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Soul City	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,580,934	
Funding Source	**Funding Amount**
GHCS (State)	7,580,934

Sub Partner Name(s)

Alliance Against HIV and AIDS	Chief Dlamini Cheshire Homes South Africa	Community Skills Training College
Dihlabeng Development Initiative Consortium	Educare Medical Training	Emmanuel Haven
FAMSA-Western Cape	Institute Training and Education	Joint Education Project
Limindlela Development and Projects	Marang Women in Development	Mavai Development Services
Namaqua HIV and AIDS Management and Support	Nicdam	Red Cross Gauteng
River Queen-Ndzalama	Seboka Training Community	The Valley Trust
Zakheni Training and Development Centre		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	1,653,555
Gender: Reducing Violence and Coercion	5,927,379

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**9531**		
Mechanism Name:	**Soul City**		
Prime Partner Name:	**Soul City**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	5,436,095	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	2,144,839	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9532	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Senzakwenzeke	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	2,743
Human Resources for Health	204,792

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9532**		
Mechanism Name:			
Prime Partner Name:	**Senzakwenzeke**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9533	**Mechanism Name: SAKH''ULUTSHA: Scripture Union Lifeskills Education Initiative**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Scripture Union	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 795,171	
Funding Source	**Funding Amount**
GHCS (State)	795,171

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	9533		
Mechanism Name:	SAKH''ULUTSHA: Scripture Union Lifeskills Education Initiative		
Prime Partner Name:	Scripture Union		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	795,171	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9534	**Mechanism Name: Care UGM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Scientific Medical Research	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9535	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Save the Children UK	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,296,221	
Funding Source	**Funding Amount**
GHCS (State)	3,296,221

Sub Partner Name(s)

Centre for Positive Care		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	50,000
Education	400,000

Human Resources for Health	614,000

Key Issues

Impact/End-of-Program Evaluation

Increasing women's access to income and productive resources

Child Survival Activities

Mobile Population

Safe Motherhood

Budget Code Information

Mechanism ID:	**9535**		
Mechanism Name:			
Prime Partner Name:	**Save the Children UK**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	3,296,221	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9537	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Salesian Mission	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9539	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Medical Care Development International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 840,803	
Funding Source	**Funding Amount**
GHCS (State)	840,803

Sub Partner Name(s)

Africaid	National Association of People Living With HIV and AIDS (NAPWA)	Royal Falcon Education Initiative
Training and Resources in Early Education (TREE)		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Education	12,500
Food and Nutrition: Commodities	3,000
Food and Nutrition: Policy, Tools, and Service Delivery	7,000
Gender: Reducing Violence and Coercion	7,000
Human Resources for Health	53,500
Water	30,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**9539**
Mechanism Name:	

Prime Partner Name:	Medical Care Development International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	217,483	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	242,726	
Narrative:			
REDACTED			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	195,734	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	184,860	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9540	**Mechanism Name: Medical Research Council**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Medical Research Council of South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 10,191,610	
Funding Source	**Funding Amount**
GHCS (State)	10,191,610

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9540**		
Mechanism Name:	**Medical Research Council**		
Prime Partner Name:	**Medical Research Council of South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	606,816	
Narrative:			
Projects: 2.3 Sexual based violence and HIV initiative			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,862,742	
Narrative:			
Projects:			

4.1 Drugs and HIV (VCT)
5.1 THAT'S IT: HIV & Aids treatment/ARV drugs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,610,440	

Narrative:

Project:
4.2 Counselling and Testing for THAT'S IT

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	500,000	

Narrative:

Projects:
7.1 Western Cape & KZN Data Use
7.2 RDS Activities
7.3 Strengthening the STI Partner Notification Monitoring System in Khayelitsha Health Clinics
8.1 Nutrition support
8.2 Prevention with Positives

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,481,115	

Narrative:

Projects:
2.1.1 Drugs and HIV (Condoms & Prevention)
2.1.2 Bar project
2.1.3 Alcohol and HIV
2.1.4 Drugs and Pregnancy
2.1.5 Drugs and HIV patients
2.1.6 Alcohol - ART Adherence
2.2 Service quality metrics

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,041,295	

Narrative:

Projects:

1.1 a PMTCT - Integration
1.1b PMTCT - Targeted Evaluation
1.1c PMTCT - Community VCT Project
1.1d PMTCT - Neonatal & Child Health Project

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	1,073,626	

Narrative:

Project:
5.1 THAT'S IT: HIV & Aids treatment/ARV drugs

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	2,015,576	

Narrative:

Project:
3.1 THAT'S IT: Best practice approach to integrated TB/HIV care

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9543	**Mechanism Name: UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Right To Care, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 466,032

Funding Source	Funding Amount
GHCS (State)	466,032

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9543**		
Mechanism Name:	**UGM**		
Prime Partner Name:	**Right To Care, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	97,090	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	87,381	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	97,090	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDTX	87,381	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	97,090	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9544	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Right To Care, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 34,808,971	
Funding Source	**Funding Amount**
GHCS (State)	34,808,971

Sub Partner Name(s)

ACTS	ALEX CLINIC	AMCARE DR
Bhubezi	Blue Cross	BU(CIHD)
CARE	Cell Life	CHRU
DIOCESE AIDS MINISTRY	Friends for Life	HERU
Hlokomela/Hoedspruit	Ndlovu Care Group Bhubezi	Refilwe Community Project
Rightmed Pharmacy	THEMBA CARE	Topsy Foundation
Vuselela	Westrand Hospice	Witkoppen Health & Welfare

		Centre (WHWC)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Food and Nutrition: Commodities	3,679
Food and Nutrition: Policy, Tools, and Service Delivery	457,310
Human Resources for Health	2,860,989

Key Issues

Addressing male norms and behaviors

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9544**		
Mechanism Name:			
Prime Partner Name:	**Right To Care, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	3,352,822	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	19,341,121	

Narrative:

Based on 2010 COP planning with provinicial decision makers in Gauteng, Western Cape, Mpumalanga, Northern Cape, Limpopo and Free State REDACTED. The National Strategic Plan for South Africa, as well as provincial workplans, will guide the geographic allocation of renovations. No large-scale renovation work is anticipated.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,944,081	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	896,144	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	3,262,506	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	468,531	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	2,530,537	

Narrative:

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	3,013,229	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9547	**Mechanism Name: Prevention Technologies Agreement(PTA)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,770,604	
Funding Source	**Funding Amount**
GHCS (State)	2,770,604

Sub Partner Name(s)

Eastern Cape DoH - Mobile services Unit and Champions proejct	Evelyn Lekganyane Clinic	Free State DoH -PMTCT and Champions Project
Gauteng DoH - Champions Proejct	Gauteng Palliative Care Center of Excellence	Hope Africa - ABC
Kwazulu Natal DoH - Champions Project and Mobile Services Unit	Limpopo DoH - Mobile Services Unit and Champions Project and PMTCT project	Makhuduthamakga Home Based Care
Mpumalanga DoH - Mobile	Nightingale Hospice	North West DoH - PMTCT and

Serivces Unit and Champions Project		Champions Project
Northern Cape - PMTCT and Champions project	SACBC Youth Office - ABC	South African Red Cross Association
Western Cape DoH - PMTCT and Champions Project		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Water	250,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9547**
Mechanism Name:	**Prevention Technologies Agreement(PTA)**
Prime Partner Name:	**Family Health International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,470,538	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	805,220	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	92,236	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	402,610	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9548	**Mechanism Name: UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID/South Africa (USAID/SA) supports institutional capacity-building of indigenous organizations that implement PEPFAR programs through a Umbrella Grants Mechanisms (UGM). The main purpose of the umbrella organization is to: (1) facilitate further scale-up of HIV and AIDS services through local and international implementing partners, and (2) develop indigenous capacity. Since 2004, USAID has obligated funds through the UGM to over 35 partners and sub-partners in South Africa, all of whom play

valuable roles in the fight against HIV and AIDS. These partners and sub-partners consist of non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs).

The Umbrella Grants Mechanisms were designed to increase the effective management of the PEPFAR program with a minimum number of management units while ensuring the quality of assistance. As the UGM is then responsible for the provision of hands-on and day-to-day program oversight to their sub-awardees, the USAID/SA has a reduced burden on the mission's health, contracts, and finance offices, thus allowing managers to focus on technical interventions. The UGMs are tasked with providing award management including the award and administration of grants, monitoring and evaluation, financial management, organizational development, reporting, and coordination of activities of implementing partner organizations. These services provided to sub-partners through the UGM allows more time for USAID officers to focus on providing technical guidance during implementation of activities; analysis of results and targets achieved; providing guidance during COP process; and participating in field visits and partner consultations in monitoring implementation.

The scope of partners and activities eligible to receive PEPFAR supports is expanded through the use of the UGMs, and the overall sustainability of the South African HIV/AIDS response is built because of that range of partnerships. The focus on capacity building and organizational development, a particular design strength of the UGMs, also creates greater opportunity for a sustained response by the participating partners, furthering the impact of the PEPFAR investments.

In order to maximize the impact of the UGM mechanisms, the USAID/Southern Africa Health Team is reviewing the efficacy of all four of the UGM mechanisms. The review will encompass an examination of the programs' efficiency, cost economics, responsiveness and management capacity. The intent is to ensure programmatic alignment with the larger objectives of the PEPFAR program, and with the initial intent of their creation (minimal management and institutional capacity building).

The specific subpartners under the UGMs will also be reviewed to determine if their performance (technical and administrative) is enhanced by their relationship with the UGM. Based upon this review of the sub-awardees' corporate standing (international vs. indigenous), the added value of the UGM's technical assistance in the realms of financial, technical, administrative and monitoring capacity of the sub-awardee, scale of annual funding and activities in multiple program areas, the USAID Health team will determine if some partners may be eligible for 'graduation' from under a UGM to prime partner status with USAID.

It is anticipated that the technical directions deriving from this UGM review will result in a realignment of

the UGMs, with a consolidation of sub-awardees under UGMs so as to create enhanced communities of practice via groupings of sub-awardees by geographic or technical affinity. These consolidations will be facilitated by increased capacity of UGMs gained through the graduation or termination of selected sub-awardees.

The FHI UGM was evaluated against these criteria, and the recommendation was made that their agreement will no longer receive USG funding. The subawards and activities supported through this UGM will be transitioned, with some actions coming to a close, and (most of the other) agreements transitioning to other UGM supports. This transition will take place throughout COP09, and this TBD mechanism will act as a placeholder until full reprogramming and realignment is comepleted.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9548**		
Mechanism Name:	**UGM**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9549	**Mechanism Name: Foundation for Professional Development**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Professional Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 27,247,006	
Funding Source	**Funding Amount**

GHCS (State)	27,247,006

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	3,617,390

Key Issues

Addressing male norms and behaviors

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**9549**
Mechanism Name:	**Foundation for Professional Development**
Prime Partner Name:	**Foundation for Professional Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	762,840	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	20,215,466	
Narrative:			

Based on 2010 COP planning with provinicial decision makers in Northwest, Gautang, Eastern Cape, and Limpopo, REDACTED and seven pre-fabricated/parkhomes installed at rapidly growing Care and Treatment government facilities. The National Strategic Plan for South Africa, as well as provincial workplans, will guide the geographic allocation of renovations. No large-scale renovation work is anticipated.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,375,664	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	89,469	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,671,950	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	607,466	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	1,610,439	

Narrative:

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	913,712	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9550	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Fresh Ministries	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,971,822	
Funding Source	**Funding Amount**
GHCS (State)	2,971,822

Sub Partner Name(s)

Anglican AIDS & Healthcare Trust		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9550		
Mechanism Name:			
Prime Partner Name:	Fresh Ministries		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	2,971,822	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9552	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: GOLD Peer Education Development Agency	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 407,780	
Funding Source	**Funding Amount**
GHCS (State)	407,780

Sub Partner Name(s)

Childline South Africa	Christian Assemblies Welfare Organisation	Club Coffee Bar Community Centre
Crossroads Baptist Church	Elgin Learning Centre	Hope Church

Institute for Social Concerns	ISAACS	Izandla zethemba
Koinonia	MaAfrika Tikkum	Masoyi Home Based Care
MFESANE	OIL Reach Out Adolescent Training	Olive Leaf Foundation
Olive Leaf Foundation WC	Project Positive Ray	Sethani
Thembalethu HBC	Ukuthasa	United Christian Students Assocation
YFC George	YFC Knysna	YFC Mpumalanga
Youth with a Vision		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	326,224
Gender: Reducing Violence and Coercion	81,556

Key Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9552**		
Mechanism Name:			
Prime Partner Name:	**GOLD Peer Education Development Agency**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	183,501	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	224,279	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9553	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: GRIP Intervention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 490,306	
Funding Source	**Funding Amount**
GHCS (State)	490,306

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	5,803
Gender: Reducing Violence and Coercion	31,470
Human Resources for Health	453,033

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**9553**		
Mechanism Name:			
Prime Partner Name:	**GRIP Intervention**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	291,271	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	97,090	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	101,945	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9554	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Hands at Work in Africa	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 917,595	
Funding Source	**Funding Amount**
GHCS (State)	917,595

Sub Partner Name(s)

Belfast Home based Care	Buhle Bempilo Home Based Care	Clare Home Based Care
Gottenburg Home Based Care	Grassroot	Joy Home Based Care
Mandlesive Home Based Care	Masoyi Home Based Care	Ndzalama Home Based Care
Pfunani Home Based Care	Sakhasive Home Based Care	Simunye Home Based Care
Siphumulile	Siyabulela Home Based Care	Siyathuthuka Home Based Care
Southern Cross	Sphamandla Home Based Care	Thuthukani Home-Based Care
Tsibogang		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9554**		
Mechanism Name:			
Prime Partner Name:	**Hands at Work in Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HKID	917,595	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9555	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Medunsa University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 242,726	
Funding Source	**Funding Amount**
GHCS (State)	242,726

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9555 Mechanism Name: Prime Partner Name: Medunsa University			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	242,726	
Narrative:			
0			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9557	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mothers 2 Mothers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,577,879	
Funding Source	**Funding Amount**
GHCS (State)	6,577,879

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	316,996
Human Resources for Health	639,788

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	**9557**		
Mechanism Name:			
Prime Partner Name:	**Mothers 2 Mothers**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	6,577,879	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9558	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Mpilonhle	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,234,020	
Funding Source	**Funding Amount**

GHCS (State)	1,234,020

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	160,000
Gender: Reducing Violence and Coercion	85,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9558**		
Mechanism Name:			
Prime Partner Name:	**Mpilonhle**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	145,636	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	471,860	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVCT	242,726	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	203,890	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	169,908	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9560	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: National Association of Childcare Workers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,688,007	
Funding Source	**Funding Amount**
GHCS (State)	4,688,007

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	42,860
Education	865,390
Gender: Reducing Violence and Coercion	121,928

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID:	**9560**
Mechanism Name:	
Prime Partner Name:	**National Association of Childcare Workers**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	194,181	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,493,826	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9562	**Mechanism Name: National Alliance of State and Territorial AIDS Directors**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 613,611	
Funding Source	**Funding Amount**
GHCS (State)	613,611

Sub Partner Name(s)

I-TECH	NACOSA (Networking AIDS Community of South Africa)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9562**

Mechanism Name:	National Alliance of State and Territorial AIDS Directors		
Prime Partner Name:	National Alliance of State and Territorial AIDS Directors		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	613,611	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9563	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Department of Correctional Services, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Eastern Cape Regional Training Center at University of Transkei		

Overview 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 ones 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9569	**Mechanism Name: National Department of Basic Education**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: National Department of Education	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,213,176	
Funding Source	**Funding Amount**
GHCS (State)	2,213,176

Sub Partner Name(s)

Link Community Development	Research Triangle International	TBD

Overview Narrative

USAID is currently providing support to the DOE HIV program through Strategic Objective Agreement No. 674-0328. Overall, USAID support to the DOE on HIV and AIDS is done in through a collaborative and integrated approach which is aligned with the objectives of the South African National Strategic Plan (NSP) for HIV & AIDS and STI, 2007-2011. The DOE is a key contributor to the achievement of the NSP targets and a lead Department in achieving the goal of reduction of sexual transmission of HIV.

USAID supports the DOE's HIV programs to address some of the key priorities as outlined in the Strategic Plan 2009 - 2013 and Operational Plans for 2009 – 2010. In health and education, USAID specifically supports the DOE at the national, targeted provincial and district levels to effectively implement life skills and peer education programs to fight the AIDS pandemic.

USAID supported programs are mainly targeted at learners. However based on collaboration with the DOE some of the activities provide support to educators and parents. USAID resources are also used to support vulnerable young people in targeted schools particularly those with disabilities, who are orphaned and those living with HIV in targeted schools.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9569**
Mechanism Name:	**National Department of Basic Education**
Prime Partner Name:	**National Department of Education**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	282,533	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,281,199	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	649,444	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9572	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council SA	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,207,838	
Funding Source	**Funding Amount**

GHCS (State)	2,207,838

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	734,511
Human Resources for Health	632,699

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Safe Motherhood

Budget Code Information

Mechanism ID:	**9572**		
Mechanism Name:			
Prime Partner Name:	**Population Council SA**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	283,990	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	944,691	
Narrative:			

None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	979,157	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9574	**Mechanism Name: PSI**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,467,637	
Funding Source	**Funding Amount**
GHCS (State)	7,467,637

Sub Partner Name(s)

Anglican Diocese of Grahamstown	Careworks	Centre for Positive Care
Faith and Hope Integrated AIDS	Mosamaria AIDS Ministry	Shout It Now
Targeted Aids Intervention	Trenity Health Care Center-Khutsong	Tumelong Mission, Anglican Diocese of Pretoria

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,518,783

Key Issues

Addressing male norms and behaviors

Workplace Programs

Budget Code Information

Mechanism ID:	**9574**		
Mechanism Name:	**PSI**		
Prime Partner Name:	**Population Services International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	6,475,997	
Narrative:			
Cross cutting budget attributions: Approximately 13% of our budget will be allocated to training and support to partner NGOs, primarily salary support			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	991,640	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9575	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,101,847	
Funding Source	**Funding Amount**
GHCS (State)	3,101,847

Sub Partner Name(s)

KwaZulu Natal Network on Violence Against Women	Western Cape Network on Violence Against Women	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	3,101,847

Key Issues

Addressing male norms and behaviors

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**9575**		
Mechanism Name:			
Prime Partner Name:	**Project Concern International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	1,470,727	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	1,631,120	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9577	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Reproductive Health Research Unit, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 23,205,006	
Funding Source	**Funding Amount**
GHCS (State)	23,205,006

Sub Partner Name(s)

Community AIDS Response	Wits Pediatric HIV Working Group	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED

Economic Strengthening	10,000
Education	15,000
Food and Nutrition: Commodities	25,000
Food and Nutrition: Policy, Tools, and Service Delivery	160,000
Gender: Reducing Violence and Coercion	130,000
Human Resources for Health	5,700,000

Key Issues

Addressing male norms and behaviors

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID:	**9577**		
Mechanism Name:			
Prime Partner Name:	**Reproductive Health Research Unit, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	408,508	
Narrative:			
RHRU's support to the Department of Health includes RECATED. The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	15,781,140	
Narrative:			
REDACTED The purpose of these renovations/parkhomes is to provide additional space for services for			

the decentralization of HIV care and treatment to primary health care sites and to upgrade already accredited treatment sites as required to cope with additional patient numbers for counseling and testing, wellness and treatment services. RHRU will also assist with renovations at certain ART and primary health care clinics with the specific goal of improving ventilation to minimize the risk of TB infection for health care workers and patients.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	837,502	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	106,532	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	2,524,352	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	169,908	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	122,334	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	106,800	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	253,809	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,941,809	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	952,312	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9578	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Research Triangle Institute, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,973,188

Funding Source	Funding Amount
GHCS (State)	1,973,188

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9578		
Mechanism Name:			
Prime Partner Name:	Research Triangle Institute, South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	789,680	
Narrative:			
RTI will establish new TCCs in FY10. It is estimated that some of the TCCs may be set up in hospitals where there is no existing space to create a contained, comfortable confidential environment for a comprehensive rape management service. Should there be no possibility of creating such space within 6 months of project inception, RTI will propose to purchase a prefabricated mobile unit/parkhome for the site.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	480,895	

Narrative:
RTI will establish new TCCs in FY10. It is estimated that some of the TCCs may be set up in hospitals where there is no existing space to create a contained, comfortable confidential environment for a comprehensive rape management service. Should there be no possibility of creating such space within 6 months of project inception, RTI will propose to purchase a prefabricated mobile unit/parkhome for the site.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	500,131	

Narrative:
RTI will establish new TCCs in FY10. It is estimated that some of the TCCs may be set up in hospitals where there is no existing space to create a contained, comfortable confidential environment for a comprehensive rape management service. Should there be no possibility of creating such space within 6 months of project inception, RTI will propose to purchase a prefabricated mobile unit/parkhome for the site.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	202,482	

Narrative:
RTI will establish new TCCs in FY10. It is estimated that some of the TCCs may be set up in hospitals where there is no existing space to create a contained, comfortable confidential environment for a comprehensive rape management service. Should there be no possibility of creating such space within 6 months of project inception, RTI will propose to purchase a prefabricated mobile unit/parkhome for the site.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9579	Mechanism Name:
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Health and Development Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 645,651	
Funding Source	**Funding Amount**
GHCS (State)	645,651

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	80,000
Education	74,013
Food and Nutrition: Policy, Tools, and Service Delivery	203,614

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9579 **Mechanism Name:** **Prime Partner Name:** Health and Development Africa			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	645,651	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9580	**Mechanism Name: HPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Futures Group: Health Policy Initiative	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,970,936	
Funding Source	**Funding Amount**
GHCS (State)	1,970,936

Sub Partner Name(s)

College of Medicine of South Africa	Da Vinci Institute	Democratic Nursing Organisation of South Africa
Futures Institute	National House of Traditional Leaders	Oasis Innovation Management

Overview Narrative

Task Order 2 of USAID | Health Policy Initiative (HPI) in South Africa continues to strengthen existing partnerships and create new partnerships as an essential element of program implementation. Building on previous work and experiences, HPI works to foster an enabling environment for policy formulation and implementation. Solid partnerships in South Africa make it possible for beneficiaries to obtain and use the information and services that they require to improve health outcomes, especially in the area of HIV and AIDS.

Through HPI, PEPFAR supports a multi-sectoral approach. Programs are implemented in coordination with government departments, the business sector, and civil society through capacity building and technical assistance. HPI assists in formulating, implementing, monitoring, and evaluating HIV-related policies and programs.

In South Africa, HPI contributes to PEPFAR's Sexual Prevention Abstinence/Be Faithful, Strategic

Information, and Health Systems Strengthening program areas. HPI significantly contributes to Human Resources for Health and mainstreams gender into many of its activities.

HPI's HIV and AIDS strategy is consistent with South Africa's National Strategic Plan (NSP) for HIV and AIDS & STIs (2007–2011). It is designed to address the major challenges facing South Africa by adopting a comprehensive and multi-sectoral approach to the implementation of activities in important program areas. Priority areas of assistance include (1) building the capacity of leaders in all sectors to become advocates for and ensure high-level commitment to HIV and AIDS programs; (2) formulating and improving key HIV and AIDS policies and strategies with a focus on implementation; (3) informing and guiding policy development and implementation; and (4) supporting strategic planning, costing, budgeting, resource allocation, and the generation and analysis of data for evidence-based decision making. HPI devotes special attention to mainstreaming information and activities to mitigate stigma and discrimination and to address male norms that have the potential to undermine HIV and AIDS programs.

National Department of Health (NDOH), Department of Public Service and Administration (DPSA), National Department of Transport (NDOT) and other departments request technical assistance from Futures Group, through HPI, in addressing the above four components to respond to national goals. Futures Group, through the HPI project, implements a participatory process to increase capacity within the national and provincial departments, transfer knowledge and skills and create sustainable structures and processes that will continue to be implemented beyond HPI.

HPI specifically responds to the PEPFAR indicators under Human Resources for Health. All HPI activities support national policy development and reform. Futures Group, through HPI, is involved in ensuring a sustainable policy development process as outlined in Appendix 4 of Next Generation Indicators Reference Guide. Specifically, HPI COP 10 activities will address national policy development and reform in: human resources for health, gender, stigma and discrimination, strengthening a multi-sectoral response and linkages with other health and development programs and other policy areas. Supporting policy development and reform assists in creating sustainable structures for the host country to implement post-donor funding.

In order to address the fundamentals needed for policy development and to ensure that HPI is enabling a policy environment in South Africa, HPI intends to adapt its strategy for COP 10. Futures Group, through HPI will strengthen relationships with national and provincial departments, including NDOH, to ensure technical assistance provided is responding to identified gaps, needs and requests. This will ensure sustainability because NDOH and other departments will take ownership of knowledge transferred through participatory mechanisms, such as training of trainer workshops and resource allocation exercises. In response, HPI will diverge from its work with faith-based organizations and redirect its work

with traditional leaders to ensure that policy reform is strengthened through the engagement of other sectors. Each activity narrative includes proposed activities for each of the PEPFAR program areas. Each activity will enable the policy environment for South Africa and link to the goals of the National Strategic Plan for HIV and AIDS & STIs (2007–2011).

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	223,000
Human Resources for Health	467,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9580**
Mechanism Name:	**HPI**
Prime Partner Name:	**Futures Group: Health Policy Initiative**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	310,689	

Narrative:

Strategic information supports sustainable programs. HPI will support the South African Government (SAG) through strategic planning, costing, budgeting resource allocation and ensuring that employees of the SAG can understand and use the information. Numbers are essential for evidenced-based decision making.

Supporting SAG through the numbers game
The South African Government employs more than one million people, located at 39 national departments and 91 provincial departments. The Department of Public Service and Administration

(DPSA) has human resource oversight of all government departments and manages the implementation of HIV and AIDS policies in all government departments in accordance with the HIV & AIDS and STI National Strategic Plan for South Africa and the Employee Health and Wellness Strategic Framework for the Public Service (EHW&S).

Since 2007, HPI has forged a strong relationship with the SA Government, and at the request of the DPSA, provided technical assistance for the design and implementation of HIV and AIDS and TB Workplace policies and programs. This included technical support for the development of departmental policies and a costing model to ensure appropriate costing of operational plans. In response to a UNAIDS call on all government departments to mainstream HIV and AIDS into departments' core mandates, targets, policies and strategies, HPI assisted DPSA in facilitating the development of mainstreamed HIV and AIDS plans for three identified departments. These workshops brought together national and provincial program staff and employee health and wellness practitioners to develop an integrated departmental response to HIV and AIDS.

Building on these initiatives, the DPSA requested HPI to extend these workshops to all government departments and to support the development of integrated mainstreamed costed operational plans. In COP 10, HPI will collaborate with DPSA in the development and costing of its sector-level mainstreamed HIV business Plans for DPSA. HPI will also work closely with the DPSA to review and enhance current M&E systems to improve the quality of monitoring and reporting of departmental programs in accordance with the NSP.

Strategic information activities, through costing exercises, are varied and can support the understanding and implementation of every kind of program. They can range from simple to very complex.

NDOH requested HPI technical assistance on the development of a national laboratory strategic plan and a national blood services strategic plan. Currently, it is speculated that National Health Laboratory Service (NHLS) and South African National Blood Service (SANBS) charge more than some private and provincial level service providers. NDOH requested HPI to conduct a comparative costing of pricing strategies.

2009-2010 activities include HPI providing technical assistance in drafting a national laboratory strategy and a national blood strategy. In addition, HPI will review the pricing strategies of the NHLS and SANBS after benchmarking them against private for profit and private not for profit services nationally and internationally. This project will enhance laboratory and blood services in South Africa through an assessment of needs/gaps and the development of a national strategy to strengthen laboratory and blood services. Also, the costing exercise will determine whether the laboratory and blood services currently

offered by NHLS and SASNBS are competitive in comparison to the provincial level public services and for profit and not for profit services. COP 10 will include the development of the implementation strategy, pending a need identified by NDOH and a request for HPI technical assistance.

In addition, NDOH has requested HPI to develop costed business plans of the provincial and district level for comprehensive care, management and treatment of HIV and AIDS (CCMT). Activities in 2009-2010 will include HPI assisting with the costing and implementation of business plans in three provinces. The costing will be conducted from the provincial to the district level. NDOH will prioritize the three provinces for which HPI will assist. Other partners, who have yet to be named, will assist with other provinces. HPI will provide direct technical assistance in the development of the costing methodology. This project will provide vital assistance to the provinces and prevent poor financial and logistical management at the district and provincial levels and assist with effective and efficient resource mobilization and allocation. COP 10 activities will include further support to additional provinces per the need and request of NDOH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,048,577	

Narrative:

The activities proposed for the Health Systems Strengthening program area for COP 10 are an organic extension of current activities and are in response to needs identified by government and private sector leaders currently involved in the response to HIV.

Through the HSS portfolio, Futures Group, through HPI, will strengthen emerging and existing leaders in the response to HIV to enable them to advocate and respond to the challenges of HIV effectively, efficiently, and collectively and with appropriate and timely knowledge in their places of work or home. HPI will provide leaders of all levels with the knowledge needed to make informed evidence-based policy decisions. HPI will collaborate with partners in South Africa to ensure that these programs are sustainable beyond donor funding. In COP 10, gender will remain an integrated component of activities; however, gender-based violence as a sub-topic within activities will be strengthened. In addition, HPI will provide technical assistance to South African Government partners, including NDOH, DPSA and SANAC to strengthen local capacity and ensure that entities can identify and respond to gaps in policy.

Strengthening leaders to address HIV using the university as a platform and partner
In COP 08, HPI collaborated with two business schools at University of Kwa Zulu Natal and North West University in the integration of HIV into existing Masters in Business Administration courses. The course targets executive and senior managers within the public and private sector. It aims to provide capacity and guide the emerging leaders to make informed evidence-based policy implementation decisions for

HIV and AIDS in the workplace.

Following COP 08, COP 09 includes the implementation of the program with the existing two public universities and a private university, the Da Vinci Institute. The success of the emerging leaders program within the MBA programs has been documented and shared internationally with organizations such as the Brazil, India, Russia, China (BRIC) Business Association and Futures Group. Thus, we want to ensure that the successes are continued to be adopted and implemented within South Africa. The standing memorandums of understanding state that after approximately three years of implementation, the university will take on full support of integrating the modules and begin to implement the program on their own, sans donor support. In addition, they provide substantial support in the initial implementation of the modules. The initial hurdle is in convincing the universities to participate; however once they see the benefits of the capacity development in their students they are highly responsive. Therefore, in COP 10, HPI will add two more universities to implement the integrating modules.

In 2008 HPI began collaborating with Durban University of Technology (DUT) on the emerging leaders program targeting MBA students. That same year, DUT implemented internal organizational changes and was unable to continue to implement the emerging leaders program within their MBA courses; however, as a result of their changes, DUT recognized a gap in their own faculty knowledge. DUT identified the need to provide their faculty with the skills needed to mainstream HIV into their coursework. In COP 09, HPI will further define the scope of the collaboration and the development of materials. In COP 10, HPI will facilitate the training of the academic staff, identifying leaders and champions within the program to ensure that the activity can strengthen the capacity of the DUT faculty in the prevention and mitigation of the impact of HIV and AIDS.

Since 2003, HPI has collaborated with the Africa Center for HIV and AIDS Management in the Workplace at the University of Stellenbosch (SUN), in offering an accredited Post Graduate Diploma in the Management of HIV/AIDS in the World of Work (PDM) aimed at providing managers with knowledge and skills to manage HIV in the workplace. Each year an average of 250 students from South Africa and abroad participate in the PDM program. The course is several modules, facilitated by US and other organizations. HPI is responsible for facilitating the HIV and AIDS Policy Development module. In COP 08, the course modules on HIV and AIDS Policy Development in the Workplace were reviewed and updated in accordance with new data and trends. Three new modules were added to the existing course. These included: gender, costing, and monitoring and evaluation.

COP 09 activities include collaborating with SUN and the revising and implementing existing modules. In COP 10, HPI plans to continue facilitating the course and will collaborate with US to identify the optimal number of participating students on the course to ensure quality. This activity strengthens the capacity

individuals in the prevention and mitigation of the impact of HIV and AIDS in the workplace.

Modifying curriculums for multi-sectoral leaders
In the programs developed for universities, HPI/South Africa has developed a repertoire of skills in addressing leaders at various levels in how to address and mainstream HIV into the workplace. There are leaders that need to be strengthened who cannot be reached through the university platform; however, the tools developed for the university platform can be adapted for a broader reach. It is important that leaders of all levels make informed evidence-based policy decisions related HIV and AIDS in the workplace.

In COP 10, HPI will implement a new curriculum developed in collaboration with the Da Vinci Institute, based on previous curriculums developed for leaders presented on the university platform. The new curriculum will include foresighting exercises to predict the future impact of HIV AND AIDS in the workplace and on trade and industry outputs in South Africa. HPI will collaborate with the South Africa Business Coalition on HIV and AIDS (SABCOHA) to identify executive leaders in top South African companies who will benefit from the new curriculum. In collaboration with HPI, SABCOHA will coordinate an intense short-course for these executive leaders. It is expected that the companies from whom the executive leaders hail will invest into the professional development of these leaders and thus, this activity will be a Public-Private Partnership between HPI, the private sector companies and SABCOHA, who will also invest resources into the coordination, identification and leveraging participation to ensure the program is successful.

In parallel, HPI will implement a similar program for government leaders and in subsequent years, will try to merge the two activities to ensure collaboration, communication and sharing of lessons learned among and between the private and public sector. In previous years, HPI developed a public sector costing model for workplace programmes. In addition, HPI conducted a series of workplace programmes costing and implementation trainings for Department of Public Service and Administration (DPSA) managers. There has been a failure among DPSA staff to implement the workplace programs.

In COP 10, HPI will use the curriculum developed by Da Vinci, and adapted for government, and facilitate a short course for Director Generals (DGs) and Deputy Director Generals (DDGs) of identified government departments to develop executive leaders within DPSA. The activity will empower influential government officials to understand the importance of HIV AND AIDS workplace policy and program implementation and provide them with the skills and resources they need to implement the workplace programs previously prescribed.

Leaders are not just in the traditional private and government sectors, but can also be found in the form

of health care workers who address HIV AND AIDS on a day to day basis in the management of care and in their own workplace. Since 2009, HPI has worked extensively with the South African Government, especially the National Department of Health, and professional bodies for health care workers, such as the Colleges of Medicine of South Africa (CMSA) and the Democratic Nursing Organisation of South Africa (DENOSA), to ensure that curricula for health care workers are responsive to the challenges posed by HIV AND AIDS.

The College of Medicine of SA (CMSA), established in 1955, is the professional and accreditation body for medical and dental specialists in SA recognised by the Health Professions Council of South Africa (HPCSA). The CMSA test the professional competence of candidates in 27 clinical specialities to practise in South African conditions and ensure consistent, nationally and internationally accepted standards of Medicine and Dentistry. The CMSA therefore has the potential to enhance the capacity of both new and practicing clincians and clinical managers to respond to HIV and AIDS.

Previous activities include support to the Education, Examination and Credentials Committees of the CMSA to revise existing curricula and criteria for examinations offered by the CMSA, to ensure that curricula are responsive to the bio-medical and psycho-social challenges posed by HIV AND AIDS. HPI further supported the CMSA to develop and present a series of professional development workshops for practicing clinicians and clinical managers in three provinces regarding emerging/innovative clinical and other developments re HIV and AIDS.

In COP 10, HPI will continue to support the CMSA to extend the number of professional development workshops for practicing specialists and clinical managers and refine curricula for new specialists to ensure its relevance given that HIV and AIDS is a dynamic field, which requires ongoing updates as new research and treatment strategies/regimes become available. These interventions will enhance the quality of clinical care to HIV infected clients in South Africa.

At the request of Democratic Nursing Organisation of South Africa (DENOSA), HPI reviewed the integration of HIV and TB, sexual assault care for survivors of gender-based violence, and stigma mitigation strategies into the guidelines for the establishment of support into the pre- and in-service training curricula for nurses. The project included a specific focus on care-for-the-care givers to counteract the impact of burnout and secondary traumatisation associated with ongoing care of traumatized clients such as victims of rape and terminally ill patients.

In COP 10, HPI will ensure that the integrated curriculum is disseminated through a series of training of trainer workshops.

Building local capacity by increasing skills for NDOH
The original Support Group Guidelines for people living with and affected by HIV and AIDS were not popularized and widely adopted. The guidelines were not user-friendly and did not guide the reader in the implementation of what to do with a support group for people living with and affected by HIV and AIDS. As a result of the inability to disseminate widely, NDOH requested HPI to revise the guidelines based on the feedback received and to prepare for a lay audience. HPI conducted a series of participatory provincial-level consultative workshops to revise the original version of the Support Group Guidelines. HPI provided the requested revisions and technical assistance to NDOH to ensure ownership and future implementation.

In COP 10, HPI will develop an implementation strategy and facilitate workshops on the strategy for provincial Support Group Managers in the roll out and dissemination of the guidelines. HPI will also integrate the Support Group Guidelines into the package of tools introduced during capacity building workshops for nurses and other health professionals. This process will be participatory, create champions within the provinces to disseminate the guidelines and will be sustainable because the workshop will be a training of trainers whereby the managers are provided with the information and knowledge to disseminate at the district level.

In addition to the request for assistance with the support group guidelines, NDOH requested HPI to assist in the finalization of the National Male Circumcision (MC) policy. Currently, the policy has officially been endorsed by the South African National AIDS Council (SANAC) and is due to be approved by the Ministry of Health (MoH). Following the final approval by the MoH and per a request from the NDOH, HPI will provide technical assistance to cost the MC implementation plan/strategy.

Following the approval of the policy and costing of the MC implementation strategy NDoH requested HPI to provide technical assistance in the implementation of a national male circumcision facility audit to assess the general preparedness of the facilities towards the national roll-out of MC in South Africa to be implemented in 2009-2010. HPI will implement in collaboration with other implementing partners. This project will assist the NDoH in the assessment and addressing of needs and potential gaps at the facilities towards the implementation of the national MC plan/strategy. COP 10 activities will include a training of trainers workshop on the implementation of the national MC strategy.

Documenting and responding to a broader perspective of policy
Despite substantial investment in HIV prevention strategies in recent years, HIV incidence rates have not declined substantially. The South African National HIV Prevalence, Incidence, Behaviour and Communication Survey (2009), conducted by the Human Science Research Council (HSRC) confirmed that, although there had been an increase in the levels of awareness of HIV and AIDS and in the

acceptance of people living with HIV AND AIDS, behavior has not changed proportionally to the levels of awareness and availability of prevention methods, such as condoms.

In 2009, the South Africa Government through SANAC's Prevention Technical Task team established a "Know Your Epidemic, Know Your response" project to inform the development of an Integrated HIV Prevention Strategy for South Africa. SANAC requested HPI to identify and document the prevention policy gaps and priority needs and collaborate with the larger UNAIDS, World Bank, DFID, DPSA-led "Know Your Epidemic, Know Your Response" project.

In COP 10, HPI at the request of the SANAC Prevention Technical Task team will continue to provide technical assistance to the project, which will include the revision of prevention polices and strategies in support of the NSP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	611,670	

Narrative:

The activities proposed for the Sexual Prevention Abstinence/Be Faithful program area will be redirected from previous year implementation to ensure leaders of all sectors are actively involved in the national response to HIV and that frameworks exist that link to the NSP for 2003-2011.

Through the prevention portfolio, HPI will strengthen the national platform for gender integration into HIV frameworks and activities.

Linking RH and HIV through the National Strategic Framework for Reproductive Health
In 2009, HPI provided technical support to the NDoH in a desktop assessment of literature, programs and resources on reproductive health issues in South Africa, including specific focus on male reproductive health. The desktop review on male reproductive health is currently with the NDoH pending final approval. As a response to a direct request by the NDOH to HPI, HPI will provide NDoH with support in 2009 to develop a National Strategic Framework for Reproductive Health. HPI will develop a strategy that maximizes impact through linkages and integration with other programs to address broader reproductive health challenges that face South Africa. The core tenets of the strategy are Female Reproductive Health, Male Reproductive Health including MC and Reproductive Health for HIV positive individuals.

The strategic framework will ensure overall gender mainstreaming and integration into all prevention, care and treatment programs. The strategic framework will contribute towards increased gender equity in

HIV AND AIDS activities, services, reduction of gender-based violence and addressing male norms and behaviors and link to the NSP for HIV. As mentioned before, Futures Group is strengthening the partnership with NDOH through HPI. In COP 10, HPI will work with NDOH to develop guidelines for implementation of the framework. The HPI approach is participatory and will include workshops to ensure implementation of the framework is sustainable at all levels of government and with all sectors of impact.

Integrating gender into the operational plans of Traditional Leaders
Beginning in 2003, Futures Group, first through the POLICY Project and later through HPI, implemented national HIV and AIDS prevention programs for TLs. The focus of the program was to mobilize and sensitize TLs to achieve increased awareness and participation in the national response to HIV prevention. The activities developed by HPI for FY09 specifically address high-risk behaviors, including sexual networks and multiple concurrent sexual partners. The collaboration with the National House of Traditional Leaders (NHTL) can impact social and normative change, specifically as it relates to gender based violence and gender equity.

In COP 10, HPI will conduct an evaluation of the national HIV prevention program for TLs implemented in the period 2003-2009. The activity will document activity successes and future collaboration with TLs to reach rural populations with prevention messages. COP 09 activities include HPI technical assistance to the NHTL in finalizing its sector plan to be presented to the South African National AIDS Council (SANAC). In COP 10, HPI will assist the TLs in developing a national implementation plan for the seven provinces of South Africa. The sector operational plans will focus on building the capacity of traditional leaders on implementing activities that address perceptions and standards for men in relation to number of partners, alcohol use, and sexual gender-based violence.

Highlighting gender as a workplace issue by supporting policy champions
Since 2003, HPI has collaborated with the Africa Center for HIV and AIDS Management in the Workplace at the University of Stellenbosch (SUN) in offering an accredited Post-graduate diploma in HIV/AIDS Management (PDM) aimed at providing managers with knowledge and skills to manage HIV in the workplace. The program aims to develop students into policy champions. Beginning in 2008, HPI has followed graduates from the PDM course to ascertain the extent to which former students have applied and implemented knowledge and skills gained during their training. HPI conducts a screening of all graduates from a specific year and selects a cadre of policy champions to offer further technical and financial assistance to develop their skills in policy and program development and implementation in the workplace.

Following COP 08 implementation successes, COP 09 implementation will include the selection of twenty policy champions from the 2008 class. Six graduates will be profiled and provided both technical and financial assistance. The remaining 14 will receive technical assistance in the form of structured coaching and mentoring from an expert consultant. In addition, 2009 will include a platform for peer learning through the sharing of experiences. A data base of current graduates will be created to enable HPI to keep in constant communication with graduates. In COP 10, HPI will select policy champions from the 2009 class and provide three policy champions with both technical and financial assistance. Seventeen graduate champions will be provided with TA in the form of coaching and mentoring. The selection of the technical and financial assistance will focus on the integration of gender related topics into HIV workplace activities to strengthen and create pilots which can be shared nationally and internationally. As a whole, this activity will strengthen the capacity of individuals and organizations in the prevention and mitigation of the impact of HIV and AIDS in the workplace. In addition in COP 10, HPI will continue to update and manage the database of policy champions in collaboration with the University of Stellenbosch so that the database can be sustained within the university as a mechanism to communicate with former graduates.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9581	**Mechanism Name: Health Science Academy**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Science Academy	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 922,360	
Funding Source	**Funding Amount**
GHCS (State)	922,360

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9581**		
Mechanism Name:	**Health Science Academy**		
Prime Partner Name:	**Health Science Academy**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	922,360	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9582	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Heartbeat	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 760,946	
Funding Source	**Funding Amount**
GHCS (State)	760,946

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**9582**		
Mechanism Name:			
Prime Partner Name:	**Heartbeat**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	760,946	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9583	**Mechanism Name: HIVCARE**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: HIVCARE	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9584	**Mechanism Name: Johns Hopkins University**

	Center for Communication Programs
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 12,743,084	
Funding Source	**Funding Amount**
GHCS (State)	12,743,084

Sub Partner Name(s)

ABC Ulwazi	Cell Life	Center for AIDS Development, Research, & Evaluation
Community Media Trust	DramAidE	eTV/ Curious Pictures
Footballers for Life	Health and Development Africa	Health-E
Joe Public	Lesedi Lechabile	LifeLine/ChildLine
Marcus Brewster Pubicity	Matchboxology	Mediology
Mindset Health	Mothusimpilo	National Religious Association for Social Development (NRASD)
One Voice South Africa	SABC/ Curious Pictures	Sonke Gender Justice
The Valley Trust	Turntable Trust	University of KwaZulu-Natal, Centre for Cultural and Media Studies
University of the Witwatersrand, Media AIDS Project		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	3,400,000
Human Resources for Health	440,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9584**
Mechanism Name:	**Johns Hopkins University Center for Communication Programs**
Prime Partner Name:	**Johns Hopkins Bloomberg School of Public Health Center for Communication Programs**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	719,150	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	388,361	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	699,052	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,415,579	

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Other	HVSI	983,041	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	218,454	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	4,825,396	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	2,007,110	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	776,724	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	710,217	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9585	**Mechanism Name: Safe Medical Practices**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Council for Health Services Accreditation in Southern Africa		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9586	**Mechanism Name: Kagiso Media, South Africa**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Kagiso	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,703,310	
Funding Source	**Funding Amount**
GHCS (State)	1,703,310

Sub Partner Name(s)

Anova (ex PHRU)	Boitshepo Lesetedi	Refer Annexure A 'List of Community Facilitators'
Singizi Consulting		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	800,000

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**9586**
Mechanism Name:	**Kagiso Media, South Africa**
Prime Partner Name:	**Kagiso**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	873,814	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	829,496	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9589	**Mechanism Name: CARE UGM**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Leonie Selvan	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9590	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Lifeline Mafikeng	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 235,444	
Funding Source	**Funding Amount**
GHCS (State)	235,444

Sub Partner Name(s)

Broedersput HBC	Emang Basadi Tsogang Banna CBO	Geldulds pan HBC
Kraaipan Community Project	Tlamelo TB & HIV&AIDS HBC	Tshwaraganang Barolong Project

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9590**
Mechanism Name:	
Prime Partner Name:	**Lifeline Mafikeng**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	235,444	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9591	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: LifeLine North West - Rustenburg Centre	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 363,118

Funding Source	Funding Amount
GHCS (State)	363,118

Sub Partner Name(s)

Bakwena Ba Mogopa Home Based Care	Godisang Home Based Care	Itekanelo-Ntle Home Based Care
Kgetlengrivier Carers	Lesedi Home Based Care	The Body of Christ Ministry Orphan Care and Home Based Care
Tshireletso Home Based Care	Tshwaraganang le Unicef Home Based Care	

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9591**
Mechanism Name:	
Prime Partner Name:	**LifeLine North West - Rustenburg Centre**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	174,763	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	188,355	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9592	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Living Hope	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 390,235	
Funding Source	**Funding Amount**
GHCS (State)	390,235

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	2,850
Food and Nutrition: Policy, Tools, and Service Delivery	4,285
Human Resources for Health	10,450

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**9592**
Mechanism Name:	
Prime Partner Name:	**Living Hope**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	330,748	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	59,487	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9593	**Mechanism Name: TASC2: Intergrated Primary Health Care Project**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9594	**Mechanism Name: Strengthening Pharmaceutical Systems**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,108,875	
Funding Source	**Funding Amount**
GHCS (State)	5,108,875

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,785,000

Key Issues

Impact/End-of-Program Evaluation

TB

Budget Code Information

Mechanism ID:	**9594**
Mechanism Name:	**Strengthening Pharmaceutical Systems**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,453,904	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	1,009,256	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	242,726	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	728,178	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	339,817	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	873,815	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	461,179	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9602	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hope Education	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 779,634	
Funding Source	**Funding Amount**
GHCS (State)	779,634

Sub Partner Name(s)

Reaching a Generation		

Overview Narrative

IMatter HIV Prevention Education PROGRAMME GOAL: Develop indigenous capacity to provide young learners with HIV prevention training and appropriate life skills to affect lasting moral and behavioural change in the provinces of Free State, Limpopo, Mpumalanga, Kwa-Zulu Natal and North West.

PROGRAMME OBJECTIVES
1. Increase the capacity of 2,828 Life Orientation teachers to promote HIV prevention through abstinence and faithfulness.
2. Reach 480,000 total learners with a message that promotes HIV prevention through abstinence and being faithful including 70,000 orphans and vulnerable children (OVC).
o Special emphasis will be given to girls, female teachers and a focus on the geographic HIV prevalence hotspots in the country, especially mining areas.
3. Develop the capacity of the Department of Education at the provincial and district level.
4. Develop the administrative, logistic and academic capacity of RaG and Hope Education to sustain quality HIV prevention education.

PROGRAMME OUTCOMES
1. 2,828 Life Orientation teachers equipped with new teaching skills to teach HIV prevention methodologies and life skills to learners
2. 480,000 learners will increase their understanding about HIV prevention, learn about choices related to HIV avoidance, and develop important life skills
a. 70,000 Orphans and Vulnerable Children will increase their understanding about HIV prevention, learn about choices related to HIV avoidance, and develop important life skills.
b. 235,000 girls will receive focused HIV prevention education relative to their gender and special circumstances.
3. The Department of Education at both the district and provincial levels in the Free State, Limpopo, Mpumalanga, Kwa-Zulu Natal and North West provinces will be equipped to train and support LO teachers in implementing the National Curriculum Statement and delivering effective HIV prevention

education tailored to each grade level.
4. Reaching a Generation will be capable delivering LO/HIV prevention training to teachers on a large scale, sustainable basis.

ACTION PLAN AND ACTIVITIES
Objective 1. Increase the capacity of the 2,828 Life Orientation teachers to promote HIV prevention through abstinence and faithfulness.
New Activities. The teacher training and development provided by Reaching a Generation and Hope Education will continue with the following modifications. The Life Orientation Training Manual (LOTM) and the Teachers Guide will be combined into one manual to reduce printing costs and consolidate information. At the same time the Student Workbooks that now cover three grade levels each will be re-designed for each individual grade level from grades R2 through R7. The Teachers Guide will be revised to coincide with the individual grade level books and training process. This will increase the alignment of the iMatter HIV prevention education training with the government of South Africa and Department of Education objectives and outcomes as articulated in the NCS.
Activities. 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.

The LO/HIV prevention teacher training is based on a learner-centered model and focuses on practical and interactive activities that engage the teachers. 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 NCS. 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 NCS by including skills, knowledge and values as an integral part of the teaching and learning process.
Objective 2. Reach 480,000 total learners with a message that promotes HIV prevention through abstinence and being faithful including 70,000 orphans and vulnerable children (OVC).
Special emphasis will be given to girls, female teachers and a focus on the geographic HIV prevalence hotspots in the country, especially mining areas.
New Activities. The current iMatter Teachers Guide and Student Workbooks are designed to cover three grade levels. The Student Workbooks that now cover three grade levels each will be re-designed for each individual grade level from grades R2 through R7. This will allow for more targeted, age-appropriate lessons and exercises that are in complete alignment with the Department of Education Revised Curriculum Standards. This change was recommended by the Program Advisory Committee that included input from the Department of Education. All teacher education will be appropriately adapted to

the new grade level approach.

To the issue of increasing focus on delaying sexual debut and on risks involved on sexual networks and concurrent partnerships Hope Education, in cooperation with Reaching a Generation and the Department of Education, will implement the following:

The Teachers Life Orientation Training Manual will be revised to increase emphasis on delaying sexual debut and on risks involved on sexual networks and concurrent partnerships. The revisions will include additional narrative for presentation, additional examples and exercises for the teaching and delivery of these messages and expanded scheduling of this focus. The IMatter Teachers Guide will be integrated into the LOTM and the program team will create revisions which add increased discussion, detail and emphasis on delaying sexual debut and on risks involved in sexual networks and concurrent partnerships.

The program team will create revisions to the IMatter Learner Book which adds increased discussion, detail and emphasis on delaying sexual debut and on risks involved on sexual networks and concurrent partnerships. Chapter content will be expanded with appropriate stories, activities and emphasis to increase this focus. The revisions will be submitted to the Hope Education Program Manager. The HE Program Manager will work with curriculum specialists to revise the Learner Books to include the focus described above. This work will take place in South Africa in order to ensure that it is culturally appropriate.

Activities. 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 NCS are being taught. Teachers are required to keep a file of their work as well as a learner's portfolio. Both the iMatter Teacher's Guide and learner books indicate the specific dimensions of HIV prevention teaching that can be included in the learners' portfolios and teacher's file.

As required by the Critical and Developmental Outcomes of the NCS each iMatter lesson is age appropriate in terms of language and cultural approach so that learners will adopt and maintain behaviour that will protect them from HIV infection. The National Policy states "A continuing life skills and HIV and AIDS education program must be implemented at all schools and institutions for all learners, students, educators and other staff members." The learning objectives and the learning outcomes from the NCS are printed in each chapter of the student and teacher books so that each lesson can be related to the overall objectives of the Department of Education.

Objective 3. Develop the capacity of the Department of Education at the provincial and district level.

New Activities. . The program team will develop and implement an integrated system to help develop Curriculum Specialists to enable them to measure the impact of the teachers and in the lives of the students they serve. This tool will be introduced and monitored through workshops and special break away times with these leaders in order to develop them and then they each will be given the materials to help them monitor the educators and students on an ongoing basis making this HIV prevention

programme a critical part of the curriculum taught and implemented by the DOE.
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. 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.

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.
Objective 4. Develop the administrative, logistic and academic capacity of RaG and Hope Education to sustain quality HIV prevention education.
New Activities. No special, new activities are anticipated for this objective.
Activities. The Master Trainers will go through quarterly training to increase and improve their skills. An outside training company presents on pertinent topics in each of the quarterly trainings.
Hope Education's Senior Program Manager will continue a series of management training classes for staff to include time management, writing objectives, program management, reporting and other management training.

Families Matter Program
PURPOSE: Equip parents and guardians with the tools to allow them to communicate effectively with their children around issues of HIV prevention, sexuality and substance abuse.
OBJECTIVE: Show an increase in communication, communication skills and positive attitude changes for xx parents and caregivers of 9 to 12 year old children in FY2010.
Outcome 1. Seventy-five percent of 800 parents and caregivers show an increase in positive attitudes and motivation to communicate with their children.
Outcome 2. Seventy-five percent of 800 parents and caregivers express confidence that they have improved communication skills with their children.
Outcome 3. Seventy-five percent of 800 parents and caregivers express increased confidence in communicating to their children.
Outcome 4. Seventy-five percent of 800 parents and caregivers demonstrate increased frequency of communication to their children with regard to sexuality, HIV prevention and substance abuse.

Outcome 5. Seventy-five percent of 800 parents and caregivers demonstrate increased knowledge about the risks associated with sexual activity and the need to address issues related to sexual behavior and risk reduction for their children.

Reaching a Generation, the South Africa implementing agency is partnering with the SA government, NGO's, local communities and individuals to launch national, scalable programs to reach a generation with a message of hope and HIV prevention education. In 2008 Reaching a Generation piloted a family based HIV prevention program. That pilot program, in cooperation with the Department of Education trained 150 parents in cooperation with local community leaders. The program pilot has been on hold while Hope Education and Reaching a Generation consider the Families Matter program.

The program will be implemented in Free State only. Free State has a high HIV prevalence rate and a significant number of high risk mining sites. Reaching a Generation has very strong relationships with the DoE in Free State as well as strong partnerships with churches and CBOs. There is very strong buy-in from the community based on the FMP survey in May and June.

Program Manager / Facilitator Trainer – to be hired

A Program Manager that will serve as one of the key facilitator/ trainers will be hired to oversee the program. This lead person will be responsible to develop relationships and cooperation with communities, schools and community based organizations that will be involved in the FMP. Seven facilitators (4 teams) will be hired to provide training to volunteer group facilitators. Recruiting of Facilitators will be done by the RaG Executive and Hope Education Senior Program Director. One person has been identified and interviewed. The recruiting is being done by referral through partners in education, church and government.

The first year program will focus in Free State. The Reaching a Generation Executive Director and the Families Matter Program Manager have engaged the Free State Department of Education leadership to be able to access the Free State Parent Advisory Groups at target schools. The Parent Advisory Groups will be engaged in the parent recruiting process using the DoE to identify parents of children 9 to 12. At the same time the FMP Manger will contact local church leaders and local CBO leaders to aid in the identification of parents for the program.

Additional information will be presented to local leaders in personal meetings with the FMP staff. The FMP survey accomplished in May and June opened up a lot of opportunity for the program so many leaders are looking forward to beginning this program and cooperating with FMP to make the program a success.

Monitoring & evaluation

Baseline information gathered through surveys of knowledge and attitudes regarding parent/child communication, sex and sexuality as well as HIV and AIDS and substance abuse. Monitoring and evaluation of results based on both focus groups and surveys of knowledge and attitudes post-training. Hope Education expects to adapt CDC survey instruments to this process and to collect the information in a data base that can be professionally analyzed to continue to provide strong evidence-based

programming.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9602		
Mechanism Name:			
Prime Partner Name:	Hope Education		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	779,634	

Narrative:

IMatter HIV Prevention Education PROGRAMME GOAL: Develop indigenous capacity to provide young learners with HIV prevention training and appropriate life skills to affect lasting moral and behavioural change in the provinces of Free State, Limpopo, Mpumalanga, Kwa-Zulu Natal and North West.

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o Special emphasis will be given to girls, female teachers and a focus on the geographic HIV prevalence hotspots in the country, especially mining areas.
3. Develop the capacity of the Department of Education at the provincial and district level.
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PROGRAMME OUTCOMES

1. 2,828 Life Orientation teachers equipped with new teaching skills to teach HIV prevention methodologies and life skills to learners
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a. 70,000 Orphans and Vulnerable Children will increase their understanding about HIV prevention, learn about choices related to HIV avoidance, and develop important life skills.
b. 235,000 girls will receive focused HIV prevention education relative to their gender and special circumstances.
3. The Department of Education at both the district and provincial levels in the Free State, Limpopo, Mpumalanga, Kwa-Zulu Natal and North West provinces will be equipped to train and support LO teachers in implementing the National Curriculum Statement and delivering effective HIV prevention education tailored to each grade level.
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ACTION PLAN AND ACTIVITIES
Objective 1. Increase the capacity of the 2,828 Life Orientation teachers to promote HIV prevention through abstinence and faithfulness.
New Activities. The teacher training and development provided by Reaching a Generation and Hope Education will continue with the following modifications. The Life Orientation Training Manual (LOTM) and the Teachers Guide will be combined into one manual to reduce printing costs and consolidate information. At the same time the Student Workbooks that now cover three grade levels each will be re-designed for each individual grade level from grades R2 through R7. The Teachers Guide will be revised to coincide with the individual grade level books and training process. This will increase the alignment of the iMatter HIV prevention education training with the government of South Africa and Department of Education objectives and outcomes as articulated in the NCS.
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Activities. 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 NCS are being taught. Teachers are required to keep a file of their work as well as a learner's portfolio. Both the iMatter Teacher's Guide and learner books indicate the specific dimensions of HIV prevention teaching that can be included in the learners' portfolios and teacher's file.
As required by the Critical and Developmental Outcomes of the NCS each iMatter lesson is age

appropriate in terms of language and cultural approach so that learners will adopt and maintain behaviour that will protect them from HIV infection. The National Policy states "A continuing life skills and HIV and AIDS education program must be implemented at all schools and institutions for all learners, students, educators and other staff members." The learning objectives and the learning outcomes from the NCS are printed in each chapter of the student and teacher books so that each lesson can be related to the overall objectives of the Department of Education.

Objective 3. Develop the capacity of the Department of Education at the provincial and district level.

New Activities. . The program team will develop and implement an integrated system to help develop Curriculum Specialists to enable them to measure the impact of the teachers and in the lives of the students they serve. This tool will be introduced and monitored through workshops and special break away times with these leaders in order to develop them and then they each will be given the materials to help them monitor the educators and students on an ongoing basis making this HIV prevention programme a critical part of the curriculum taught and implemented by the DOE.

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. 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.

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.

Objective 4. Develop the administrative, logistic and academic capacity of RaG and Hope Education to sustain quality HIV prevention education.

New Activities. No special, new activities are anticipated for this objective.

Activities. The Master Trainers will go through quarterly training to increase and improve their skills. An outside training company presents on pertinent topics in each of the quarterly trainings.

Hope Education's Senior Program Manager will continue a series of management training classes for staff to include time management, writing objectives, program management, reporting and other management training.

Families Matter Program

PURPOSE: Equip parents and guardians with the tools to allow them to communicate effectively with their children around issues of HIV prevention, sexuality and substance abuse.
OBJECTIVE: Show an increase in communication, communication skills and positive attitude changes for xx parents and caregivers of 9 to 12 year old children in FY2010.
Outcome 1. Seventy-five percent of 800 parents and caregivers show an increase in positive attitudes and motivation to communicate with their children.
Outcome 2. Seventy-five percent of 800 parents and caregivers express confidence that they have improved communication skills with their children.
Outcome 3. Seventy-five percent of 800 parents and caregivers express increased confidence in communicating to their children.
Outcome 4. Seventy-five percent of 800 parents and caregivers demonstrate increased frequency of communication to their children with regard to sexuality, HIV prevention and substance abuse.
Outcome 5. Seventy-five percent of 800 parents and caregivers demonstrate increased knowledge about the risks associated with sexual activity and the need to address issues related to sexual behavior and risk reduction for their children.
Reaching a Generation, the South Africa implementing agency is partnering with the SA government, NGO's, local communities and individuals to launch national, scalable programs to reach a generation with a message of hope and HIV prevention education. In 2008 Reaching a Generation piloted a family based HIV prevention program. That pilot program, in cooperation with the Department of Education trained 150 parents in cooperation with local community leaders. The program pilot has been on hold while Hope Education and Reaching a Generation consider the Families Matter program.
The program will be implemented in Free State only. Free State has a high HIV prevalence rate and a significant number of high risk mining sites. Reaching a Generation has very strong relationships with the DoE in Free State as well as strong partnerships with churches and CBOs. There is very strong buy-in from the community based on the FMP survey in May and June.
Program Manager / Facilitator Trainer – to be hired
A Program Manager that will serve as one of the key facilitator/ trainers will be hired to oversee the program. This lead person will be responsible to develop relationships and cooperation with communities, schools and community based organizations that will be involved in the FMP. Seven facilitators (4 teams) will be hired to provide training to volunteer group facilitators. Recruiting of Facilitators will be done by the RaG Executive and Hope Education Senior Program Director. One person has been identified and interviewed. The recruiting is being done by referral through partners in education, church and government.
The first year program will focus in Free State. The Reaching a Generation Executive Director and the Families Matter Program Manager have engaged the Free State Department of Education leadership to be able to access the Free State Parent Advisory Groups at target schools. The Parent Advisory Groups will be engaged in the parent recruiting process using the DoE to identify parents of children 9 to 12. At

the same time the FMP Manger will contact local church leaders and local CBO leaders to aid in the identification of parents for the program. Additional information will be presented to local leaders in personal meetings with the FMP staff. The FMP survey accomplished in May and June opened up a lot of opportunity for the program so many leaders are looking forward to beginning this program and cooperating with FMP to make the program a success. Monitoring & evaluation Baseline information gathered through surveys of knowledge and attitudes regarding parent/child communication, sex and sexuality as well as HIV and AIDS and substance abuse. Monitoring and evaluation of results based on both focus groups and surveys of knowledge and attitudes post-training. Hope Education expects to adapt CDC survey instruments to this process and to collect the information in a data base that can be professionally analyzed to continue to provide strong evidence-based programming.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9604	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Olive Leaf Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,943,974	
Funding Source	**Funding Amount**
GHCS (State)	2,943,974

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	100,000
Food and Nutrition: Commodities	38,280
Food and Nutrition: Policy, Tools, and Service Delivery	42,340
Gender: Reducing Violence and Coercion	246,428
Human Resources for Health	1,232,898

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9604**		
Mechanism Name:			
Prime Partner Name:	**Olive Leaf Foundation**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	514,917	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,864,719	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	223,672	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	340,666	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9605	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Hospice and Palliative Care Assn. Of South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 8,998,687	
Funding Source	**Funding Amount**
GHCS (State)	8,998,687

Sub Partner Name(s)

Abasizikazi Home Based Care	ADRA Hospice	Aganang Home Based Care
Agape Support Group Association	Aids Care Training Centre	Amekulani Project Group
Areboakeng Hospice	Bakgethwa Women in Partnership Against AIDS	Banakeleleni Hospice
Baphimelele Respite Care Centre	Blessed Gerards Care Centre	Blue Crane Hospice
Boikhutshong Hospice	Boland Hospice	Bophelong Community Center
Botshelo Hospice	Breede River Hospice	Brits Hospice
Busy Bee Hospice	Camdeboo Hospice	Cape Agulhas Hospice
Care 4 life Centre	Cedarville 08-HBHC Adult Care & Treatment Centre	Centurion Hospice

Chatsworth Hospice	Chesterville Community Hospice	CHoiCe Trust
Christian Medical Services and Relief	Cornerstone Ministries	Cotlands Gauteng
Cotlands Western Cape Hospice	Cradock Hospice	Crystal
D F Harker/St Agnes HBC	Dolphin Coast	Drakenstein Hospice
East Rand Hospice	Ekukhuseleni Tshireletso Hospice	Estcourt Hospice
Footprints Hospice	Franschhoek Hospice	Fundisizwe Health and Social Development
Gethsemane Health Care Centre	Golden Gateway	Goldfields Hospice Association
Good Shephard Hospice	Grahamstown Hospice	Helderberg Hospice
Hermanus Rainbow Trust	Highway Hospice	Hlumani HIV/AIDS Project
Hoedspruit Training Trust	Holy Cross Home	Hope 4 Life - Pella
Hope for Life (Zaziwe)	Hosanna Hospice	Hospice Association Witwatersrand
Hospice in the West	Hospice Moeder Theresa	Hospice Richtersveld
Howick Hospice	ICWIMP	Inanda Community Hospice
Indwe House of Hope Hospice	Infidumelo Hospice	Ingwavuma Orphan Care
Inkululeko Home Based Care	Inkwanca HBC	Intabazwe HBC
Ipelegeng	Kareeberg Hospice	Khanya Hospice
Khotso-Caritas Hospice	Kings Hope	Knysna/Sedgefield Hospice
Kutlwanong Hospice	Kwakwatsi	Ladies of Hope
Ladybrand Hospice	Ladysmith Hospice	Langeberg Hospice, Swellendam
Leratong Hospice	Lesedi Hospice	Lichabile
Living Hope Hospice	Living Waters Hospice	Lomanyaneng AIDS Project
Maboloka HIV/AIDS Awareness Organization	Maggie Samboer Hospice	Mamelodi Sungardens Hospice
Maskey Health Services	Meloding Hospice	Mogaung Hospice
Moretele Sunrise Hospice	Msunduzi Hospice	Mzimela Health Services
Naledi Hospice	Nceduluntu Support Group	Nelspruit Hospice
Newcastle Luthando Hospice	Nightingale Hospice	Noord Kaap VIGS Forum
North West (Matlosana) Hospice	Overstrand Hospice	Phapamani Home Based Care
Phedisanang (Kgatelopele) HBC	Philanjalo Hospice, Tugela Ferry	Phoenix Community Hospice
PROTIRO Care Givers	Rea Barata Reteng	Refilwe Home Based Care

Renosterberg Hospice	Rustenburg Hospice	Saint Helena Sandvelt Hospice
Saint Teresa's Hospice	Sakhelwe Hospice	Samaritan Care Centre
Silindukuhle Hospice	Sinethemba HBC	Sipamandla Healthcare
Siyanqoba HIV/AIDS	Sonqoba Home Based Care	South Coast Hospice
Soweto Hospice	St Francis Care Centre	St Francis Christ Church
St Francis Hospice (Kouga)	St Lukes Hospice, Kenilworth	St Nicholas Bana Pele Network
St Nicholas Hospice	St Thomas Botshabelo Hospice	St. Bernards Hospice
St. Catherina	St. Francis Hospice	St. Josephs Community Care Centre
St. Mary's Hospital	Stellenbosch Hospice	Sungardens Hospice
Sunrise Community Development	Sunshine Coast Hospice	Tapologo Hospice
Temba Care Hospice - Athlone	Tender Loving Care	Thabiso NGO
Thabong Hospice	The Plettaid Foundation	Themba Care Home Based Care, Grabouw
Thembelihle Hopetown 08-HBHC Adult Care and Treatment	Thembilihle Home Based Care	Thokomala Hospice
Tholwa Ulwazi Home Base Care	Thusanang HBC and PC	Thusanang Home Based Care
Tlhokomelo Health Care Centre	Transkei Hospice	Tshupe Hospice
Tshwaranang Hospice	Tygerberg Hospice	Umlazi Community Hospice
Umtha Welanga Centre	Umvoti AIDS Centre, Enhlalakahle, Umvoti Minicipality	Verulam Hospice
Victoria West 08-HBHC Adult Care and Treatment Program	Victorious Woman Health and Welfare Ministry	Viljoenskroon Hospice
Vision for the Nation	Vryheid Hospice	Vulamehlo Hospice
White River Hospice	White Rose Hospice	Wide Horizons
Woza Moya	Zululand Hospice	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Commodities	170,000

Human Resources for Health	500,000

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Mobile Population

TB

Budget Code Information

Mechanism ID:	**9605**		
Mechanism Name:			
Prime Partner Name:	**Hospice and Palliative Care Assn. Of South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	7,155,567	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,268,244	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	98,416	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	372,864	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	103,596	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9606	**Mechanism Name: HSRC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Human Science Research Council of South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,001,021	
Funding Source	**Funding Amount**
GHCS (State)	3,001,021

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	276,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**9606**
Mechanism Name:	**HSRC**
Prime Partner Name:	**Human Science Research Council of South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,400,000	

Narrative:

Preparation for and undertaking of 4th national population-based (household) survey in 2011
Ongoing feedback of information for the National Strategic Plan including data on MARPs.
Ongoing national indicator analysis (UNGASS, NSP etc).
Ongoing training and career development of South African staff, especially at junior levels.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,255	

Narrative:

To scale up positive prevention interventions targeting PLHIV to reduce sexual HIV transmission, in support of NSP priorities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,200,766	

Narrative:

The project aims to strengthen the PMTCT program in the Eastern Cape province (Cacadu district) and Mpumalanga province (Gert Sibande and Nkangala districts)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9607	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Humana People to People in South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,674,009	
Funding Source	**Funding Amount**
GHCS (State)	1,674,009

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	68,250
Food and Nutrition: Commodities	20,000
Food and Nutrition: Policy, Tools, and Service Delivery	20,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9607 Mechanism Name: Prime Partner Name: Humana People to People in South Africa			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	313,141	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	536,813	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	615,068	
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	208,987	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9608	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Ingwavuma Orphan Care	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 939,804	
Funding Source	**Funding Amount**
GHCS (State)	939,804

Sub Partner Name(s)

Mseleni Children's Home	Tholulwazi Uvizikele	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Education	30,000
Human Resources for Health	500,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9608**

Mechanism Name: / Prime Partner Name:	Ingwavuma Orphan Care		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	240,105	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	554,000	
Narrative:			
REDACTED may occur at a new centre at Ntabayengwe which will allow better facilities for the OVC program to continue. REDACTED could include improved flooring, ceiling board and installation of electiricty (solar power). Garage doors would be installed in the garages to improve security of vehicles. Waterless toilets would be installed to improve sanitation at the site.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	97,090	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	48,609	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9609	**Mechanism Name:**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: Institute for Youth Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,497,942	
Funding Source	**Funding Amount**
GHCS (State)	4,497,942

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	**9609**		
Mechanism Name:			
Prime Partner Name:	**Institute for Youth Development**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	710,431	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,713,459	

Narrative:

Please note that IYDSA has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, IYDSA. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	116,450	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	194,440	

Narrative:

Please note that IYDSA has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, IYDSA. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	416,186	

Narrative:

Please note that IYDSA has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, IYDSA. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	117,323	

Narrative:

Please note that IYDSA has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, IYDSA. Activities have not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	957,203	
Narrative:			
Please note that IYDSA has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Catholic Relief Services) to the local partner, IYDSA. Activities have not changed between FY 2009 and FY 2010.			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	272,450	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9610	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: International Organization for Migration	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,650,538	
Funding Source	**Funding Amount**
GHCS (State)	1,650,538

Sub Partner Name(s)

Agri IQ	CHoiCe Trust	Hoedspruit Training Trust
IOM Mussina		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**9610**		
Mechanism Name:			
Prime Partner Name:	**International Organization for Migration**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	436,907	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	436,907	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	776,724	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9611	**Mechanism Name: ACCESS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,135,958	
Funding Source	**Funding Amount**
GHCS (State)	1,135,958

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	16,316

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9611**		
Mechanism Name:	**ACCESS**		
Prime Partner Name:	**JHPIEGO**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	611,670	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	77,672	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	446,616	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9613	**Mechanism Name: McCord Hospital**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: McCord Hospital	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,396,243	
Funding Source	**Funding Amount**
GHCS (State)	6,396,243

Sub Partner Name(s)

McCord Hospital		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	204,855
Gender: Reducing Violence and Coercion	38,000
Human Resources for Health	618,710

Key Issues

Impact/End-of-Program Evaluation
Mobile Population
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9613**
Mechanism Name:	**McCord Hospital**
Prime Partner Name:	**McCord Hospital**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	943,178	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HTXS	1,607,279	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	201,167	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	159,889	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	544,614	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	204,861	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	827,050	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	892,369	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	635,728	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	380,108	

Narrative:

Please note that McCord Hospital has received an increase in funding in this technical area in COP 2010 as a result of the transition of funding from the Track 1 partner (Elizabeth Glaser Pediatric AIDS Foundation) to the local partner (McCord/Zoë-Life). Activities in this technical area has not changed between FY 2009 and FY 2010.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9813	**Mechanism Name: Enhance SI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,614,710	
Funding Source	**Funding Amount**
GHCS (State)	4,614,710

Sub Partner Name(s)

Health Information Systems Program	Khulisa Management Services (Pty) Ltd	Tulane School of Public Health

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9813**
Mechanism Name:	**Enhance SI**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,506,844	
Narrative:			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	3,107,866	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9816	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: AIDSTAR PATH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,650,538	
Funding Source	**Funding Amount**
GHCS (State)	1,650,538

Sub Partner Name(s)

Health and Development Africa	International HIV/AIDS Alliance	

Overview Narrative

The narrative description of this project remains the same as in COP 2009, with the following changes for COP 2010.

PROVINCIAL IMPLEMENTATION AND CAPACITY DEVELOPMENT PLAN

Provincial Capacity Development Plan

During FY 2009 the delivery of provincial training was coordinated by an accredited National Training Provider which sub-contracted nine Provincial Training Service Providers (PTSPs). During FY 2010 these nine Provincial Training Service Providers will be capacitated to implement the training independently. Ongoing capacity development will be provided in the areas of local accreditation requirements, monitoring and evaluation, content expertise and adult education methodologies applicable to psychosocial support and child protection curricula.

Provincial Roll Out Plan

Training will be situated within a Provincial Implementation Plan jointly developed by provincial Departments of Social Development (including district and local officials), PTSPs, the Thogomelo Project and provincial NGOs. The focus will extend beyond delivery of training, to leveraging referrals and networking at local level to promote the sustainability of the training.

Changes to Organizational Structure

The project's organogram will be amended to meet the objectives and deliverables of the Provincial Implementation and Capacity Building Plan. A National Training Service Provider appointed by Health and Development for Africa (HDA) will oversee the strategic development of the plan, ensure liaison with provincial Department of Social Development (DSD) and oversee the management of PTSPs. This position will be supported by three Provincial Training Coordinators, each of whom will be responsible for the coordination of training in a cluster of three provinces. A Financial Administrative Assistant will be appointed in support of the Finance and Administration Officer to manage the sub-contracts with PTSPs who will be subs of the HDA sub.

QUALITY ASSURANCE

A process evaluation will take place in FY 2010 to assess the quality of materials and training provided by the project. This will include a base line survey and will be an integral step toward the mid-term evaluation, which will occur in FY 2011.

CURRICULUM DEVELOPMENT

Thogomelo will promote the institutionalization and sustainability of the existing Thogomelo Psychosocial Support Skills Development Program for Community Caregivers. In response to identified needs, Thogomelo will develop a second curriculum for supervisors of the community caregivers. In consultation with Department of Social Development the project plans to develop this curriculum during FY 2010. The supervisor's curriculum will complement the existing community caregiver curriculum thereby providing a coherent package of training and a career path of participants.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9816		
Mechanism Name:			
Prime Partner Name:	AIDSTAR PATH		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,650,538	

Narrative:

The narrative description of this project remains the same as in COP 2009, with the following changes for COP 2010.

PROVINCIAL IMPLEMENTATION AND CAPACITY DEVELOPMENT PLAN

Provincial Capacity Development Plan

During FY 2009 the delivery of provincial training was coordinated by an accredited National Training Provider which sub-contracted nine Provincial Training Service Providers (PTSPs). During FY 2010 these nine Provincial Training Service Providers will be capacitated to implement the training independently. Ongoing capacity development will be provided in the areas of local accreditation requirements, monitoring and evaluation, content expertise and adult education methodologies applicable to psychosocial support and child protection curricula.

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The project's organogram will be amended to meet the objectives and deliverables of the Provincial Implementation and Capacity Building Plan. A National Training Service Provider appointed by Health and Development for Africa (HDA) will oversee the strategic development of the plan, ensure liaison with provincial Department of Social Development (DSD) and oversee the management of PTSPs. This position will be supported by three Provincial Training Coordinators, each of whom will be responsible for the coordination of training in a cluster of three provinces. A Financial Administrative Assistant will be

appointed in support of the Finance and Administration Officer to manage the sub-contracts with PTSPs who will be subs of the HDA sub. QUALITY ASSURANCE A process evaluation will take place in FY 2010 to assess the quality of materials and training provided by the project. This will include a base line survey and will be an integral step toward the mid-term evaluation, which will occur in FY 2011. CURRICULUM DEVELOPMENT Thogomelo will promote the institutionalization and sustainability of the existing Thogomelo Psychosocial Support Skills Development Program for Community Caregivers. In response to identified needs, Thogomelo will develop a second curriculum for supervisors of the community caregivers. In consultation with Department of Social Development the project plans to develop this curriculum during FY 2010. The supervisor's curriculum will complement the existing community caregiver curriculum thereby providing a coherent package of training and a career path of participants.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9817	**Mechanism Name: PHRU**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Anova Health Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 21,536,315	
Funding Source	**Funding Amount**
GHCS (State)	21,536,315

Sub Partner Name(s)

Be-Part	Desmond Tutu HIV Foundation	HIVSA
HOSPICE AFRICA, Uganda	KidzPositive	Perinatal HIV Research Unit, South Africa
Singizi	University of Cape Town,	University of Stellenbosch-

	HIV/AIDS Coordination UCT	Tygerberg Children's Hospital

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	110,000

Key Issues

Addressing male norms and behaviors

Safe Motherhood

TB

Budget Code Information

Mechanism ID:	**9817**		
Mechanism Name:	**PHRU**		
Prime Partner Name:	**Anova Health Institute**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	786,433	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	8,099,287	
Narrative:			
Based on 2010 COP planning with provinicial decision makers in Limpopo, Mpumalanga, Western Cape, and Gauteng, it is anticipated that there will be REDACTED and seven pre-fabricated/parkhomes installed at rapidly growing Care and Treatment government facilities. The National Strategic Plan for			

South Africa, as well as provincial workplans, will guide the geographic allocation of renovations. No large-scale renovation work is anticipated.

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	727,994	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	830,123	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	4,190,910	

Narrative:

REDACTED

The demand for treatment services has exceeded provincial budget and PEPFAR expectations for utilization of services. In order to ensure continued access to services for those already on treatment and for those who will be initiated in the upcoming two to three years, it is anticipated that a number of sites will require additional space (even as a temporary measure). REDACTED

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	359,235	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	428,169	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	1,962,099	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	3,346,845	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	805,220	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9821	**Mechanism Name: CAPRISA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 3,335,888	
Funding Source	**Funding Amount**
GHCS (State)	3,335,888

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: **Mechanism Name:** **Prime Partner Name:**	**9821** **CAPRISA** **University of Kwazulu-Natal, Nelson Mandela School of Medicine, Comprehensive International Program for Research on AIDS**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	135,441	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	1,523,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	258,047	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	1,259,297	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	160,103	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9827	**Mechanism Name: TBD Nurse Capacity Project Follow-on**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Columbia University Mailman School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 485,452	
Funding Source	**Funding Amount**
GHCS (State)	485,452

Sub Partner Name(s)

UFH - funded through central HRSA mechanism		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9827**		
Mechanism Name:	**TBD Nurse Capacity Project Follow-on**		
Prime Partner Name:	**Columbia University Mailman School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	485,452	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9828	**Mechanism Name: TBD National Institute for Communicable Disease NICD follow On (STD Program)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In support of strengthening the delivery and quality of Sexually Transmitted Infections (STI) Prevention and Control Programs, the TBD activity will support and implement activities which:

• Improve the understanding of STI burden through the use of laboratory-based surveillance;

• Improve access to and quality of STI care in South Africa by supporting capacity for integrated STI services as part of new or existing services in high risk populations;

• Enhance laboratory capacity and programmatic evaluation in supporting universal syphilis screening and other STI testing among pregnant women seeking antenatal care;

• Support laboratory-based pubic health/prevention evaluations to support the national program in providing enhanced STI services for HIV/STI prevention; and

• Establish a model CDC/WHO Regional Reference Laboratory or Collaborating Center.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9828**
Mechanism Name:	**TBD National Institute for Communicable Disease NICD follow On (STD Program)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

In support of strengthening the delivery and quality of Sexually Transmitted Infections (STI) Prevention and Control Programs, the TBD activity will support and implement activities which:
• Improve the understanding of STI burden through the use of laboratory-based surveillance;
• Improve access to and quality of STI care in South Africa by supporting capacity for integrated STI services as part of new or existing services in high risk populations;
• Enhance laboratory capacity and programmatic evaluation in supporting universal syphilis screening and other STI testing among pregnant women seeking antenatal care;
• Support laboratory-based pubic health/prevention evaluations to support the national program in providing enhanced STI services for HIV/STI prevention; and
• Establish a model CDC/WHO Regional Reference Laboratory or Collaborating Center.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

In support of strengthening the delivery and quality of Sexually Transmitted Infections (STI) Prevention and Control Programs, the TBD activity will support and implement activities which:
• Improve the understanding of STI burden through the use of laboratory-based surveillance;
• Improve access to and quality of STI care in South Africa by supporting capacity for integrated STI services as part of new or existing services in high risk populations;
• Enhance laboratory capacity and programmatic evaluation in supporting universal syphilis screening and other STI testing among pregnant women seeking antenatal care;
• Support laboratory-based pubic health/prevention evaluations to support the national program in providing enhanced STI services for HIV/STI prevention; and
• Establish a model CDC/WHO Regional Reference Laboratory or Collaborating Center.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

In support of strengthening the delivery and quality of Sexually Transmitted Infections (STI) Prevention and Control Programs, the TBD activity will support and implement activities which:
• Improve the understanding of STI burden through the use of laboratory-based surveillance;
• Improve access to and quality of STI care in South Africa by supporting capacity for integrated STI

services as part of new or existing services in high risk populations; • Enhance laboratory capacity and programmatic evaluation in supporting universal syphilis screening and other STI testing among pregnant women seeking antenatal care; • Support laboratory-based pubic health/prevention evaluations to support the national program in providing enhanced STI services for HIV/STI prevention; and • Establish a model CDC/WHO Regional Reference Laboratory or Collaborating Center.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9834	**Mechanism Name: TBD Prevention Strategic Planning**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9836	**Mechanism Name: TBD Salvation Army Follow On**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A service provider will be recruited prior to January 2010 to begin the implementation of activities outlined in the FY09 COP entry for follow-on activties from the Salvation Army OVC program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9836**		
Mechanism Name:	**TBD Salvation Army Follow On**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	Redacted	Redacted
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9838	**Mechanism Name: TBD World Cup CDC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9840	**Mechanism Name: TBD Prevention Action Tank CDC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9842	**Mechanism Name: TBD OVC Department of Social Development**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In FY 2010, in collaboration with the South African Department of Social Development (DOSD), PEPFAR funds will be used to strengthening the SAG human resource capacity to address the needs of vulnerable children. These activities provide the opportunity to invest in establishing and expanding sustainable systems that will build the pipeline of social and social auxiliary professionals. A national priority in South

Africa is the commitment to train, educate, re-deploy and employ a new category of workers in social development. Social auxiliary work and social work are in the frontline of social development and transformation particularly in under-resourced communities. Auxiliary social workers as well as child and youth care workers complement the efforts and the impact of social workers. South Africa has not been able to produce the number of social workers in line with the demands placed by needy communities. With the passing of the Children's Act 2005, an estimated 16000 social workers are needed to implement service that children are should receive in terms of the Act over the next three years according to the former Minister of Social Development. The DOSD recognizes the importance of maintaining strong management and administrative capacity to be successful in implementing its strategies for children orphaned and made vulnerable by HICV and AIDS. PEPFAR SA recognizes the importance of increasing the number of trained and skilled social workers in achieving positive outcomes as well as promoting the sustainability of successful interventions aimed at the long term benefit of children orphaned and made vulnerable by HIV and AIDS.

Activity 1: Increase human capacity development efforts by increasing the number of new para-social professionals in South Africa as well as, their knowledge and skill levels. In collaboration with DOSD develop an appropriate program that increases the number of social auxiliary workers and child and youth care workers in South Africa.

Activity 2 Strengthen the knowledge and skills of management and administrative staff that are key players in implementing the programs focused on serving children that have been orphaned and made vulnerable by HIV and AIDS, through management training and program skills enhancement training targeted at the management level of DOSD. The target group will include key individuals who have functions that affect the implementation and outcome of program services and activities outlined in SA child focused strategies. This includes program managers and administrators in financial management, accounting, human resources, and organizational development. These activities support the SAG in it strategies to support, protect, and strengthen children, families and communities. These strategies 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 Children's Act and Children's Amendment Act; the National Guidelines for Social Services to Children Infected and Affected by HIV/AIDS and the HIV & AIDS and STI National Strategic Plan for South Africa 2007 -2011 and the Children's Act, 2005, (No. 38 of 2005). Having adequate and sustained human resource capacity is essential to the success of these strategies. This activity will contribute to the PEPFAR goal of increasing the number of trained social and para-social workers that are able to provide services to vulnerable children, including OVC. Funding will be used primarily in the emphasis area of human capacity building and 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 2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9842**
Mechanism Name:	**TBD OVC Department of Social Development**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9845	**Mechanism Name: TBD Health Systems Strengthening**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9845**		
Mechanism Name:	**TBD Health Systems Strengthening**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9846	**Mechanism Name: TBD Health Systems**

	Strengthening
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9847	**Mechanism Name: TBD Public Private Partnership USAID**

Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9847**		
Mechanism Name:	**TBD Public Private Partnership USAID**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted
Narrative:			
PEPFAR defines Public-Private Partnerships (PPPs) as collaborative endeavors that combine resources			

from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. PPPs enable the U.S. Government and private sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and through the sharing of resources, skills, risks and results. Three hallmarks of PPPs are that they help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant private-sector resources.

USAID has set aside funding for PPPs to meet these objectives, with the intention of leveraging resources to promote sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

PEPFAR defines Public-Private Partnerships (PPPs) as collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. PPPs enable the U.S. Government and private sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and through the sharing of resources, skills, risks and results. Three hallmarks of PPPs are that they help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant private-sector resources.

USAID has set aside funding for PPPs to meet these objectives, with the intention of leveraging resources to promote sustainability.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

PEPFAR defines Public-Private Partnerships (PPPs) as collaborative endeavors that combine resources from the public sector with resources from the private sector to accomplish HIV/AIDS prevention, care, and treatment goals. PPPs enable the U.S. Government and private sector entities to maximize their efforts through jointly defined objectives, program design and implementation, and through the sharing of resources, skills, risks and results. Three hallmarks of PPPs are that they help ensure sustainability of programs, facilitate scale-up of interventions, and leverage significant private-sector resources.

USAID has set aside funding for PPPs to meet these objectives, with the intention of leveraging resources to promote sustainability.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9865	**Mechanism Name: CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Department of Health, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,227,758	
Funding Source	**Funding Amount**
GHCS (State)	4,227,758

Sub Partner Name(s)

AIDS Sexuality and Health Youth Organization		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9865**

Mechanism Name:	CoAg
Prime Partner Name:	National Department of Health, South Africa

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,315,044	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,912,714	

Narrative:

None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9866	Mechanism Name: NIAD/NIH Post Phidisa
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa National Defense Force, Military Health Service	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,403,495

Funding Source	Funding Amount
GHCS (State)	2,403,495

Sub Partner Name(s)

Henry M. Jackson Foundation Medical Research International, Inc.	Lancet Laboratories	Scientific Application International Corporation

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9866**
Mechanism Name:	**NIAD/NIH Post Phidisa**
Prime Partner Name:	**South Africa National Defense Force, Military Health Service**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,458,804	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	22,331	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	922,360	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9887	**Mechanism Name: PACT UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: CompreCare	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,725,000	
Funding Source	**Funding Amount**
GHCS (State)	1,725,000

Sub Partner Name(s)

Botho Jwa Rona	Child Welfare Tshwane	Christian Social Council
Luncedo LweSizwe HBC	Pholo Modi Wa Sechaba	Progressive AIDS Project
Sizanani HBC	Thibela Bolwetse	Thuthukani HBC
Winterveldt	Zimeleni HBC	

Overview Narrative

CompreCare, through its eleven sub partners will identify and provide a holistic package of services to orphans and vulnerable children (OVC) and their families. Activities will be focused on needy populations in under-resourced provinces and areas in:

Gauteng (Tshwane Metropolitan area): Child Welfare Tshwane (CWT) and Christian Social Council North (CSC(N)) will focus on the OVC population in the following areas: Olievenhoutbosch, Mamelodi, Sunnyside, Eersterust, Roodeplaat, Pretoria West, Shosanguve .

North West Province: Botho Jwa Rona, Progressive AIDS Project, Pholomodi Wa Sechaba HBC, Thibela Bolwetse, Winterveldt HIV will focus on the OVC population in the semi-rural areas of Mabeskraal, Mabopane, Mogwase, Hebron and Winterveldt.

Mpumalanga: Luncedo LweSizwe HBC, Sizanani HBC, Thuthukani HBC and Zimeleni HBC focus on the OVC population in the semi-rural areas of Fernie, Wesselton, Leandra and Sheepmoor.

The primary emphasis across all activities will be on capacity development of care workers, OVC and families. CompreCare's OVC care program will focus on the early identification of infected and affected children and families and ensure that their basic needs are met. Needs assessments will be done and

also link OVC and their care workers to appropriate government and community services. Community care workers residing in the target areas are recruited and will enable CompreCare to provide comprehensive and holistic care for OVC. Program activities will include general health care, healthcare support for ART, food and/or food parcels, shelter and temporary placement, child protection interventions, psychosocial care, social or spiritual care, general education and/or vocational training, economic strengthening and HIV education.

Through its sub partners, CompreCare will offer OVC training and a service package to support the care workers. A training program for community based care workers is being developed and will be accredited by CWT and CSC for use throughout the program. As a result the program will benefit as care workers are often known and respected by the community. Care workers will be exposed to continuous retraining, expanding their capacity to render a more comprehensive service thereby improving the quality of the service.

Care workers are well positioned to access the services of other community groups and service providers including schools, churches, clinics and community care forums. In addition to providing community and home-based support services, partners also manage community drop-in/wellness centres that provide care services, especially after school care, for OVC and their families.

As the CWT and CSC programs are in an urban setting a comprehensive network of referrals is in place. Although the rest of the sub partners mostly work in deep rural areas, they have an established network of referrals. CompreCare will work with these partners in further strengthening their systems and the quality of services delivered.

Quality of services will be increased by introducing the following:

Education: Structured homework classes with the assistance of local schools, especially at the foundation level. Community outreach programs from the University of Pretoria and other institutions will be accessed to expand service delivery.

Child Survival Activities: A card system that has been implemented to monitor routine immunization in cooperation with the various medical clinics and will be expanded to include the treatment of life threatening childhood illnesses. Emphasis will also be placed on the importance of the usage of safe water and hygiene.

Food and Nutrition: Vegetable gardens will be established at the homes of OVC. These gardens can provide food for the family at a very low cost if they can sustain the garden. Excess vegetables can be sold for an income.

Economic strengthening is a focus to many families, mainly women and girls, to prevent them becoming dependent on social security. Beading and "farming" projects will be initiated as well as other skills development projects in cooperation with local government and business.

Care workers are trained to recognize signs of gender-based violence as well as sexual exploitation of women and children and unsafe housing conditions. Male OVC are encouraged to act responsibly and respect female OVC and women and are encouraged to play a positive role in their community.

Mobility of care workers is limited as they are expected to walk long distances, especially in the rural areas. Efforts will be made to access to public transport more cost effective and alternative transport, such as bicycles, will be made available.
CompreCare has a comprehensive monitoring, evaluation and reporting plan, which includes a quality control guide that documents steps for collecting, collation and reporting of data ensuring that they are procedural. CompreCare introduced a program evaluation system that seeks to draw out and promote effective utilization of lessons learnt. The system includes bi-annual focus group discussions and other evaluation tools which will be applied to evaluate the effectiveness of the program. The results of these focus group discussions forms part of the broader evaluation process to track program implementation and its further development. A database already being utilized by CWT will be rolled out to all sub-partners and will contribute to overall efficiency and accuracy of the MER system.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	10,000
Education	5,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9887**		
Mechanism Name:	**PACT UGM**		
Prime Partner Name:	**CompreCare**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,725,000	
Narrative:			
CompreCare's number of sub partners has been increased to eleven and the budget increased from FY2009 ($1,276,724) to FY 2010 ($1,725,000). Through its eleven sub partners CompreCare will identify and provide a holistic package of services to orphans and vulnerable children (OVC) and their families. Activities will be focused on needy populations in under-resourced provinces and areas in Gauteng (7700 OVC), North West Province (2950 OVC), and Mpumalanga (1500 OVC), serving a projected total of 12			

150 OVC in FY2009. The primary emphasis across all activities will be on capacity development of care workers, OVC and families. Community care workers will be recruited from target areas thereby enabling CompreCare to provide comprehensive care for OVC within their localized communities. Program activities will include general health care, healthcare support for ART, food and/or food parcels, shelter and temporary placement, child protection interventions, psychosocial care, social/spiritual care, general education and/or vocational training, economic strengthening and HIV education. Through its sub partners, CompreCare will offer OVC training and a service package to support the care workers. In addition to providing community and home-based support services, some partners will also manage community drop-in/wellness centres that provide care services, especially after-school care for OVC. Some of the specific activities/services to be provided include: Structured homework classes with the assistance of local schools. Treatment of life threatening childhood illnesses and the importance of the usage of safe water and hygiene. Vegetable gardens will be established at the homes of OVC providing food for the family at a very low cost. Economic strengthening is a focus to many families, mainly women and girls, to prevent them becoming dependent on social security. Beading and "farming" projects will be initiated Addressing gender-based violence as well as sexual exploitation of women and children and unsafe housing conditions. Male OVC are encouraged to act responsibly and respect female OVC and women. Mobility of care workers in the target areas is limited and to be increased.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9957	**Mechanism Name: TB/HIV Care Association (TB/HIV Care)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tuberculosis Care Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,926,306	
Funding Source	**Funding Amount**
GHCS (State)	2,926,306

Sub Partner Name(s)

Edzimkulu	Jongiphilo	KwaZulu-Natal Progressive Primary Health Care
Medical Research Council	Siaphambile	Sinethemba
Thandukuphila Drop In Centre	University of Cape Town, HIV/AIDS Coordination UCT	University of the Western Cape
Vukuzithathe	West Coast HIV/AIDS Initiative	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	REDACTED
Human Resources for Health	2,000,000

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9957**

Mechanism Name:	TB/HIV Care Association (TB/HIV Care)		
Prime Partner Name:	Tuberculosis Care Association		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HTXS	747,111	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVCT	470,888	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDTX	92,236	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	109,227	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	1,506,844	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9958	**Mechanism Name: NPI**
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Sophumelela	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9960	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement

Prime Partner Name: Woord en Daad	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

MFESANE		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9968	**Mechanism Name: TBD Human Capacity Development (HCD)**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement

Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9968**		
Mechanism Name:	**TBD Human Capacity Development (HCD)**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9969	**Mechanism Name: TBD Human Capacity Development (HCD)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ACTIVITY CHANGED FROM FY 2009

SUMMARY:

Funding is set aside by USAID under 'To Be Determined - HCD' to address health systems strengthening and management at a district level.

BACKGROUND AND ACTIVITIES:

Through the new legislation, USG will continue work initiated under PEPFAR, but will pursue Partnership Frameworks under which PEPFAR resources and host government commitments will be aligned to increase the partnership with countries and sustainable transfer of accountability and management of programs to governments. In South Africa the priorities of the DOH include strengthening the management structures of the underlying health system. PEPFAR South Africa will focus programs to address the need for strengthened Leadership, Management, and Accountability at all levels of the health system, especially at district level. Among the commitments requested of the USG within the Leadership, Management, and Accountability goal was to fund capacity building for planning, budgeting, management, accountability and technical oversight by local government and district health teams. This

need is particularly driven by gaps in the system, the result of the transfer of responsibilities for health service delivery from the central level to provinces, provinces to districts and communities in line with the government policy.

The successful program under this TBD will identify at least a nucleus of districts destined for success that can in turn be partnered with other districts. It will also be important to get assurances from the central government that the district team will not be disassembled through transfers during the period of strengthening as a prerequisite to selecting a district. A good leadership team needs time to institutionalize systems and establish productive routines. Also, it will be important to seek districts where there are a significant number of non-state actors or the likelihood that non-state organizations can be enticed into the area. This will leverage and coordinate current PEPFAR programs working to strengthen the civil society service delivery systems and response in districts. The purpose is to model for policy makers how local organizations such as health NGOs, faith-based medical facilities, and private physicians can be mobilized to supplement or even supplant government in selected areas of service delivery.

The overall goal of this TBD is to stimulate stronger programmatic and fiscal accountability at the district level through capacity building for planning, prioritized budgeting, management, monitoring/technical oversight, and financial management by local government and district teams. This activity will initially focus on a limited number of the districts, and develop recommendations and plans with NDOH and provincial departments for the program's expansion. The program will strengthen a small set of critical skills at the district level, using an effective mix of coaching, mentoring, and supervision. These districts must demonstrate success in their ability to prioritize programs, monitor programs, demonstrate results from the investment, and manage funding in an accountable (and auditable) way. It is expected the program will build on what has been done in the past and connect PEPFAR partners together at the district level to sustainably transfer service delivery programs over to government management.

The HCD TBD funds will be utilized for a new call for proposals through an interagency Annual Program Statement (APS) or a direct funded agreement with a technical assistance provider. This activity will be carried out in collaboration with the NDOH, provincial coordinators, PEPFAR implementing partners and the professional councils at the specified geographic location. This work will also link with the technical assistance provided under SAHCD for data use in the Human Resource and Social Welfare systems that can feed into work at a national and provincial level with Human Resource Information Systems.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9994	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Genisis Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Project Positive Ray		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9995	**Mechanism Name: FHI 360 UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Woz'obona	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 270,000	
Funding Source	**Funding Amount**
GHCS (State)	270,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	11,104
Education	5,110

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9995 Mechanism Name: FHI 360 UGM Prime Partner Name: Woz'obona			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	270,000	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10040	**Mechanism Name: CERI (NPI)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Children's Emergency Relief International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

University of KwaZulu-Natal (UKZN) - Sinomlando		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10041	**Mechanism Name: Nurse Initiated ART**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10055	**Mechanism Name: HIV Managed Care Solutions**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10055**
Mechanism Name:	**HIV Managed Care Solutions**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

UPDATE: In FY 2009, based on recommendations from the Prevention Technical Working Group, the PEPFAR South Africa reprogrammed over 30% of the prevention portfolio and developed immediate, mid and long-term directions for a strategic focus to address gaps related to specific areas of sexual prevention. One such gap was South Africa's efforts to address persons most at risk for HIV including sex workers and men who have sex with men. Funds for this TBD were ear-marked in FY 2007 to strengthen services for most at risk populations (MARPs) were never awarded. The PEPFAR Prevention team intends to program the accumulation of unspent funds in FY 2010.

Using the results of the program inventory and the UNAIDS and World Bank supported Know Your Epidemic/Know Your Response effort, the PEPFAR Prevention team will review prevention programs for MARPs to help identify best and promising practices and help provincial governments use the information for a more evidence-based approach to targeting and scaling-up prevention activities for most at risk populations.

PEPFAR South Africa will work closely with prevention partners currently working with these vulnerable populations to improve coordination and enhance synergies and coverage of best practices for MARPs. The current activities with commercial sex workers and men who have sex with men (MSM) will be progressively intensified and improved to ensure that all programs are providing the essential package of interventions for these vulnerable populations. Funds for this TBD will be used to implement the activities as indicated in FY 2009. Potential activity areas may include capacity building for service provision at

various levels, technical assistance to SAG, and a mapping exercise to identify geographic areas and the size of most at-risk groups in South Africa for proper planning and implementation of services.

SUMMARY:

As part of an integrated approach addressing most at risk populations, this activity focuses on the development of a strategic and systematic framework to deliver HIV prevention to persons who are most at-risk for HIV. Groups that are acknowledged to be MARPs in South Africa, even within a generalized epidemic, are: migrant populations, persons engaging in commercial and transactional sex, MSM, 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 and strengthen access to providers that offer the minimum package of services. 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 sex workers and their partners, men who have sex with men (MSMs), and drug and alcohol abusing populations of South Africa. The major emphasis area for this activity is the development of a systematic framework that ensures access to the minimum package of services as well as best and promising practices. Minor emphasis areas include community mobilization/participation; development of networks, linkages and referrals and information, education and communication. The target population is most at-risk groups, including sex workers, MSM, substance abusing populations, including alcohol, and migrant workers.

BACKGROUND:

Although this activity appeared in the FY 2007 COP, activities have not yet been implemented. Detailed scope of the activity is to be determined once results of the program inventory and the Know Your Epidemic/Know Your Response assessment are completed. The unspent funds 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, capacity building for service provision at various levels, and technical assistance to SAG.

ACTIVITY 1: Mapping & Size Estimation

A portion of the funds will be used to conduct a mapping exercise of persons who are most at risk. 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.

ACTIVITY 2: Development of a systematic framework

In collaboration with other donors, the National and Provincial Department of Health, and non-governmental organizations (NGOs), funds will be used to identify gaps in delivery of HIV prevention to most at risk populations. The identification of gaps will be based on findings from the program inventory survey, the Know Your Epidemic/Know Your Response assessment, and the mapping exercise above. A national plan that addresses challenges in implementation of HIV prevention to at risk populations will be developed. The framework will focus on the implementation of a minimum package of services including behavior change interventions, and the development of networks and linkages to care and support suitable for MARPs. In order to develop the systemic framework, a national consultative forum will take place to identify groups working with MARPs. 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 most at-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 exercise (Activity 1) and the development of the systemic framework (Activity 2); funds will be used to support groups working with people most at risk for HIV. Funds will be used to expand coverage and intensify HIV prevention programs for persons engaging in commercial and transactional sex, men who have sex with men, partners of sex workers including migrant populations and persons working along transport corridors, and substance abusing populations including high-risk drinkers.

This activity will contribute PEPFAR 2-7-10 goals by preventing infections in MARPs 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 sex workers, MSM, and substance abusing populations.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10804	**Mechanism Name: TBD New Combined FOA**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10804**		
Mechanism Name:	**TBD New Combined FOA**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10805	**Mechanism Name: TBD Prevention Review Response**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD solicitation will provide technical assistance support in the prevention area. Technical assistance services are specifically intended at strengthening capacity and delivery of services to reduce HIV incidence in selected high-prevalence districts in South Africa. This will be achieved through technical support to the South African Government (SAG) at national and selected provincial and district levels. Key interventions will be aimed at achieving adequate scale of coverage with best and promising practices, improving evidence-based sexual HIV prevention programs through the effective implementation of an appropriate combination package of interventions that address the key drivers of the epidemic in high-incidence areas with the populations most at risk to become the next new infection free population.

The level of focus will be the operational level where activities are carried out. Activities will be carried out

on multiple levels: 1) national; 2) selected provincial and district levels; and 3) targeting communities in the selected districts. The services provided under this Award will aim to achieve nation-wide impact on the HIV epidemic. While targeted support will be provided to the central level Department Health and Education (NDOH/DOE), South African National AIDS Council (SANAC) and other related government departments or partners key to the implementation of the prevention components of the National Strategic the primary focus of the activities will be at selected provincial, district and community levels.

National, provincial and district level investments are intended to complement and support activities at the community level, and are aimed at those aspects of the national health system that most directly sustain local sexual HIV prevention promotion and services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**10805**		
Mechanism Name:	**TBD Prevention Review Response**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	Redacted	Redacted
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11498	**Mechanism Name:**
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 552,200	
Funding Source	**Funding Amount**
GHCS (State)	552,200

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11498**		
Mechanism Name:			
Prime Partner Name:	**U.S. Peace Corps**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HBHC	52,200	
Narrative:			
Peace Corps reduced its budgeted amount of $93K to $52,2K (44%) to comply with COP guidance on budgeting staff travel and other operational costs from the program area into Management and Operations section.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	250,000	
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11500	**Mechanism Name: Community Grants**
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Cooperative Agreement
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,430,000	
Funding Source	**Funding Amount**
GHCS (State)	1,430,000

Sub Partner Name(s)

TBD		

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11500**
Mechanism Name:	**Community Grants**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	330,000	
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11510	**Mechanism Name: In Support - CDC**

Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: National Department of Health, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 7,969,703	
Funding Source	**Funding Amount**
GHCS (State)	7,969,703

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**11510**		
Mechanism Name:	**In Support - CDC**		
Prime Partner Name:	**National Department of Health, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	381,080	
Narrative:			

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	605,220	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	1,477,011	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,456,357	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	971,296	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	515,877	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,153,236	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	728,178	

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	681,448	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12508	**Mechanism Name: National Institute for Communicable Disease/STIRC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Institute for Communicable Disease/STIRC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	**Funding Amount**
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The National Institute for Communicable Diseases (NICD) came into being in January 2002 following the restructuring of the public sector medical laboratory services of South Africa and the creation of the National Health Laboratory Service (NHLS) from the previous South African Institute for Medical Research (SAIMR) together with various governmental and provincial laboratories. The NICD serves as a resource of knowledge and expertise in regionally relevant communicable diseases to the South African

Government and assists in the planning of policies and programs to support appropriate responses to communicable disease problems and issues.

In support of strengthening the delivery and quality of Sexually Transmitted Infections (STI) Prevention and Control Programs, under this award the NICD will support and implement activities which:
• Improve the understanding of STI burden through the use of laboratory-based surveillance;
• Improve access to and quality of STI care in South Africa by supporting capacity for integrated STI services as part of new or existing services in high risk populations;
• Enhance laboratory capacity and programmatic evaluation in supporting universal Syphilis screening and other STI testing among pregnant women seeking antenatal care;
• Support laboratory-based pubic health/prevention evaluations to support the national program in providing enhanced STI services for HIV/STI prevention; and
• Establish a model CDC/WHO Regional Reference Laboratory or Collaborating Center.

The activities of the NICD will continue work began in the Alexandra Township, Johannesburg, Gauteng Province and will rapidly expand. Health systems strengthening and capacity building will be advanced through the development and offering of laboratory training programs and assisting other African countries with lab-based surveillance of STIs in collaboration with ACILT and the CDC Lab Branch. These training programs will address the skills needed to provide quality and expert laboratory diagnostics which will assist in enhanced public health measures and better control of STIs. Approximately 50 trainees are expected to complete the training over the duration of the project, contributing to the PEPFAR Reauthorization goals to build sustainable local capacity by supporting training of at least 140,000 new health care workers in HIV/AIDS prevention, treatment, and care.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**12508**
Mechanism Name:	**National Institute for Communicable Disease/STIRC**
Prime Partner Name:	**National Institute for Communicable Disease/STIRC**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	125,000	

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	125,000	

Narrative:

This project, over its duration, will also impact HIV prevention through the behavioral evaluation, detection, and treatment of STIs in high risk populations (to include youth, MSM, sex workers, and other HIV negative patients), decreasing cost that would otherwise be incurred subsequent to new infections and additional funding required for HIV/AIDS care and treatment. Several activities will specifically target these populations:

• Establishment of screening services for MSM
• Establishment of clinic for surveillance and HIV testing for female sex workers
• Completion of evaluation and provision of recommendations to improve treatment of trichomoniasis among HIV+ women
• Evaluation and provision of recommendations to improve risk reduction counseling for HIV – negative STI patients
• Establishment of STI surveillance activities among antenatal patients

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12509	Mechanism Name: WAMTechnology
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: WamTechnology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 418,497	
Funding Source	**Funding Amount**
GHCS (State)	418,497

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Implementation Mechanism Narrative for WAMTechnology – FY_2010

1. Goals and objectives

The overall goals for this project are to:

? provide the National Department of Health (NDoH) with efficient and user-friendly electronic register software for TB/HIV and DR-TB program management
? assist NDoH decision makers via management reports, statistics and trends programmed into the software
? assist NDoH in the provision of effective user support via the national help desk (telephone, fax, e-mail or ETR.Net web site) and via onsite support or training workshop facilitation
? assist NDoH with the development of professional training and technical documentation
? provide hosting services for the relevant web-based software tools (e.g. ETR.Net web site and EDRWeb)
? provide equipment and internet connections to authorized users
? assist in the eventual handover of the relevant functions to NDoH

Specific objectives of this project are to:

? improve the features and quality of the ETR.Net and EDRWeb software tools
? To release updated versions of the ETR.Net and EDRWeb software once every quarter
? release updated versions of the related technical documentation once every quarter (or according to

NDoH/CDC requirements)
? provide daily user support to ±200 users in all 9 provinces of South Africa (or as needed by NDoH/CDC) during normal office hours in an effective manner, within acceptable time frames
? arrange and facilitate training workshops in all 9 provinces of South Africa (or as instructed by NDoH/CDC)
? train a core team of NDoH representatives (to be appointed by NDoH) in several important functions (e.g. technical support, training facilitation, etc.)

2. Linkages to PEPFAR strategy

It is extremely challenging to manage the serious situation experienced in South Africa, with respect to the co-infection of Tuberculosis and HIV, and the onset of drug-resistant Tuberculosis. Without accurate, timely and user-friendly data it would not be possible to effectively measure the impact of program and treatment activities in response to the epidemic. Such data is also critical to the decision-making process. The software tools implemented as part of this project are a very important component of the national health information system.

It is not possible though to implement software tools without a dedicated and skilled technical team. In addition, follow-up training workshops must be held to monitor and/or improve the user's progress and ongoing use of the tools.

For these reasons it is necessary for CDC to engage in a partnership with WAMTechnology, a local organization specializing in the relevant services and activities to support NDoH.

3. Geographic coverage

Both the ETR.Net and the ADRWeb systems are rolled out on a national basis in South Africa, covering all health districts in the country.

4. Contribution to health systems strengthening

This project addresses the following PEPFAR goal specifically:

"Strengthening the capacity of countries to collect and use surveillance data and manage national HIV/AIDS programs by expanding HIV/STI/TB surveillance programs and strengthening laboratory support for surveillance, diagnosis, treatment, disease monitoring and HIV screening for blood safety."

The software tools implemented as part of this project are used by the NDoH for surveillance and program management purposes. In addition to improvement of computer and technical skills, training of the end-users (at all levels) in the operation of the software tools also contributes to a greater understanding of the requirements of successful program management.

The eventual handover of several functions currently performed by WAMTechnology to NDoH is one of the primary goals of this project. This will be achieved by involving representatives appointed by NDoH in the relevant user support and training activities.

5. M&E Plans

The following table depicts the quantitative and qualitative measures which can be used to assess the relevant project activities.

Table1: Performance Measures
Activity Quantitative Measure Qualitative Measure
Software development Number of new or updated features;
Number of defects fixed; Number of software releases Support incidents related to software failures;
Software defects reported by users; Feedback from end-users and/or NDoH
User support
Number of support incidents reported; Average time to respond to incidents Number of support issues resolved; Feedback from end-users and/or NDoH
Training

Number of training workshops attended/facilitated; Number of participants trained
Feedback forms submitted by participants
Project management

Quarterly financial and progress reports submitted according to deadlines;
Attendance of quarterly meetings
Project activities performed within agreed time periods and quality measures; Accuracy of financial and progress reports
Web hosting Number of server downtime hours;
Number of backups created Server connectivity speed and reliability

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12509**
Mechanism Name:	**WAMTechnology**
Prime Partner Name:	**WamTechnology**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	418,497	

Narrative:

Budget Narrative for WAMTechnology – FY_2010

1. Services and Activities that are covered

The following list represents the major tasks for each software tool:

? ETR.Net Tasks
? Development of :
? improved reporting functionality, report drill-down functionality, graphing features and improved patient matching and duplication features
? standard data exchange formats
? new functionality to allow upload of data from ETR.Net to EDRWeb,
? a web-based version of ETR.Net
? an "occasionally-connected" version of ETR.Net
? Upgrade of database platform to SQL Server Express
? Further development of the ETR.Net website
? Arrangement and participation in training workshops

? EDRWeb Tasks
? Development of:

? export to external systems features (e.g. DHIS)
? an "occasionally-connected" version of EDRWeb
? Further development of reporting, analysis and patient movement tracking features
? Arrangement and participation in training workshops

? General Tasks
? Incorporation of patient management features
? Development of relevant tools or features for mobile platforms
? Ongoing user and onsite support, web hosting, maintenance and project management
? Participation in meetings and in relevant conferences

2. Project Management

WAMTechnology follows a project management methodology which ensures achievement of project milestones and delivery of deliverables within budget and time. Project management activities include:

? Plan and schedule financial and human resources
? Acquire project equipment, materials and consumables
? Provide and manage processes and procedures for user access, data security, end-user roles, responsibilities and liabilities
? Monitor and management of software releases and ongoing support

3. Project and Financial Reporting

WAMTechnology makes use of various software tools for recording and reporting project activities and expenses (e.g. AxoSoft's OnTime system, etc.). Quarterly reports include information regarding software changes/additions, support incidents, timesheets and expenses relevant to the reporting period.

WAMTechnology's finances are managed in accordance with the laws of South Africa governing Closed Corporations. All expenses are first approved by the client before proceeding.The company's annual financial report is prepared and audited by PriceWaterhouseCoopers.

4. Budget Summary for Year 1 to Year 5

Year 1 Year 2 Year 3 Year 4 Year 5 Total
$430,710.00 $473,781.00 $521,159.00 $323,032.00 $215,355.00 $1,964,037.00
All costs are shown in U.S. Dollars.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12510	**Mechanism Name: South Africa Partners**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: South Africa Partners	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 613,612	
Funding Source	**Funding Amount**
GHCS (State)	613,612

Sub Partner Name(s)

Health Information Systems Programme	Ibhayi Living Centre	JRI Health Center for Traning and Professional Development
University of Fort Hare		

Overview Narrative

The SA Partners mechanism was added as part of the August 2009 reprogramming.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	2,250
Human Resources for Health	126,629

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**12510**		
Mechanism Name:	**South Africa Partners**		
Prime Partner Name:	**South Africa Partners**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	613,612	
Narrative:			
The SA Partners mechanism was added as part of the August 2009 reprogramming.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12511	**Mechanism Name: TBD CDC PMTCT Plus-UP**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The USG and the SAG are working together on a major program rationalization effort in order to enhance sustainability and to increase effectiveness and impact of the program on maternal and child health. REDACTED. A comprehensive submission defining specific activities will be prepared for the November review and final submission in January. It is anticipated that there will be significant reprogramming during the coming year since this is an ongoing process that will not be completed quickly.

As part of the national PMTCT program, the NDOH recently issued the National Integrated Prevention of Mother-to-Child Transmission of HIV Accelerated Plan (A-Plan) which is based on a bottleneck analysis to fast track strengthening of the PMTCT program with an initial focus on 18 health districts in 24 months. The additional fund will be primarily used to support the A-Plan to increase over PMTCT cascade in these districts. We will work with WHO and UNICEF in supporting the NDOH in adapting and revising the PMTCT to rapidly achieve the NSP's goal of less than 5% MTCT rate. The government is expected to initiate implementation of these guidelines by 2010.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities
Family Planning

Budget Code Information

Mechanism ID:	**12511**		
Mechanism Name:	**TBD CDC PMTCT Plus-UP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			

See Overview Narrative

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12512	**Mechanism Name: Pact UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Childline South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	**Funding Amount**
GHCS (State)	500,000

Sub Partner Name(s)

Childline Eastern Cape	Childline Free State	Childline Gauteng
Childline Kwazulu Natal	Childline Limpopo	Childline North West

Overview Narrative

PROGRAMME DESCRIPTION:

1. BACKGROUND

South Africa is a country with a large HIV burden and children are a distinct group made vulnerable by their exposure to HIV and AIDS. Their plight represents a grave concern for not just government but the private and business sectors as well. Approximately 61% of South Africa's 18 million children live in poverty. This equates to 3.2 million children age 0-5 years and 10.2 million children age 0-18 years and this has necessitated a paradigm shift in the definition of orphan hood. Whereas the general definition of orphans depends on the death of one or more parent(s), children born to HIV infected adults experience vulnerabilities equated with orphan hood in the years before their parents die. This leaves them with the responsibilities for caring for their ailing parents whilst they are still alive but sick; looking after other siblings; earning money; accessing health care; purchasing food, clothes and shelter emotional and psychological distress.

As a result, even when one or both parents are alive, the basic rights of these children to survival, security, socialization and actualization are eroded as they are made vulnerable to stigmatization and social isolation, poverty, destitution and homelessness, illness, school dropout, malnutrition, crime and all forms of child abuse including child labour, child trafficking and sexual abuse.

Childline Services began in Kwazulu-Natal in 1986 in response to the very high levels of child sexual abuse which was prevalent in South Africa. The aim was to provide a specialized non-sectarian and non-racial help line for children and their families who had undergone any form of abuse. The demand for services grew on a national basis and consequently by 2003, nine provincial offices were established with Northern Cape established in December 2008. The national body was formed in August 2003.

The services offered by Childline South Africa's affiliates in the nine provinces are unique in that in most instances they are the only organization offering a comprehensive service to abused and vulnerable children. Childline provides ; 24-hour Crisis Line; training of lay counsellors for work on the crisis line; advocacy on children's policy and legislation development; prevention and education programmes; Children's Rights Awareness Campaign to children and adults; networking with partners; counselling / therapy for abused children and their families; court preparation services for abused child witnesses; Education and training of professionals; raining of lay counsellors; child and adult offender rehabilitation; youth development programme and safe houses.

2. TARGET BENEFICIARY

Primary Beneficiaries

The programme will target an estimated 4700 orphans and vulnerable children between the ages of 0-18 years in the following provinces: North West, Limpopo, Gauteng, Eastern Cape, Free State and KwaZulu Natal. At present, Provincial Childline offices are working to address problems encountered by orphans and vulnerable children including their parents and or guardians.

The following Provincial Childline interventions are directly aimed at targeting OVCs:

? Crisis Line intervention

Childline is well known for its telephonic helpline 'crisis line' and offers therapeutic and face to face counseling for children who have experienced trauma, including abuse and neglect as a result of HIV and AIDS.

The crisis line is a toll free 24- hours telephone helpline available to all children in all the nine provinces of South Africa who have access to a telephone, Vodacom and Cell C cellular networks. Adults and children who are concerned about the welfare and well being of children are able to phone the toll free number and speak to a trained counsellor for immediate assistance and referral where necessary.

The Crisis Line is usually the first point of contact for children in need, especially those in the rural areas where there is limited access to resources. Childline Crisis Line is widely publicized through community awareness programmes, school visits, radio and television programmes that Childline in different provinces conduct.

? Schools Programme

In response to the increasing numbers of Orphans and Vulnerable Children, Childline also implements HIV / AIDS prevention and awareness programmes and children's rights and child abuse programmes in schools in the respective provinces. Childline actively engages in these awareness campaigns to amongst other things increase awareness about children's rights, Childline services and other services available in the communities. Children and young people are encouraged to disclose any violations of their rights by reporting to Childline, other professionals, caregivers or trusted and safe adults in their lives. Children are further empowered with skills and strategies to keep themselves safe in the community and in their homes.

The schools and Early Childhood Development centers invite Childline to address the children especially where there are concerns about the violation of the children's rights in the community and where there is an increase in child abuse.

? Referrals

In partnership with Government and other organizations, Childline offices also receive a number of cases for therapeutic interventions. Childline services, including therapeutic interventions are publicized through a number of awareness campaigns including school talks, Television and Radio programmes. Childline further publicizes its services through distribution of pamphlets and posters. All children who enter the Childline system will go through the child identification system

3. PRINCIPLES GUIDING THE PROGRAMME

The following principles guide the programme:

? The impact of HIV and AIDS on families is understood within the context of the community.

? Activities are planned, implemented, monitored and evaluated

? Family and community preservation is encouraged

? There is integration with economic support

? Networking with various partners to provide holistic services to children

? Intersectoral collaboration

? Early identification of the most vulnerable children

4. SERVICES TO ORPHANS AND VULNERABLE CHILDREN

In the last financial year, the Childline network received a total in excess of one million telephone calls, of which 18 484 were captured for intervention. The significant increase may be attributed to the HIV and AIDS pandemic, resulting in an increase of children seeking our services and to an extent, the focus on the pandemic has resulted in existing resources being channelled away from child protection.

Services to orphans and vulnerable children have the following goals:

? Provide a holistic service to those orphans and other children vulnerable by HIV and AIDS

? Offer access to life enriching programmes

? Ensure greater involvement of orphans and vulnerable children affected by HIV and AIDS

? Provide support to significant others in containing and developing young generations within familiar / culturally suitable environment

The following essential services are offered:
? Identification of orphans and other children made vulnerable by HIV and AIDS
? Addressing the needs of child-headed households
? Early Childlhood Development Learning
? Providing families with information to increase their accessibility to social grants and assistance with applications for the grants.
? Provision of bereavement counselling
? Referral to appropriate organizations and resources
? Follow up services of referred and served children
? Monitoring of home circumstances and school work
? Development of care plans for the children, addressing their educational, emotional, social and health needs
? Linking families and caregivers with poverty alleviation programmes and services in the community.
? Implementation of awareness programmes
? Providing counselling to address the psychological needs of children and their families
? Dealing with referrals for appropriate services, e.g. foster care placements, etc
Activity 1: Specialized psychosocial support for children
Counselling and therapy that are appropriate for their age, development stage and context, will be provided to OVCs by social workers on a weekly basis. 24-hour Crisis Line counselling will be available to all children and adults with concerns about children at the Childine 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 geographic area where the child concerned resides. Trained counsellors will follow up with children individually and provide referrals to child protection services available as necessary.
A needs assessment will be done with volunteer counsellors to develop a year plan for monthly continuous training. Continuous training will be according to standardized SETA accredited training modules developed by Childline South Africa.
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 Services, 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 2: Psychosocial Support to Caregivers
Social workers will supervise volunteer counsellors from the community to ensure that children are provided with the care and support they need to cope with the situations they facing as a result of the effect of HIV and AIDS on their lives.

With PEPFAR support, children will be able to access services to obtain legal documents, cope with grief and loss, and deal with abuse and violence related issues. Children will be able to talk and think about relationships with parents, peers, siblings, opposite sex, step- and extended families. Quality of services rendered by counsellors will be monitored through statistics, reviewing reports, and holding monthly sessions for debriefing and in-service training.

In addition, this will focus on the various trainings developed by Childline and available from Departments of Health and Social Development and other sectors on children, on communicating /counselling 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.

Selected counsellors will be trained on personal growth communicating with children; and counselling skills. Trained caregivers will also be capacitated to provide case management to OVCs 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.

Activity 3: 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 discussions will be conducted on weekly basis dealing with various topics identified by the youth. Gender specific program for boys and girls will be offered.

Trained counsellors 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.

5. PARTNERSHIP / LINKAGES

Childline affiliates in the respective provinces have established partnership with; Department of Social Development; Department of Education (Schools); South African Police Services; Department of Justice, including child prosecution services; Department of Health; Local Child Welfare Societies; Local AIDS Councils; Communities and NGOs and CBOs caring for OVCs

6. SUSTAINABILITY

Sustainability plans have been explored and implemented by the National Office. These include seeking funding from other sponsors, e.g. Business and Private Sectors, in linking to economic growth, linkages to government programmes such as Community Care Centre of the Department of Social Development. There is a plan of engaging all Provincial offices on Child & Youth Care and Counselling learneships.

7. HUMAN RESOURCE ALLOCATION

Childline South Africa National Office will be manned with a National Programme Manager, a National

Monitoring and Evaluation Officer, supported with a part-time Data Manager and Finance Officer. Each Provincial Childline will have the following staff either on fulltime or cost share basis:

? Crisis Line Counselor

? Crisis Line Data Manager

? School Programme Coordinator

? Senior Social Worker

? Social Worker

? Finance Officer

? Data Capturer

8. CROSS CUTTING PROGRAMMES

Childline South Africa receive funds from different donors, activities are sometimes the same or not but objectives are slightly different from PEPFAR.

Childine South Africa has received funding of 1.4 million rands from First Rand Bank. 70% of the funding is for the improvement and development of crisis line in all provincial offices. 30% of the funding is for prevention and early intervention programmes aimed at reaching out to more children in need of Childline services.

9. STRATEGY FOR FUTURE PROGRAMMES

Childline Provincial Offices are working towards starting Community Based Programmes. and have offices right where communities are located. The studies and research will be conducted to ensure projects and partners are identified in areas which are deep rural and peri-urban as well as underserviced as these are areas with high numbers of vulnerable children.

8. MONITORING, EVALUATION AND REPORTING

Childline South Africa will work in partnership with PACTSA in the implementation of the developed Data Collecting tools for implementation. A comprehensive Monitoring, Evaluation and Reporting Plan has been developed. Staff at the Provincial Childline offices has been trained, and they will further be trained on relevant tools and Financial Management. Statistical and narrative data and information will be collected on a monthly basis and analyzed to facilitate the submission of quarterly, semi-annual and annual reports. If the programme is to be spanned over the five year period, a mid-term assessment to determine the impact of the programme will be conducted in 3rd year.

Cross-Cutting Budget Attribution(s)

Education	140,000
Human Resources for Health	60,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12512		
Mechanism Name:	Pact UGM		
Prime Partner Name:	Childline South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	500,000	

Narrative:

CHILDLINE SOUTH AFRICA BUDGET NARRATIVE

1. HUMAN RESOURCES FOR HEALTH

Salary Support

Childline South Africa has a dedicated team responsible for managing the implementation of the PEPFAR programme in all six Provincial Offices. The management team at the National Offices comprises of the following personnel:

? Chief Executive Officer

? National Programme Manager

? Monitoring and Evaluation Officer

? Finance Officer

? Data Manager

The CEO's salary is partially (15%) supported by PEPFAR. All the other staff's salaries are 100% supported by PEPFAR. This team ensures that the objectives of the project are met by doing the following:

? Providing practical support to all provinces implementing the project to ensure that there is integration to all elements of the programme.

? Monitoring the implementation of standard operating procedures to ensure data quality, verifies data against targets and compiles reports.

? Conducts audits of the data quality on a monthly basis and provides training where necessary.

? Analyses of data and reports on a national basis and compiling of reports for submission to PACTSA.

? Monitor Data Capturing Systems and identify areas for non-compliance.

? Assess implementations plan and benchmark calendar on a monthly basis.

? Sets up and oversees the entire MER systems of the project by continuously monitors the data

collection tools.
? Conduct audits of the data quality on a quarterly basis.
? Capacity building to provincial staff, analyzing the performance, recommends development and training interventions.
? Identifying, strategic partners, linkages (to other national & provincial programme) and opportunities for programme management to ensure long-term sustainability of the programme.
? Provide advice on best human resource, financial management processes and systems to improve service delivery.
Each Provincial Childline has the following staff of which their salaries are supported by PEPFAR either on full time or cost share basis:
? Crisis Line Counselor
? Crisis Line Data Manager
? School Programme Coordinator
? Senior Social Worker
? Social Worker
? Finance Office
? Data Capturer
Crisis line counsellors and social workers will be offering face-to face counselling services that is appropriate to children's age and development. This will be done on daily basis because crisis line is available to all children and adults with concerns about children at the Childline offices. This will serve as an access point to services close to the children. The children calling will be referred to services providers in the areas where the children reside. The counsellors will further follow up with children and the services provides where the cases have been referred to ensure that the children are served. Other Childline offices have Safe houses and children's homes; this is where the counselling and therapeutic service will be offered to children kept in these facilities. Children will be provided with 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.
School coordinators and 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 discussions will be conducted on weekly basis dealing with various topics identified by the youth. Gender specific program for boys and girls will be offered.
Trained counsellors 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.
The quality of service offered by social workers and counsellors will be monitored through statistics, reviewing process reports, and holding monthly sessions for debriefing and in-service training.
Volunteers
The National Nation office is in the process of engaging volunteers and unemployed people into learneships for Child and Youth Care Work as well as Counselling. The learners / volunteers will be hosted by all Childline offices. These learnerships are both national credit bearing qualifications which are unit standard based and SETA accredited. The learners enrolled in the programme will be receiving allowances form the SETA for a period of between 18 and 24 months. They will be monitored by skilled social workers and if they successfully complete the learnerships, they will receive national qualifications. This programme will create employment opportunities, capacitate Childline offices with staff and help learners to be trained and get qualifications and they will be receiving allowances.

2. FOOD AND NUTRITION
Childline offices service orphans and vulnerable children by development of care plans for the children, ensuring that all OVC have access to age-appropriate food and nutrition, training of educators in crèches and care centers as well as providing relevant information and guidance to parents and guardians on planning and preparation of economic meals, proper food storage, specific nutritional needs of household members who are chronically ill.

3. ECONOMIC STRENGTHENING
Childline Provincial Offices provide this service to OVCs in terms of income generating opportunities, stipends and social grants. The social workers link families and caregivers with poverty alleviation programmes and services in the community, assess family situations and identify the financial needs and the inform OVC families of available grants, job opportunities and encourage financial sustainability amongst OVC families. They further refer them to relevant government departments and follow up to accelerate the finalization of grants.
School coordinators encourage youth peer groups to develop entrepreneurial skills and start-up own small businesses by linking them up with agencies that funds and assist SMMES like Umsobomvu Youth Fund, SEDA and National Development Agencies.

4. EDUCATION
Childline services also involves education and training of professionals working with children, prevention and education programmes, training of lay counsellors in historically disadvantaged / rural communities and also training of lay counsellors for work on the crisis line.
These services are offered through crisis line intervention, where adults and children who are concerned about the welfare and well being of children are able to phone the toll free number and speak to trained

counsellors for immediate assistance and referral where necessary.
School coordinators also implements HIV / AIDS prevention and awareness programmes and children's rights and child abuse programmes in schools in the respective provinces. Childline actively engages in these awareness campaigns to amongst other things increase awareness about children's rights, Childline services and other services available in the communities. Children and young people are encouraged to disclose any violations of their rights by reporting to Childline, other professionals, caregivers or trusted and safe adults in their lives. Children are further empowered with skills and strategies to keep themselves safe in the community and in their homes.
For this service to be effective, the school coordinators break children into smaller groups of 8 or less. This helps in the evaluation and assessment of all the children who have been served.
The schools and Early Childhood Development centers invite Childline to address the children especially where there are concerns about the violation of the children's rights in the community and where there is an increase in child abuse.
In partnership with Government and other organizations, Childline offices also receive a number of cases for therapeutic interventions. Childline services, including therapeutic interventions are publicized through a number of awareness campaigns including school talks, Television and Radio programmes. Childline further publicizes its services through distribution of pamphlets and posters.
5. GENDER: REDUCING VIOLENCE AND COERCION
Social Workers and Crisis Line Counselors provide psychosocial support service which involves the following:
? Counselling and therapeutic services to children who live outside family care
? Drug and alcohol counselling
? Abuse and Violence counselling
? Counselling to family members who are affected / infected by HIV / AIDS
? Grief and trauma counselling
? Succession planning which involves provision for adequate care of the child when the parent is no longer living
? Prevention guidance which involves guidance about sexuality, relationships, birth control, avoiding exploitative relationships or premature sexual activities.
? Working with boys and girls and encourage them to make use of the crisis line. This is achieved through awareness campaigns and adverts on radio and television.
Cross Cutting Budget
Childline South Africa receive funds from different donors, activities are sometimes the same or not but objectives are slightly different from PEPFAR.
Childine South Africa has received funding of 1.4 million rands from First Rand Bank. 70% of the funding is for the improvement and development of crisis line in all provincial offices. Counselors will be providing counselling and therapeutic services, and sometimes it is not necessary to refer the children calling. This

is most geared to improve crisis line service especially during 2010 as it is perceived that most of the children will be prone to abuse, neglect etc. 30% of the funding is for prevention and early intervention programmes aimed at reaching out to more children in need of Childline services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12513	**Mechanism Name: NPI**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Grassroots Soccer	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Grassroot Soccer (GRS) is delighted to be a third round New Partners Initiative grantee. Our proposed project contributes to the PEPFAR prevention objective which seeks to avert a total of 12 million HIV infections, pushes the field of sport for development forward, and is the basis of the Football for an HIV Free Generation Initiative in South Africa (F4 SA).

GRS is a non-profit that is using the power of soccer in the fight against HIV and AIDS by providing youth with the knowledge, skills, and support to remain HIV free. GRS has been awarded PEPFAR funding to launch and sustain the F4 Initiative in South Africa. The overall goal of this initiative is to build on our current successes, networks and partnerships across the country in order to educate more than 230,000 youth over the course of the project and reach in excess of 3 million people on a quarterly basis with prevention and stigma reduction messages over a three-year period (2009-2011), using soccer as the universal language.

This goal will be achieved through three primary strategic objectives, namely to:
1. promote improved health-seeking behavior among youth aged 12-18;
2. build the capacity of community educators to deliver, monitor, and sustain HIV and AIDS prevention programming; and
3. increase demand for and uptake of HIV-related services (e.g. VCT and ART).

The defining of strategic objectives and overall design and planning process undertaken, take into account the most up-to-date and relevant findings on successful HIV prevention models. Of particular interest is growing consensus among experts that young people need to be reached early, even before their sexual debut, with skills-based HIV education that provides focused messages of healthy behavior. Abstinence or delay of sexual debut by even a year has a significant impact on the health and well being of adolescents and affects how this epidemic progresses in communities.

Planned activities align with PEPFAR's strategy to support activities that help young people develop the self-esteem to delay sexual debut, make informed choices and develop communication skills to say no. Like no other time in history, the game of soccer has the power to reach beyond its boundaries to bring young people, communities, nations, and the global community together in an effort to reverse rates of HIV infection and transmission.

GRS will engage in the following activities over the course of the project to meet our objectives: (1) implement the Skillz activities-based HIV prevention and life skills curriculum in and out schools using various intervention types; (2) develop and distribute IEC materials (particularly Skillz Magazine) focused on health promotion, gender based violence, stigma, and access to HIV-related services; (3) run peer-led community outreach activities that will strengthen our outreach to secondary beneficiaries; (4) produce a training toolkit for Skillz Training of Coaches (ToC) courses; (5) design and deliver training courses for teachers and community role models, high level facilitators, and project managers; (6) utilize the Skillz Coach's DVD by incorporating it into the training of coaches and distributing it to school teachers; (7) enhance staff development to build strong local leadership internally and within Implementing Partners; (8) produce a Skillz VCT Tournament toolkit and subsequently implement Skillz Tournaments in various sites, providing access to and incentive for uptake of HIV-related services; (9) engage the private sector in fighting HIV and AIDS through sport; (10) leverage soccer role models in above activities to promote and destigmatize HIV-related services; and (11) capitalize on the opportunity of the 2010 World Cup to strengthen the global response to fighting HIV and AIDS, particularly through sport.

Football For an HIV Free Generation (F4) South Africa
With support from PEPFAR, World AIDS Day 2008 marked the launch of the Football For an HIV Free

Generation (F4) Initiative. This new partnership between GRS, the African Broadcast Media Partnership, Coxswain Social Investment plus (CSI+), loveLife, the Kaiser Family Foundation and UNAIDS, strives to capitalize on the excitement surrounding the 2010 FIFA World Cup™ by using football to fight HIV and AIDS in Africa. This new, continent-wide HIV prevention initiative combines a sustained media campaign with community-level outreach and education programs using soccer to promote healthy living and responsible choices among African youth.

F4 South Africa (F4 SA) was the first F4 Initiative launched, and programming began in December 2008. GRS runs programming from flagship sites in Cape Town, Port Elizabeth, Kimberley and Bloemfontein and as of September 2009 at a total of 16 unique geographic locations in South Africa. GRS operates in every province in South Africa except for Mpumalanga.

Skillz

F4 SA is brought to life through the delivery of Skillz, a comprehensive prevention package consisting of a curriculum used at the community level, supplemental national and international mass media messaging, and a global coordinated advocacy campaign that uses soccer to promote healthy living and responsible choices among African youth.

The Skillz curriculum focuses on building basic life skills that help boys and girls adopt healthy behaviors and live risk-free. Through a series of interactive games, activities and discussions, students gain a tangible understanding of HIV and AIDS and get a chance to practice the skills necessary for sustainable behavior change. Key curricular topics include making healthy decisions, avoiding risks, building support networks, reducing stigma and discrimination, increasing knowledge about testing and treatment, addressing gender norms and assessing values.

F4 SA combines years of experience working in school systems with a commitment to employing evidence-based strategies to design and implement novel community-based activities which fall under the Skillz umbrella brand and utilize the Skillz curriculum. The key intervention types through which GRS implements this strategy, Skillz Core, Skillz Street, Skillz Tournament, & Skillz Holiday form a diverse and powerful menu of youth-targeted interventions. Each intervention type is grounded in the Skillz curriculum and language and communicates consistent and reinforcing messages, aimed at improving health-seeking behaviors among youth aged 12-18.

Skillz Core

This intervention is focused on the implementation of the complete Skillz curriculum with youth both in

school and out of school. The core Skillz curriculum consists of eight 45-minute sessions that use an activities-based approach to deliver HIV prevention and life skills education. The majority of Skillz Core interventions are delivered during the school day, either by teachers or community role models, in defined Life Orientation classes, allowing for structured and regular access to targeted beneficiaries.

Skillz Street

Skillz Street provides a unique and community-oriented life skills and HIV prevention soccer experience. This intervention takes the form of structured soccer leagues that are gender-specific. Small-sided matches will be played by "street" rules that reinforce principles/values essential for healthy social development. This will include self-imposed rules, fair play awards, and team discussions before and after matches to make players responsible for resolving conflicts on the field. In addition, trained Skillz coaches will facilitate appropriate activities from the Skillz curriculum. Street league players will receive Skillz magazine and use the magazine as a peer education tool. Leagues are monitored and points are awarded for fair play, peer-education, and soccer.

Skillz Street focuses heavily on creating girls' street leagues in underserved communities. Linked to both the Skillz curriculum and Skillz magazine, Skillz Street will tackle barriers to girls' participation in soccer and access to community health services.

Skillz Tournaments

GRS' innovative Skillz Tournament model is aimed at gathering a large number of community members while promoting testing, counseling and Know Your Status messages. Using the power of football as a tool to bring youth together, these events increase awareness about HIV testing and treatment services and empower youth to know their status by promoting positive peer pressure. Onsite rapid HIV testing and immediate enrollment into care and treatment provided by trusted partners bridges the gap between HIV prevention and treatment services, and demonstrates the power of collective action in communities.

Skillz Holiday

School holidays are high-risk periods for youth, as they often have little supervision and few opportunities for structured activities. To meet this need, GRS has developed weeklong "Skillz Holiday" programs. These interventions see approximately 100 youth participants and no less than ten Coaches, in order to maximize youth-coach interaction over a short period of time. Each program runs for four hours per day over five days, with two Skillz activities delivered each morning and a Skillz Street league in the afternoon. The final day of the program features a "World Cup" style tournament and celebration, with parents and community members present.

Skillz Coaches

GRS focuses on the transfer of the necessary skills, tools and content to community educators (Skillz Coaches) to enhance their ability to implement effective HIV prevention activities and deliver the four major intervention types with South African youth. The Skillz curriculum enables teachers, community members, local government, and local CBO/FBOs to implement and sustain HIV prevention and life skills activities. This is achieved through a wide range of workshops, knowledge-sharing platforms, and ongoing mentorship and support from GRS staff. At all levels, GRS provides extensive and in depth education, training, and support to individuals trained as Skillz Coaches.

As Skillz Coaches are directly responsible for delivery of the program, the quality of the interventions that they deliver and the caring relationships that they develop with F4 SA's primary beneficiaries are key to the program's success.

Skillz Coaches are comprised of both community role models and teachers who have participated in a 5-day Training of Coaches (ToC) workshop. ToCs focus on facilitation of the Skillz curriculum and HIV and AIDS education but will also provide basic training in inter-personal communication, peer counseling, gender issues, life and coping skills, and psychosocial support.

Skillz Magazine

In addition to discovery-based education, Skillz participants also receive Skillz magazine, a unique communications tool—featuring many of the world's top soccer stars—that helps them share their knowledge with the community at large as peer educators.

Skillz magazine was created as part of F4's commitment to supporting school and community-based interventions with age-appropriate broadcast and print media reaching millions of African youth. The magazine is a quarterly 8-page health communication magazine that uses soccer language and celebrities to deliver life skills and HIV prevention messages to youth.

Developed in conjunction with Skillz interventions and community outreach, Skillz magazine links readers to health services, promotes health-seeking behaviors, and reinforces messages from the Skillz curriculum. Moreover, the magazine is a continuum of the Skillz curriculum, as its "Coach's Corner" features new activities aligned with concepts in the core curriculum. Each of the twelve editions to be produced between 2009 and 2011 will focus on a particular HIV and AIDS and life skills related theme, such as multiple concurrent partners, gender-based violence, testing and treatment, relationships, challenging gender norms, etc. GRS has begun working with leading organizations and experts to research the most relevant topics for each edition and align the magazine's language and themes accordingly. Skillz Coaches and teachers will use Skillz magazine to deliver educational activities with

young people on an ongoing basis.

In collaboration with Avusa Education, 560,000 copies of Skillz magazine are distributed quarterly throughout South Africa as an insert in the popular Sunday Times and Sowetan newspapers, in addition to direct delivery to over 3,000 South African schools in the Avusa Education network.

World Cup: South Africa 2010
The 2010 FIFA World Cup™ in South Africa provides a unique and powerful opportunity to make a lasting impact on the HIV pandemic. For the first time, the world's most-watched sporting event—with billions of viewers and millions of visitors—will be played on the African continent.

Due to our proven track record, existing relationships, and large scale projects across South Africa GRS is in a unique position to engage virtually all key players—including major corporations, African governments, UN agencies, community-based organizations, and FIFA itself—to ensure that the 2010 World Cup leads to a long-lasting legacy for Africa's fight against HIV and AIDS.

GRS' efforts surrounding the World Cup are not merely another HIV awareness campaign. Rather, they form the launching point for a multi-country social movement with potential to truly reverse the epidemic. All programs are part of a long-term and sustainable initiative being run across the continent: the Football for an HIV-Free Generation (F4) Initiative. F4 seeks to inspire young Africans to take action in their communities, build the capacity of local organizations and governments to sustain prevention programs to ensure long-term impact, and scientifically demonstrate the impact of soccer-based HIV prevention, thus attracting both donors and community and world leaders alike as champions for HIV prevention.

Cross-Cutting Budget Attribution(s)
(No data provided.)

Key Issues
(No data provided.)

Budget Code Information
(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12514	**Mechanism Name: Southern African Human Capacity Development Coalition**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Southern African Human Capacity Develp. Coalition	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 485,452	
Funding Source	**Funding Amount**
GHCS (State)	485,452

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12514**

Mechanism Name:	Southern African Human Capacity Development Coalition		
Prime Partner Name:	Southern African Human Capacity Develp. Coalition		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	OHSS	485,452	

Narrative:

The SAHCD will continue to build on activities implemented in 2009 that will primarily focus on strengthening the use information for decision making and strengthening information systems. These activities will contribute towards improving health workforce development and health workforce planning and policy that will enable the national and provincial departments of health to rationally plan for training, recruitment, deployment and retention of health care workers who will in turn optimally contribute to improved health care for South Africa.

The SAHCD coalition's planned implementation of HRIS activities will take into account South Africa's unique governance and leadership structures at national and provincial levels and use it's experience in the region to provide high level technical support and appropriate technology to enable managers and decision makers utilize relevant, accurate and timely information that will become the cornerstone of management decision making and defining health policy. Provincial Health Ministries and the South African Nursing Council will also receive technical support from the coalition through targeted support aimed at strengthening information systems. In 2010, SAHCD support to the South African Ministry of Health will cover the rest of the provinces and will include the following activities:

1. Roll out HRIS to remaining provinces – The lessons learnt from the rollout at the Ministry of Health and two provincial departments of health with be benchmarked and used a guideline for rolling out the HRIS systems in the planning departments of the rest of South Africa's provincial departments of health. This will pave the way for a rapid needs assessment in the provinces.
2. Rapid needs assessment for each province – SAHCD will conduct a rapid assessment of all the provinces in preparation of rolling out the HRIS system and also strengthen the professional council's information systems at facility level. This assessment will include both human and physical infrastructure requirements that are critical to the successful implementation of this project. This will form the basis of the planned capacity building initiatives.
3. HR Capacity building – HRIS Analysts will be identified in the provinces and will perform the critical role of assisting decision makers to extrapolate information from the system. Staff from the provincial departments of health with the requisite cognitive skills and knowledge will be identified to lead this initiative. An overall project manager supported by SAHCD will coordinate the implementation centrally. In addition, the analysts will be capacitated with both soft and professional skills which will be aligned to international benchmarks. This will then pilfer through to the health sector workforce, who will receive similar training.

4. Train health managers to use data – Apart from providing both soft and professional skills to health managers, the preliminary evaluation report which will be produced at the end of the 2009 will also act as a guideline for SAHCD to train health managers on the use of HRIS data for decision making purposes. This will also take into account the specific needs of each province given the fact that the management of health care varies from province to province. HRIS staff skills in analyzing and using data from the system will be strengthened and this will include the training of decision makers and users on how to access the HRIS system. Its at this stage of information awareness and utilization that preparations will be made for the establishment of stakeholder leadership groups. 5. Stakeholders Leadership Group to guide the HRIS – These groups will be set up in each of the provincial departments of health and will guide the decentralization of the HRIS system to the provincial health facilities. Both the evaluation report and the needs assessment mentioned above will play a pivotal role in ensuring the establishment and sustenance of these groups. This will mark a point of maturity which will necessitate creating a linkage between the National Department of Health and the Provincial Departments of Health. 6. Create link between the National Department of Health and the Provincial Department of Health – During 2010, a central point of information will be established and will use the existing state information technology network to ensure that data captured at the facility level in the provinces is seamlessly transferred to the Ministry of Health in real time. This system will reside within the Planning Unit of the National Department of Health and will pull together all provincial aspects of human resource information in the South Africa health sector. This will also enable the Ministry of Health to have a more accurate picture of the health sector workforce, in fulfillment of the 2009 strategic objectives 1 and 2.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12515	**Mechanism Name: New TBD USAID PMTCT Plus-UP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**

Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The long-term United States government (USG) goal is to enable South African government (SAG) ownership of PEPFAR-supported programs. To this end, the USG and the SAG are working together on a major program rationalization effort in order to enhance sustainability and to increase effectiveness and impact of the program on maternal and child health.

A comprehensive submission defining specific activities will be prepared for the November review and final submission in January. This realignment will provide the basis for the Partnership Framework. It is anticipated that there will be significant reprogramming during the coming year since this is an ongoing process.

REDACTED. These funds will be used to support the South African government's Accelerated Plan for PMTCT (A-Plan). The A-Plan focuses on the 18 priority health districts where the need to intensify PMTCT support is greatest. These districts were identified based on a selection of maternal and child health and socio-economic indicators such as poverty, unemployment, and access to water and sanitation. The goal of the A-Plan is to reduce mother to child transmission to rates between 12%- 20%. These targets are less aggressive than the targets defined in the National Strategic Plan for HIV and AIDS and STI, 2007-2011 (NSP), which provides a target of less than 5% by 2011.

The interventions defined in the A-Plan focus on expanding access to PMTCT services and increasing demand, as well as to improving the quality of these services. The A-Plan has eleven specific objectives, linked to the general objectives of the national PMTCT program. These objectives are listed below:

1) Increase the proportion of early antenatal care bookings (under 20 weeks),
2) Increase the proportion of pregnant women tested for HIV,
3) Increase the proportion of HIV–positive women who are tested for CD4 count,
4) Increase the proportion of HIV-positive women receiving dual ARV prophylaxis,
5) Increase the proportion of eligible HIV-positive pregnant women initiated on HAART,
6) Increase the proportion of HIV-exposed infants receiving dual ARV prophylaxis,
7) Increase the proportion of HIV-exposed infants receiving a PCR test around 6 weeks,
8) Increase the proportion of HIV-exposed infants initiated on Cotrimoxazole,
9) Increase the proportion of HIV-positive mothers who receive counseling in infant feeding options,

10) Decrease the proportion of infants with a positive PCR, among those HIV-exposed infants who are tested,
11) Increase the proportion of HIV-positive infants who are initiated on HAART and receive continuum of care and support.

In September 2009, USAID convened a working group, composed of USAID PMTCT and Pediatric Care and Treatment partners who provide PMTCT services, tasked to define activities which currently and directly support the A-Plan, as well as a South African National Department of Health request to further strengthen these activities and bring them to scale. The working group meeting was guided by the National Department of Health leadership and there was Provincial Department participation.

Select partners were also requested to support the Accelerated Plan for Maternal Health, linking it to the Accelerated plan for PMTCT. The Accelerated Plan for Maternal Health will support the ten health districts with the highest number of avoidable maternal deaths per total deliveries. This objective is to link the A-Plan for PMTCT with the Accelerated Plan for Maternal Health. This will result in a program of action enhancing both plans.

The supplemental funding will be utilized to further define efficient activities in support of the A-plan and bring them to scale. Activities identified for scale-up have been clustered into three categories: 1) Creating an enabling environment; 2) Comprehensive approaches to PMTCT improvement; and 3) Specific interventions addressing one area of the PMTCT cascade.

One of the better practices described in the A-Plan is the work of one of the PEPFAR partners, the Perinatal HIV Research Unit (now known as ANOVA), in Soweto which provides 100% coverage and has resulted in a transmission rate of less than 4%. The A-Plan intends to replicate "gold standards" of this type in order to achieve 80% coverage throughout the program and the additional PMTCT funds will be used to support activities of this type.

Coordination and monitoring of these additional PMTCT funds will be achieved through our close partnership with CDC.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities

Family Planning

Budget Code Information

Mechanism ID:	**12515**		
Mechanism Name:	**New TBD USAID PMTCT Plus-UP**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	Redacted	Redacted
Narrative:			
See Overview Narrative			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12516	**Mechanism Name: New TBD USAID**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12516**		
Mechanism Name:	**New TBD USAID**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership

Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of

PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable,

specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be

used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will

slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12517	**Mechanism Name: National Institutes of Health-Fogarty Project**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: Cooperative Agreement
Prime Partner Name: National Institutes of Health- Fogarty International Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

For over two decades, the AIDS International Training and Research Program (AITRP) has provided training for scientists from low- and middle-income countries (LMIC) to strengthen HIV-related research and public health capacities at their institutions. More recently, the International Clinical, Operational, and Health Services Research Training Award for AIDS and TB (ICOHRTA-AIDS/TB) program was established to strengthen the capacity of institutions in LMIC to conduct clinical research and implementation science focused on HIV and TB. The research training under these programs address the skills needed to design and conduct HIV/AIDS and TB research for the scale-up of effective interventions. Robust local research capacity and scientific leadership for health services are essential to ensuring that the goals of PEPFAR are achieved.

The proposed activity will support health systems strengthening and clinical research training for South African health professionals interested in operational research that supports the enhanced delivery of HIV/AIDS prevention, care, and treatment and TB control activities under PEPFAR. Implementation of these activities will be accomplished via the NIH's Fogarty International Center's (FIC) existing AITRP and ICOHRTA AIDS/TB grantees in South Africa. The grant's overall objective will be implemented through the identification and support of selected African health professionals for participation in long-term, health systems strengthening and research trainings.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12517**
Mechanism Name:	**National Institutes of Health- Fogarty Project**
Prime Partner Name:	**National Institutes of Health- Fogarty International Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			

The activities under this supplemental award will directly contribute to the PEPFAR reauthorization expansion goal of health systems strengthening. Additionally, these funds will support the capacity and skills development of local health professionals to conduct operations and health services research to support the delivery of high-quality HIV/AIDS prevention and care activities and to assist with TB control efforts. Such capacity building will lead to service delivery sustainability and the development of local leadership in both research and implementation science to support the provision of HIV/AIDS and TB related health services.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12518	**Mechanism Name: HIVCARE Follow-On**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12518**
Mechanism Name:	**HIVCARE Follow-On**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDTX	Redacted	Redacted
Narrative:			
The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	Redacted	Redacted
Narrative:			
The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HVTB	Redacted	Redacted
Narrative:			
The current HIVCare award ends in June 2010. The follow-on activities will be competed through a CDC funding opportunity announcement (FOA). The activities will be the same as in FY 2009.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12519	**Mechanism Name: New TBD CDC**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12519**
Mechanism Name:	**New TBD CDC**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and

respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be

significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing

support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African

Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in

collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase

efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted

Narrative:
Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. The inventory will also increase the availability of partner data, which will be used for better programmatic decision-making. This process will allow for the realignment of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments and will feed into the Partnership Framework implementation plan. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12520	**Mechanism Name: TBD Pathfinder Follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	REDACTED
Human Resources for Health	REDACTED

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12520**

Mechanism Name:	TBD Pathfinder Follow-on		
Prime Partner Name:	TBD		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial

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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted

Narrative:

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together

on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12521	**Mechanism Name: TBD SEAD Follow-on**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will

slowly devolve service delivery to the SAG public health system and increase United States Government (USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12521**		
Mechanism Name:	**TBD SEAD Follow-on**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Other	HVSI	Redacted	Redacted
Narrative:			
Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG). This year represents a very important transition year for the PEPFAR program in South Africa, which will work closely with the SAG towards the long-term goal of SAG ownership of PEPFAR-supported programs and define a joint strategy for a rational and progressive transition that will slowly devolve service delivery to the SAG public health system and increase United States Government			

(USG) efforts to enable long-term sustainability. To this end, the USG and the SAG are working together on a major PEPFAR program rationalization effort in order to enhance sustainability and increase efficiency of PEPFAR activities. Following an analysis of a recently completed national inventory of PEPFAR-supported partners and their activities throughout service delivery (including training, staffing support, capital expenses, and policy development), meetings will be held with each of the nine provincial governments, as well as with national leadership, to identify gaps and duplication of services, and respond to SAG priorities. This process will allow for the redistribution of partners, and will focus partner resources towards specific nodes in need of intensified support. Where applicable, specific focus will be given to the SAG 18 priority districts. The program rationalization will be done in collaboration with the national and provincial SAG departments. Since the process is ongoing, it is anticipated that there will be significant reprogramming via this TBD mechanism in the coming year.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12522	**Mechanism Name: Research Triangle Institute**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle Institute, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12523	**Mechanism Name: To Be Determined - FHI FABRIC Follow On**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SUMMARY:

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 on 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 services areas.

A service provider to implement this activity will be selected in March 2010. USAID will expand its collaboration and partnering with the South Africa Department of Social Development in areas that promote the well-being of OVC and will seek to co-fund activities that support the protection and care of OVC. This new activity will reach more children in need of care, support and improve their access to essential services.

ACTIVITIES AND EXPECTED RESULTS:
PEPFAR support will include:

• Exploring opportunities for co-funding programs and technical activities.
• Continuation of efforts to develop an OVC Quality Improvement Program for OVC service in South Africa. This support may include monitoring stakeholders implementation of National Quality Standards for the protection, care and support of orphans and vulnerable children.
• Partnerships with local level faith based organizations and community based organizations and provision of technical support to build the capacity of local organizations will be a major focus.
• The program will be implemented in all nine provinces, with a major emphasis on the provinces with the highest OVC burden, (Eastern Cape, Kwa-Zulu Natal and Gauteng).
• Activities will focus on a variety of Child Protection interventions;
• Making general health care accessible; including reproductive health, counseling and testing, monitoring of immunization status and general health of children.
• Psychosocial care: Psycho-social support will be provided through short-term holiday camps, kids' clubs, after-school programs, counseling programs, succession planning, family conferencing, memory work and life skills training. In addition workshops to equip caregivers with the skills and knowledge to organize structured after school care programs that respond to the physical, emotional and social needs of children and implement them according to national guidelines for early childhood and after school care programs will be supported.
• General education: These activities will promote school registration, homework support, reading lessons, monitoring school attendance and performance. HIV prevention education will be major component covering topics such as reproductive health, HIV/AIDS awareness and prevention, communication skills, substance abuse, responsible adulthood, dealing with peer pressure and behavior change and strengtherning decision making skills.
• Vocational training: Activities included in this type of support include youth career guidance workshops and links to employment, tertiary education opportunities, skills development and small business training.
• Economic opportunity/strengthening: These activities promote economic self-sufficiency at OVC household and community level.

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 AI

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12523**
Mechanism Name:	**To Be Determined - FHI FABRIC Follow On**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12524	**Mechanism Name: To Be Determined - Olive Leaf Track 1 Follow On (OVC)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SUMMARY:
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 on 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 services areas.

A service provider to implement this activity will be selected in March 2010. USAID will expand its collaboration and partnering with the South Africa Department of Social Development in areas that promote the well-being of OVC and will seek to co-fund activities that support the protection and care of OVC. This new activity will reach more children in need of care, support and improve their access to essential services.

ACTIVITIES AND EXPECTED RESULTS:
PEPFAR support will include:

• Exploring opportunities for co-funding programs and technical activities.
• Continuation of efforts to develop an OVC Quality Improvement Program for OVC service in South Africa. This support may include monitoring stakeholders implementation of National Quality Standards for the protection, care and support of orphans and vulnerable children.
• Partnerships with local level faith based organizations and community based organizations and provision of technical support to build the capacity of local organizations will be a major focus.
• The program will be implemented in all nine provinces, with a major emphasis on the provinces with the highest OVC burden, (Eastern Cape, Kwa-Zulu Natal and Gauteng).
• Activities will focus on a variety of Child Protection interventions;
• Making general health care accessible; including reproductive health, counseling and testing, monitoring of immunization status and general health of children.
• Psychosocial care: Psycho-social support will be provided through short-term holiday camps, kids' clubs, after-school programs, counseling programs, succession planning, family conferencing, memory work and

life skills training. In addition workshops to equip caregivers with the skills and knowledge to organize structured after school care programs that respond to the physical, emotional and social needs of children and implement them according to national guidelines for early childhood and after school care programs will be supported.
• General education: These activities will promote school registration, homework support, reading lessons, monitoring school attendance and performance. HIV prevention education will be major component covering topics such as reproductive health, HIV/AIDS awareness and prevention, communication skills, substance abuse, responsible adulthood, dealing with peer pressure and behavior change and strengtherning decision making skills.
• Vocational training: Activities included in this type of support include youth career guidance workshops and links to employment, tertiary education opportunities, skills development and small business training.
• Economic opportunity/strengthening: These activities promote economic self-sufficiency at OVC household and community level.

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).

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12524**
Mechanism Name:	**To Be Determined - Olive Leaf Track 1 Follow On (OVC)**
Prime Partner Name:	**TBD**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12525	Mechanism Name: NPI
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Tshwane Leadership Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

Pretoria Community Ministries	Pretoria Evangelism & Nurture	St Peter's Lutheran Church
Wesley Community Centre		

Overview Narrative

The program is entitled Overcoming vulnerability, claiming hope. The Tshwane Leadership Foundation (TLF) will break new ground, strengthening existing HIV prevention and care programs in the city, and replicating or supporting emerging initiatives elsewhere in the city to close the gap between vulnerable groups and service provision.

Background: Since 1993, TLF and its partners have successfully designed and implemented innovative programs and services, highly accessible to homeless and other at-risk populations, both at a direct service and a policy level. It has created the first programs of its kind in the city with women, girls at-risk, and homeless communities. It is now prepared to replicate these services and to transfer skills and capacity to other service providers.

Besides mainstreaming HIV/AIDS into its own programs, TLF has created linkages with local health institutions and HIV/AIDS care and support organizations. Being a partnership of local churches, TLF is exceptionally well positioned to educate, mobilize and strengthen church communities and to build other

civil society entities to provide HIV prevention, education and care-related services that will benefit city residents generally, but vulnerable groups specifically.
TLF complements the proposed HIV/AIDS services with psycho-social, spiritual & emotional support; child care; access to social housing; economic access; legal aid; creative arts; and an annual community festival, aimed at building community and creating social awareness.
Problem statement: This program will seek to address a threefold problem: the exclusion from prevention and care services of specific vulnerable groups in society; the nature of interventions not always being holistic enough; and the capacity of faith-based organizations and churches to scale up and out the effective interventions they have developed.
Program goal: To strengthen faith- and community-based structures, in order to sustain and replicate existing services and programs with the most vulnerable people of Tshwane's inner city and beyond, to prevent the spread of HIV infection amongst these groups, and to support holistic intervention and care programs that will encourage positive living with or without HIV/AIDS.
Beneficiaries & Services: The primary target beneficiaries are high-risk groups in the inner city and beyond that have largely been ignored due to their social status, applying proven prevention & care methodologies to the local contexts of these groups, i.e. homeless adults, women & girls at-risk, commercial sex workers, victims of trafficking, and orphans & vulnerable children.
Program objectives, activities & results: The program objectives and activities will include 1) HIV/AIDS awareness (schools, churches, PMTCT, PEP); 2) provision of holistic care programs (home-based, chronic & palliative, and psycho-social care), 3) VCT-services (clinics, linkages to ARV-treatment, treatment of opportunistic infections, increased access to services for TB-patients, referral services); 4) caring for OVCs (supporting program intervention in existing & new group homes; access to grants, food security & social work services; mentoring & educational support); and 5) building the institutional capacity of partners for scaling up and out. These objectives are aligned to both the South African Government's Comprehensive Plan and PEPFAR. For every activity there are clear anticipated outcomes that will be measured by certain indicators (cf.section VI, 3).
Program strategies: Strategies will include sustaining a caring presence within particularly vulnerable communities, building upon local capacity and assets, replicating existing services for broader impact, providing holistic intervention and care, and introducing a rigorous process for project monitoring and quality assurance. Program implementation will be achieved by mobilizing and capacitating a local partnership of faith- and community-based organizations (introduced in greater detail in section V, 3). Sub-grantees will include the City Methodist Mission (Mahube), Pretoria Evangelism and Nurture and the St.Peter's Lutheran Church. The Tshwane Leadership Foundation and its social development division, PCM, will also be responsible for the direct implementation of certain specified activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12526	**Mechanism Name: TBD Olive Leaf Track 1 Follow On AB**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD activity will strengthen the capacity of PEPFAR and SAG partners to deliver key messages through interactive interpersonal and small group activities regarding the risks of Multiple and Concurrent partners with their target populations. The TBD activity will also monitor behavioral outcomes.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12526**		
Mechanism Name:	**TBD Olive Leaf Track 1 Follow On AB**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	Redacted	Redacted
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12527	**Mechanism Name: American Council on Education**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: American Council on Education	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	**Funding Amount**

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 16305	**Mechanism Name: New TBD CDC Injection Safety Track 1**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	**Funding Amount**
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG) within the Injection Safety program area. Funds have been made available as a one time offer; therefore, the PEPFAR program in South Africa will work jointly with the SAG to determine a rational programmatic response to the immediate injection safety needs utilizing a transition model that will dissolve USG support within one year of the award.
July 2010 Reprogramming Note:
Funds are being reprogrammed from the TBD Track 1 JSI follow on to NDOH Cooperative Agreement.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**16305**		
Mechanism Name:	**New TBD CDC Injection Safety Track 1**		
Prime Partner Name:	**TBD**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HMIN	Redacted	Redacted
Narrative:			
Funds reserved in this TBD mechanism will be used to respond to the needs of the South African Government (SAG) within the Injection Safety program area. Funds have been made available as a one time offer; therefore, the PEPFAR program in South Africa will work jointly with the SAG to determine a rational programmatic response to the immediate injection safety needs utilizing a transition model that will dissolve USG support within one year of the award.			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services				288,240		288,240
ICASS				132,700		132,700
Institutional Contractors				2,852,000		2,852,000
Management Meetings/Professional Developement				172,000		172,000
Non-ICASS Administrative Costs				1,500,000		1,500,000
Staff Program Travel				720,000		720,000
USG Staff Salaries and Benefits				6,822,584		6,822,584

Total	**0**	**0**	**0**	**12,487,524**	**0**	**12,487,524**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (State)		288,240
ICASS		GHCS (State)		132,700
Management Meetings/Professional Developement		GHCS (State)		172,000
Non-ICASS Administrative Costs		GHCS (State)		1,500,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				70,000		70,000
Staff Program Travel				55,000		55,000
USG Staff Salaries and Benefits				175,000		175,000
Total	**0**	**0**	**0**	**300,000**	**0**	**300,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		70,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing				969,000		969,000
Computers/IT Services				5,000		5,000
ICASS				522,575		522,575
Institutional Contractors				1,160,765		1,160,765
Management Meetings/Professional Developement				305,000		305,000
Non-ICASS Administrative Costs			2,021,500	3,218,397		5,239,897
Staff Program Travel				503,000		503,000
USG Renovation				2,427,462		2,427,462
USG Staff Salaries and Benefits			2,021,500	3,415,903		5,437,403
Total	**0**	**0**	**4,043,000**	**12,527,102**	**0**	**16,570,102**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		969,000
Computers/IT Services		GHCS (State)		5,000

ICASS		GHCS (State)		522,575
Management Meetings/Professional Developement		GHCS (State)		305,000
Non-ICASS Administrative Costs		GAP		2,021,500
Non-ICASS Administrative Costs		GHCS (State)		3,218,397
USG Renovation		GHCS (State)		2,427,462

U.S. Department of Health and Human Services/Office of Global Health Affairs

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				127,779		127,779
Management Meetings/Professional Developement				300,000		300,000
Non-ICASS Administrative Costs				161,359		161,359
Staff Program Travel				179,291		179,291
USG Staff Salaries and Benefits				315,911		315,911
Total	**0**	**0**	**0**	**1,084,340**	**0**	**1,084,340**

U.S. Department of Health and Human Services/Office of Global Health Affairs Other Costs Details

Category	Item	Funding Source	Description	Amount

ICASS		GHCS (State)		127,779
Management Meetings/Professional Developement		GHCS (State)		300,000
Non-ICASS Administrative Costs		GHCS (State)		161,359

U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				90,000		90,000
Non-ICASS Administrative Costs				388,374		388,374
Staff Program Travel				30,000		30,000
USG Staff Salaries and Benefits				280,000		280,000
Total	**0**	**0**	**0**	**788,374**	**0**	**788,374**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		90,000
Non-ICASS Administrative Costs		GHCS (State)		388,374

U.S. Peace Corps

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of

of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
Non-ICASS Administrative Costs				54,000		54,000
Staff Program Travel				36,800		36,800
USG Staff Salaries and Benefits				220,000		220,000
Total	**0**	**0**	**0**	**310,800**	**0**	**310,800**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		54,000