South Africa

Operational Plan Report

FY 2012

Operating Unit Overview

OU Executive Summary

Introduction

Over the next two years, the South African PEPFAR (PEPFAR SA) program will undergo significant changes as the U. S. Government (USG) partnership with the South African government (SAG) moves to support a fully country owned national HIV and TB response as defined in the SA and U.S. PEPFAR Partnership Framework signed in December 2010. Due, in large part, to the size and breadth of the PEPFAR SA program significant achievements have been realized. Antiretroviral treatment (ART) has been scaled up to reach 1.4 million (21% of those on ART globally) of whom 1.1 million received direct support from PEPFAR SA implementing partners. Life expectancy has increased for both men and women and mortality due to HIV has decreased by 25%. Mother-to-Child Transmission has decreased to 4% at 6 months of age and there has been a significant decline in the total number of Orphans and Vulnerable Children. The UNAIDS World AIDS Day Report, 2011 noted that although still high HIV incidence declined by a third in South Africa between 2001 and 2009 from 2.4% to 1.5%.

The SAG commitment to scale up and strengthen its national HIV and TB response is reflected in the new National Strategic Plan on HIV, STIs, and TB 2012 – 2016 (NSP), the priorities outlined in the NSP Operational Plan that will be released in March on World TB Day, and the progressive increase in SAG financial commitment to support HIV and TB programs. The SAG has agreed to shift clinical care and treatment services and the funding responsibility to the SAG public health system over the next five years as the SAG consdiers health service delivery the inherent responsibility of the Department of Health. Both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption. The SAG has also asked PEPFAR SA to scale up prevention efforts and training of new health care and social workers. The capacity building activities necessary for the transition will be defined in the PEPFAR Partnership Framework Implementation Plan that is currently being developed by a bilateral writing group for release with the NSP Operational Plan on World TB Day. Due to the fact PEPFAR SA will focus on providing technical assistance throughout the DOH system, PEPFAR SA indicators will reflect the SAG national targets and results.

As SAG integrates HIV/AIDS and TB into the primary health care system, USG will work with National and provincial Departments of Health (DOH) to “transition” clinical staff currently working in public health clinics to the DOH public health system and recognize that not all NGO staff will be absorbed. While we

undertake this transition, SAG and USG will jointly review the functions of the NGOs to define their roles following the transition, recognizing that this transition will likely lead to a decrease in the size and number of NGOs supporting government, a process that the Minister of Health compared to the shift from NGO supported services following the end of Apartheid to the DOH providing services that was accompanied by a reduction in the size and scope of NGOs working in South Africa. We would expect this transition to SAG funding and operations of the testing, care, and treatment pillar to result in a decrease of around $200 – 250 million in our annual funding by 2017, but the trajectory for this decrease will not be a straight line decline as a shift from service provision to technical assistance provision may in the short to medium term result in increased costs. As part of the PFIP process, we will work with the SAG to justify the need for continued funding of the remaining $200 – 250 million in annual funding that covers prevention and OVC efforts and other technical assistance and chart the pace/trajectory of the funding transition. We are committed to work with the Department of Health to ensure that care and treatment services for all patients are maintained and enhanced during this transition.

Country Context

On December 1, 2011, the South African National AIDS Council (SANAC) launched the National Strategic Plan for HIV, STIs, and TB (2012 – 2016) (NSP). This document reflects the strong South Africa government (SAG) leadership and commitment to a robust multisectoral national HIV response and outlines objectives intended to achieve impact. The NSP and the Partnership Framework (PF) guide the PEPFAR South Africa (SA) program and this COP FY 2012 submission.

The NSP is driven by South Africa's long-term (20 year) vision of "Zero new HIV and TB infections, Zero new infections due to vertical transmission, Zero preventable deaths associated with HIV and TB, and Zero discrimination associated with HIV, STIs, and TB." In line with this vision, the NSP has set the following broad goals:

- Reduce new HIV infections by at least 50%, using combination prevention approaches;
- Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation;
- Reduce the number of new TB infections, as well as the number of TB deaths by 50%;
- Ensure an enabling and accessible legal framework that protects and promotes human rights in order to support implementation of the NSP; and
- Reduce the self-reported stigma and discrimination related to HIV and TB by 50% by 2016.

The NSP also identifies key strategic enablers that will determine the success of its implementation including governance and institutional arrangements, effective communication, monitoring and evaluation (M&E), and research.

To achieve these goals, the NSP has four Strategic Objectives that form the basis of the HIV, STI, and TB response:

1. Address social and structural barriers to HIV, STI, and TB prevention, care, and impact
2. Prevent new HIV, STI, and TB infections
3. Sustain health and wellness
4. Increase the protection of human rights and improve access to justice.

The costed NSP Operational Plan will be launched March 24, World TB Day, to guide national efforts for the South African fiscal year 2012/13 that begins April 1. The SAG – USG Bilateral Partnership Framework Implementation Plan (PFIP), developed to complement and support the NSP through PEPFAR efforts, will be finalized shortly thereafter as the largest donor commitment to the SA national HIV and TB response.

Over the past year, SA has made considerable progress and increased resources to support their national HIV response. Significant challenges remain not only due to the enormous size of the HIV epidemic, but also to health, social system, and institutional capacity weaknesses that limit the scale up of services and the sustainability of the response. PEPFAR has worked closely with the SAG to achieve significant national ART, PMTCT, and HCT outcomes and to enhance health and social systems to enable these gains and will continue to do so in U.S. FYs 2012 and 2013.

South Africa has four concurrent epidemics that heavily burden the health sector – HIV/AIDS and TB, poverty related illnesses (perinatal, neonatal, childhood, and maternal diseases), non-communicable diseases, and violence and injury. Although it is considered a middle income country and spends more on health than many other developing countries, its health outcomes are worse than those in many lower income countries. This is reflected in South Africa's lack of progress to achieve Millennium Development Goals (MDGs) 4 and 5, relating to child and maternal mortality. Child mortality initially increased from the MDG baseline in 1990 of 60 deaths under the age of 5 years per 1,000 live births, peaked at 82 deaths/1,000 births in 2003, and finally decreased to 57 deaths/1,000 births in 2010. The maternal mortality ratio is an estimated 625 maternal deaths per 100,000 live births. HIV and its related diseases contribute significantly to maternal mortality (50%) and mortality under five years of age (35%).

South Africa's health system is heavily burdened by the HIV and TB epidemics that severely affect a wide range of population health outcomes including life expectancy, which is currently 54.9 years for men and 59.1 years for women (Stats SA 2011). HIV/AIDS is a leading cause of morbidity and mortality in South Africa with an adult (ages 15 and older) HIV prevalence of 17.8% and approximately 5.6 million people living with HIV. Antenatal HIV prevalence has stabilized at about 30% over the past four years.

Gender-based violence has contributed to women and girls bearing 60% of the HIV disease burden. SA currently has the third highest TB burden in the world, with an incidence of 981 per 100,000 population in 2010, an increase of 400% in the past 15 years largely driven by HIV co-infection (60% are also HIV positive). While the TB cure rate increased to 71.1% in 2009 from 54% in 2000, this is still well below the global target of >85% and multi-drug resistant TB continues to increase (7,386 cases in 2010). South Africa continues to grapple with massive health inequities, a legacy of apartheid. There are marked differences in rates of disease and mortality between races (National Planning Commission Report, 2011). “Key populations” most likely to be exposed to, or transmit, HIV and/or TB such as those living in informal settlements or rural and hard-to-reach areas (including farms). Migrants and mobile populations, and alcohol and substance users also have much higher levels of infection and transmission.

South Africa conducted a successful HIV Counselling and Testing (HCT) campaign that tested 14.8 million people over 15 months (2010-11) of whom 6.9 million were tested through PEPFAR. Antiretroviral treatment (ART) was scaled up to reach 1.4 million (21% of those on ART globally) of whom 1.1 million received direct support from PEPFAR SA implementing partners. With 470,000 newly initiated in the last 12 months, of whom 100,000 are children (UNAIDS 2011), 80% ART coverage was achieved for those with a CD4 < 200 (up from 8% in 2005), but remains low now that SA has raised the CD4 threshold for ART to <350), per recommended WHO guidelines. The overall Mother-to-Child Transmission (MTCT) rate decreased from 8% prior to initiation of the SAG Accelerated plan for Prevention of MTCT (PMTCT) to 4% with coordinated PEPFAR assistance. With PEPFAR support, the SAG’s HIV/AIDS and TB program has led to positive effects on life expectancy, infant mortality, and HIV-related mortality. Though still low, life expectancy has increased over the 2007 rates [from 50.9 to 54.9 years for men and from 54.9 to 59.1 years for women]; it is estimated that deaths due to HIV/AIDS have fallen by nearly 25%, from 257,000 in 2005 to 194,000 in 2010 (ASSA 2008). Infant mortality also dropped from 46.9/1,000 live births in 2008 to 37.9, and by mid-2010 there were 1.2 million maternal AIDS orphans, down from 1.6 million projected for 2010 (ASSA 2010). While these gains are encouraging, intensive efforts are needed to reach the more than 1 million needing ART and to mount an effective prevention program.

South Africa established 4,000 Primary Health Care (PHC) clinics and community health centers (CHC) as the foundation of the public health system to improve coverage and make it possible for 95% of the population to access health care within a 5 mile radius of their homes. However, it was the less accessible, larger facilities that absorbed the enormous increase in demand for services due to the upsurge in the HIV epidemic and they are now overburdened and inefficient. The SAG is working to re-engineer PHC and strengthen the District Health System to restore comprehensive health care at the Primary Health Care level including the following components: 1) integrated community based services delivered by Primary Care Outreach Teams; 2) a cadre of Community Health Workers who are trained to

provide increased emphasis on preventive services and promotion of wellness services, especially at the household level; and 3) school-based health services. The integrated approach to PHC will include vertical integration at every level of service from the community to the PHC clinic, the Community Health Center (CHC), the District Hospital, and Regional and Tertiary Hospitals.

The roll-out of Primary Health Care Reengineering and PEPFAR SA's program in FYs 2012 and 2013 will begin to increase access, but the following significant challenges limit the scale up of services and the sustainability of the response:
1. Management systems for implementation at the provincial, district, and facility levels require strengthening and support to improve quality;
2. Monitoring and Evaluation (M&E) systems are fragmented and often not consistent with an M&E framework or policy;
3. Population-based data are limited because of considerable costs in collecting this data;
4. Brain drain to the private sector and other countries puts a strain on availability of human resources;
5. Planning, forecasting of needs, financial planning, and oversight for procurement systems require strengthening; and
6. Vertical programs have limited integration across HIV, TB, Maternal and Child Health, and chronic diseases among others.

From 2004 to 2011, PEPFAR SA expended $3.2 billion to support health system strengthening and the scale-up of prevention, care, and treatment services for HIV and TB. Since 2009 the SAG, under the leadership of President Jacob Zuma and Minister of Health Aaron Motsoaledi, has dramatically increased financial support for and currently funds approximately two-thirds of the national HIV/AIDS response. PEPFAR provides 30 - 35% of funding needed for the national HIV response and other donors provide 5 - 10%.

The SAG launched the Aid Effectiveness Framework that guides development partner coordination in health to ensure country ownership of development partner funding. PEPFAR coordinates closely with the European Union and others such as the United Kingdom, Germany, Sweden, UN agencies, The Clinton Health Access Initiative, the Global Fund, Gates Foundation, Elma Foundation, Johnson & Johnson, MAC AIDS Fund, Anglo American, and Atlantic Philanthropies, who support specific programs that complement our work. This is done through participation in the AIDS and Health Development Partners' Forum and other individual meetings/consultations.

PEPFAR Focus in FY 2012

PEPFAR priorities in FY 2012 broadly include building health and social systems to achieve the

treatment, care, and prevention targets of the NSP, increasing human resources development through pre-service and in-service training for health and social service personnel to help meet the gap of 83,000 health care workers needed to roll-out Primary Health Care services, strengthening combination prevention interventions targeted for geographic “hot spots” and key at risk populations, and expanding the VMMC programs both directly, by increasing the number of MMCs performed by PEPFAR implementing partners (190,000), but also through training and other activities to build the capacity and delivery of MMC by the Department of Health to meet their FY 2012 target of 600,000.

PEPFAR SA will support the SAG to increase the number of people initiated on antiretroviral treatment by 500,000 through training Primary Health Care clinic nurses in nurse-initiated management of antiretroviral treatment (NIMART) and provide mentoring and supervision to assist these nurses and other clinical staff deliver high-quality services and maintain patients on treatment. To further assist in building Human Resources for Health, PEPFAR SA is working with national and provincial Departments of Health to develop transition plans for current PEPFAR SA clinical staff working in public health facilities (~3,500) and begin to implement their absorption into the public health system. This will be done progressively over five years and will occur on different timelines for each province and cadre. In addition, the two South African Medical Education Partnership Initiative programs will provide pre-service training to increase the number of doctors and other health care personnel and enhance their retention in rural areas through targeted rural health training programs.

The PEPFAR SA priority focus in Care this year is to enhance linkage of individuals who test positive for HIV with pre-ART care to maximize preventive treatment with cotrimoxazole and Isoniazid Preventive Therapy (IPT) and promptly initiate ART once individuals are eligible (CD4 < 350). The major gap in SA’s Orphans and Vulnerable Children (OVC) program is providing continued care and support to OVC’s that are now > 18 years old and no longer considered OVC. These programs will be prioritized in the coming two years.

Following the successful HCT Campaign, the SAG plans to test 10,000,000 people annually. PEPFAR SA will train health facility management teams at district and sub-district levels to scale-up Provider Initiated Counselling and Testing (PICT) to strengthen quality management systems and promote PICT in all health facilities including hospital in-patient facilities. In addition, at the request of the SAG, the PEPFAR SA program will reach 4,000,000 people with HCT each year through a combination of technical assistance and population based HCT services (mobile, couples testing, and home-based), strengthen the quality of rapid HIV testing and implementation of a high-quality management system at all HIV rapid testing sites, and strengthen the linkages from HCT to prevention, care, and treatment services. These models of HCT have the potential to identify those not accessing health care facilities and target hard-to-reach populations including MARPs, farm workers, migrant laborers, and sero-discordant couples,

and these approaches are among the NSP Year 1 and 2 priorities.

PEPFAR SA will continue to support the national Elimination of MTCT program by addressing some of the inherent programmatic gaps through technical assistance provision. These include training and technical support to provincial, district, sub-district, and facility management teams; ongoing assistance and on-site mentorship of nurse-initiated management of ART (NIMART); promotion of (PICT); strategies for follow-up for mother-baby pairs post-delivery; service quality improvement; management and prevention of STIs and TB; community outreach; and referral to wellness, nutrition, and treatment programs.

The combination prevention programs for most-at-risk populations (MSM, CSWs, and PIMS) will be enhanced and additional high risk populations, as defined in the first section, will be targeted with appropriate interventions. These will include using epidemiologic data to tailor interventions, providing intensive prevention efforts in transmission “hot spots”, targeting key populations and providing technical assistance to the SAG at the national and provincial levels to enhance their prevention programs and efforts. PEPFAR SA will assist the Department of Basic Education (DBE) with implementation of the Integrated HIV Strategy to focus on the sexual and reproductive health education program, including HIV, as a subject to be delivered through co-curricular means in all schools. DBE requested that PEPFAR SA assist them in the review, refocusing, and integration of school-based HIV prevention activities, school health, life skills and peer education programs. Improved coordination among DBE, Department of Health (DOH), and Department of Social Development (DSD) through PEPFAR SA-funded interventions will result in harmonizing efforts and enhance the delivery of stronger HIV prevention and more efficient programs. Targeted out-of-school youth programs support unemployed youth to deliver peer education programs focusing on HIV prevention and addressing risky behavior.

In order to reach the ambitious targets of the NSP, a key priority is to enhance the capacity at the District Health System and district health facilities where health care is provided. PEPFAR SA assigned District Support Partners (DSPs) to each of the 52 health districts in the country through an alignment process completed in 2011 to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of District Management Teams (DMTs) and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership, governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHC and other facilities to implement the NDOH Tier 1 and Tier 2 data systems for antiretroviral treatment information; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the DHIS; strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; and promoting community access to care at the lowest levels, thus improving overall

health outcomes. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed. Finally, PEPFAR SA will build much needed capacity at the provincial and district levels to plan and manage SAG's financial resources for a more efficient, more effective program.

The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness: only one DSP is assigned to each of 26 districts, two DSPs have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency district-based model has been adopted with one partner working at the District Management Team level and the other at the facility level to support different aspects of the WHO Health System Strengthening building blocks. These models will be evaluated using district health outcomes defined by SAG. The three models will be fully implemented once the new comprehensive treatment and care cooperative agreements are awarded in FY 2012. This process has eliminated some of the program overlap which had been of concern to the Office of the Inspector General.

In South Africa, PEPFAR comprises the largest portion of U. S. foreign assistance in health (97% of funding). The South Africa GHI Strategy defines three focus areas of the PEPFAR SA program that will be implemented in the current Country Operational Plan (COP), namely 1) Supporting a Primary Health Care approach, 2) Improving integrated management of TB/HIV and other diseases, and 3) Improving management and financial systems.

The PEPFAR SA program strongly contributes to the GHI principles. It is built on a model of country ownership that will be further defined in the Partnership Framework Implementation Plan and as elaborated on in the section below. Most of the priorities listed above have been efforts that the SAG has requested that PEPFAR SA support to help them meet their national goals, and the FY 2012 and 2013 program is fully aligned with the NSP. PEPFAR SA's major priority is to build sustainability through health and social system strengthening, with a strong focus on M&E systems and training health teams to use data to improve quality, performance, accountability, and health services. The support provided to the Department of Basic Education's Integrated Strategy on HIV and AIDS integrates gender equity and HIV prevention in school-based curriculum to support women, girls and children in schools. PEPFAR SA has also expanded the gender efforts through the Gender Challenge Fund and through the development of a Gender Strategy that will be finalized in the coming year, which includes aspects related to the services and supports for those affected by or vulnerable to HIV infection due to their gender or gender-identity.

PF/PFIP Monitoring

The U.S. and SA Government relationship has continued to evolve in the past year. Despite a lengthy delay in engaging on the development of the PFIP, once the NSP was completed the SAG agreed to develop the PFIP in tandem with the NSP Operational Plan. An intensive process is underway to prepare both documents with an expected launch at the end of March. Numerous meetings have been held since April 2011 with national and provincial departments, other development partners, and civil society to discuss SAG priorities and future direction of the PEPFAR SA program including plans to transition clinical care and treatment services to the SAG DOH over the next 5 years. The SAG has strongly indicated that provision of clinical health services is an inherent responsibility of the Department of Health. They have also asked the PEPFAR SA assist them to enhance capacity and scale up prevention efforts as well as assist in building capacity of health, social, and financial systems. This has been agreed to at all levels of government including the Office of the Deputy President, who chairs the SANAC, the Minister of Health, other national departments, and Provincial Health Departments.

PEPFAR SA conducted a portfolio review and presented the results to the bilateral interdepartmental Partnership Framework (PF) Committee in July 2011. The USG and SAG discussed COP FY 2012 and budget allocations for FY 2012 and FY 2013 with the bilateral PF Committee and agreed on the approach. The recently initiated combined NSP Operational Plan and PFIP development process have ensured that SAG priorities are fully supported by the PEPFAR SA program. Bilateral working groups have been established to ensure that changes in priorities and need for assistance can be accommodated in a timely way. A PFIP writing team has been established that includes the following SA departments: Office of the Deputy President, NDOH, DSD, DBE, Departments of Correctional Services, Defence, Higher Education and Training, and Public Services Administration, as well as National Treasury. PEPFAR SA transparency has increased as the USG shared information that explains the PEPFAR SA budget and programs in terms of the SAG budget categories and NSP activities and provided information on the 23,000 staff that are supported by PEPFAR SA programs. The working groups are in the process of mapping SAG programs and outstanding needs next to the current activities of PEPFAR SA and discussing any necessary adjustments.

While COP FY 2012 has been submitted before the completion of the PFIP, the USG and SAG have agreed on overall priorities and our bilateral working groups have generally defined the COP work plans. As a number of funding announcements have been made related to TBDs in the COP, we have assured the SAG that full discussions will occur with them on the work plans of awardees, and that activities can be modified based on successes and changing needs. In coming years, PEPFAR SA will work through the PF Committee and bilateral working groups to not only assess efforts of the previous year but also plan the activities of the coming year that will inform our COP. One of the challenges experienced is the shortage of SAG staff limiting engagement with the USG team as well as lack of clear mechanisms for

engagement that create good working teams. The USG hopes to overcome this challenge in the coming year as the governance systems and working groups for the PF/PFIP are established and the USG and SAG learn to work productively on bilateral teams.

The monitoring and evaluation plan for the PFIP will be based upon the principles of transparency and joint accountability. In support of the NSP, the PFIP monitoring plan will link closely with the NSP monitoring and evaluation framework (also to be launched March 24th with NSP operational plans) and take into account existing M&E systems being implemented by various stakeholders, as well as planning and monitoring frameworks and policies within the SAG. The NSP implementation will be measured through the following core impact indicators:

- percentage of young women and men aged 15–24 years who are HIV-positive;
- percentage of key populations who are HIV-positive;
- number and percentage of HIV-exposed infants testing HIV-positive at six weeks and 18 months post-partum;
- prevalence and incidence of TB;
- percentage of adult mortality due to HIV and TB;
- trends of stigma; and
- retention on ART.

In addition to supporting the monitoring and evaluation activities of the NSP, PEPFAR SA will develop indicators with the SAG to monitor the progress of activities outlined in the PFIP. In particular, the PFIP monitoring plan will ensure that indicators related to health system strengthening and the transition of clinical services are properly monitored. The PEPFAR SA team is currently engaging with ESIS/MACRO to develop and pilot a tool that can monitor contributions within the national, provincial, and district health systems.

Country Ownership Assessment

The process of PEPFAR SA engagement with the SAG in preparing the COP FY 2012 has been described in detail in the previous section. It has been developed through the process of PFIP engagement and reflects those discussions fully. In future years, the cycle for PFIP assessment, SAG budget development, and PEPFAR SA COP will be integrated so that the COP fully reflects the USG activities that will best support further progress in the National HIV Response.

During 2011, McKinsey and Co. worked with the PEPFAR SA team and the SAG to evaluate the newly defined country ownership dimensions. Their diagnostic assessment identified the following needs:

1. Strengthen coordination, planning, and performance management within government;
2. Drive multi-sectoral coordination of government agencies, development partners, civil society, and the private sector;
3. Develop an information management strategy and solutions;
4. Build Human Resource capabilities and capacity, especially with respect to operational planning, coordination, and management; and
5. Improve financial management skills and plan for long-term financial sustainability.

This assessment helped to confirm the relevance of the health systems strengthening approach and underline that the SAG is also aware of the need for this assistance. Many of these areas have been addressed with the activities and priorities outlined above for COP FY 2012. These include collaborative development of the PFIP; PEPFAR SA plans to streamline PEPFAR reporting with the District Health Information System (DHIS) and the Global Fund and the NSP M&E framework in support of the third area; PEPFAR SA collaboration with the SAG to transition PEPFAR-supported staff, provision of pre- and in-service training and mentoring; and finally, performing expenditure analyses on PEPFAR SA programs, aligning the PEPFAR SA budget with SAG line items, and strengthening SAG financial management systems at the provincial and district levels.

While the PEPFAR SA program has been structured as a national program, and engagement has been primarily with national departments, implementation of national programs and the delivery of services in South Africa are conducted at the provincial and district government levels. Capacity varies among the provinces; coordination between provinces and districts is poor; and health, social, and financial systems are weak. However, there is tremendous determination and leadership in the SAG to make significant changes. The PEPFAR SA program will need to accommodate the increased scope of working with the provinces directly and staggering the development and transition process among the provinces based on their capability.

The USG engagement in systems strengthening is increasingly focused on provincial and district levels where the majority of service delivery occurs and where considerable change is occurring as the District Health System is implemented. PEPFAR SA continues to support PEPFAR Provincial Liaisons (PPLs) in all nine provinces to facilitate engagement and communication among the USG, SAG, and PEPFAR Implementing Partners in each province. They participate in, track, and report on key activities and developments in the province and are critical in facilitating the transition process between the implementing partners and the province ensuring that the government is fully aware of the PEPFAR-supported programs in the province. To ensure that USG staffing is appropriate to this new direction, there will be a Staffing for Results review focusing on the skill and staff mix needed to engage in a successful transition away from direct service delivery to sustainable system strengthening and to

engage productively as partners in a country-owned and country-led program.

Central Initiatives

Strategic Information (SI) Central Initiative

The SI Central Initiative project proposal has been developed jointly by the SI and HSS teams of USG PEPFAR South Africa. The proposed project is to focus on the District Management Team (DMT) level for strengthening SI capacity and information use, and the proposed activity is to develop an analysis tool that can interface with four key Health Information System (HIS) databases, including the DHIS, the ART Electronic Registry (TIER.net), the TB Electronic Registry (ETR.net), and the PEPFAR Partner Information Management System (PIMS). The tool will be able to seamlessly access the datasets between the four systems and will provide the users with sophisticated analysis tools to support and encourage information use in their management decision-making. The software will be developed via collaboration between the HIS developers, all of which are current PEPFAR SA partners. The analysis features will be developed by engaging with the selected DMTs to address their priorities. The tool will be piloted in three districts as selected by South African National and Provincial Departments of Health (DOH), perhaps in coordination with the National Health Insurance piloting initiatives. The first phase of the project (6 months, May-September 2012) is to conduct meetings to engage with all stakeholders and enlist collaborative project leadership, including the South African DOH at National, Provincial, and District levels according to selected pilot DMTs, and also the PEPFAR partners who are the developers of the four key HIS. If joint leadership and support from all parties is not achieved during this phase, OGAC will not release the majority of the funding to continue the project further. The second phase of the project (2.5 years, October 2012-April 2015) is to complete tool development, implement in the selected pilot districts, and evaluate the results. Following completion of the pilot, the NDOH will have ownership of the tool and will be empowered to improve it and roll it out as desired. Currently, the PEPFAR South Africa team is revising the project proposal based on feedback from OGAC and also beginning to meet with South African DOH representatives, prior to launching into the first phase of the project activities.

Public Health Evaluation (PHE)

The total amount of approved PHE funds for seven studies for FY 2012 is $1,992,645, one of which is a multi-country project, and all but one have approved protocols:
1) Maternal Events and Pregnancy Outcomes in a Cohort of HIV– Infected Women Receiving Antiretroviral Therapy in Sub-Saharan Africa (MEP) ($137,845);
2) Evaluating the implementation of two strategies/models of TB/HIV integration on prevalence of pulmonary TB among primary care clinic attendees in Ekurhuleni North sub-district, South Africa ($0);

3) Evaluating the impact of multi-faceted programs for adolescent OVC ($694,190);
4) Non-uptake of CT for HIV among TB Patients in Free State ($217,422);
5) The TRuTH Study (TB Recurrence upon Treatment with HAART) ($396,754);
6) Validation of HPV, Cytology and Visual Inspection for Cervical Cancer Screening in HIV-Positive Women ($179,336); and
7) The Effectiveness of Innovative Training and Supervision of Community Health Workers, with or without Quality Improvement approaches, to Increase Uptake of Antiretroviral Drugs to Prevent Mother-to-Child Transmission of HIV and Delivery of Other Essential Newborn and Child Survival Interventions ($367,098).

Public-Private Partnership Incentive Fund

The PEPFAR Public Private Partnerships (PPP) Technical Working Group announced the PPP Incentive Fund in FY 2011. As part of strengthening and expansion of PPP portfolios across program areas, CDC was awarded $500, 000 on “Partnership for HIV Prevention Targeting Mobile Populations”. The proposed project is a partnership between CDC-South Africa and the Bill and Melinda Gates Foundation (BFMG) 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. With CDC-SA contributing $250,000 to equal $750,000, BMGF matched $1,000,000. As part of the National Department of Health’s High Transmission Area (HTA) program, 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. This is a 5 year partnership. The process of signing the MOU with BMGF is nearly finalized. UCSF will work with CDC-South Africa to develop and sustain evaluation activities including routine HIV and STI surveillance and program monitoring and evaluation that improve the quality of HIV prevention interventions for high-risk, underserved populations.

In FY 2011, OGAC approved $250,000 in supplemental funding for a gender-based microfinance PPP. The award was competed under USAID’s Global Development Alliance Annual Program Statement. The recipient of the award is Intervention with Microfinance for AIDS and Gender Equity (IMAGE), operating under the Wits Health Consortium. Matching private sector contributions are coming from Chevron South Africa and AngloAmerican. This award also received supplemental funding from OGAC’s Gender Challenge Fund ($200,000). IMAGE is an HIV prevention program that addresses key structural drivers of HIV including poverty, gender-based inequalities, and vulnerability to HIV infection. The program combines microfinance with a gender and HIV training curriculum called Sisters For Life (SFL). It aims to improve women’s economic wellbeing and financial independence, reduce vulnerability to HIV and gender-based violence, and foster wider community mobilization. The proposal calls for scale-up of the

IMAGE model in Gauteng and perhaps in KZN.

Gender Challenge Fund

In addition to the PPP described above, several other programs are supported through the Gender Challenge Fund. Working in partnership with other local NGOs, a “Brothers For Life” campaign intervention will include a program of community-level interventions and outreach activities such as community dialogues on Gender Based Violence and activities that provide leadership through role-modelling, specifically focused on instilling health male norms in targeted communities. Community outreach workers (“community engagers”) will be trained to establish a referral system to local service providers to support GBV survivors and “natural leaders” will be identified and trained to develop “village-level action plans” in tandem with community members focusing on HIV and GBV prevention. In addition, in partnership with the KwaZulu Natal (KZN) government, one district was selected to receive “inter-sectoral trainings” and serve as a model for other districts in the province to show impact of the approach. Various government agency staff, including police, justice, health, the prosecuting authority, and social development, among others will be trained focusing on women’s legal rights and protection to enhance overall government support and their response mechanisms for GBV.

A two-day community stakeholder forum was sponsored in KZN to discuss ideas for strengthening gender programs in the Province. The forum was supported by the KZN Premier’s Office, Gender Unit, attended by almost 100 community members, and a set of recommendations were proposed for specific gender activities in the Province. At the request of the KwaZulu Natal Departments of Health and Basic Education, a program targeting girls as part of a comprehensive sexual and reproductive health in schools will be carried out in two schools. In addition, the Medical Research Council was awarded funds in September 2011 to develop an intervention for women living with HIV in KZN, and to develop a gender intervention to be incorporated in medical male circumcision sites.

Global Fund Country Collaboration

The Global Fund governance in South Africa has been the responsibility of the SANAC Resource Mobilization Committee (RMC), a high-level committee that has not had the time or expertise to provide adequate oversight for Global Fund grants. In early February 2012, the new CEO of SANAC was appointed, coming to this position from the Global Fund, and a critical leadership void has been filled. The RMC has recently appointed a Global Fund Oversight sub-committee to serve as the Country-Coordinating Mechanism (CCM). This will make it possible for us to initiate the efforts outlined in the SA Global Fund Country Collaboration project productively and meetings are underway with the SANAC CEO and others to define how to best further the efforts of increasing coordination between

PEPFAR and Global Fund funded programs and maximize program performance for Global Fund supported activities. Our plans are to support a toolbox (an electronic platform for data sharing), an operational structure (a national Program Management Unit), direct technical assistance to Primary Recipients for program management, and additional efforts to strengthen the RMC's capacity to provide oversight for program implementation. We are coordinating with a number development partners in this effort and with the regional Technical Support Facility. Our membership on the RMC has greatly facilitated this effort.

Medical Education Partnership Initiative/Nursing Education Partnership Initiative

The Medical Education Partnership Initiative (MEPI) supports two programs in South Africa, the University of KwaZulu Natal's, "Enhancing Training, Research Capacity and Expertise in HIV Care" (ENTREE) and the "Stellenbosch University Rural Medical Education Partnership Initiative" (SURMEPI) program. The UKZN program elements include increasing the competency of medical, nursing, and pharmacy students in the management of HIV/AIDS and of medical interns/house-officers through the development of a program of master trainers to support/enhance the internship experience and in so doing attract medical trainees to return to the urban and rural academic and non-academic clinical service centers where they trained; develop and support a program of research to enhance skills in research methodology and research implementation with particular emphasis on HIV and related complications; develop a program to promote retention of academic and research staff by providing a research career pathway and research support; and develop a postgraduate medical development unit within the Nelson R Mandela School of Medicine with seed funding support from the Department of Health training grant. The SURMEPI program aims to expose medical students and lecturers to distant learning in rural environments. The PEPFAR supported program is located at the rural campus in Worcester in the Winelands district of the Western Cape Province. The SURMEPI program has the following themes: increasing the numbers of health care workers trained; retaining health care workers over time and in areas where they are most needed; investing in regionally relevant research; and encouraging and supporting knowledge development of rural community based Integrated Primary Care programs. South Africa also participates in the General Nurse Capacity Building Program by strengthening general nursing through HIV in-service training to nurses.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	5,300,000	2009	UNAIDS Report on the global			

			AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	18	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	330,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	310,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults	340,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults and children	390,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated number of pregnant women in the last 12 months	1,085,000	2009	State of the World's Children 2011, UNICEF.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	260,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards			

			universal access: progress report 2011			
Number of people living with HIV/AIDS	5,600,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	1,900,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	2,500,000	2010	Global HIV/AIDS response: epidemic update and health sector progress towards universal access: progress report 2011			
Women 15+ living with HIV	3,300,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

Number	Goal / Objective Description	Associated Indicator Numbers	Associated Indicator Labels
1	PREVENT NEW HIV AND TB INFECTIONS		
1.1	Expand biomedical and behavioral		

	prevention interventions that address the various drivers of the epidemics		
1.2	Reduce vulnerability to HIV and TB infection, especially focusing on the needs of infants, girls and women		
1.3	Increase the number of persons who know their HIV and TB status and link them to appropriate services		
2	INCREASE LIFE EXPECTANCY AND IMPROVE THE QUALITY OF LIFE FOR PEOPLE LIVING WITH AND AFFECTED BY HIV AND TB		
2.1	Expand integrated treatment, care, and support services		
2.2	Decrease infant, child and maternal mortality due to HIV & AIDS and TB		
2.3	Mitigate the impact of HIV & AIDS and TB on individuals, families and communities, especially orphans and vulnerable children		
3	STRENGTHEN THE EFFECTIVENESS OF THE HIV AND TB RESPONSE SYSTEM		
3.1	Strengthen and improve access to institutions and services, especially primary institutions		
3.2	Strengthen the use of quality epidemiological and program information to inform planning, policy and decision making		
3.3	Improve planning and management of human resources to meet the changing needs of the epidemic		
3.4	Improve health care and prevention financing		

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

In what way does the USG participate in the CCM?
Voting Member

What has been the frequency of contact between the Global Fund Secretariat (Fund Portfolio Manager or other Geneva-based staff) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
7+ times

What has been the frequency of contact between the Local Fund Agent (LFA) and any USG team members in the past 12 months? If there has been no contact, indicate the reason.
1-3 times

Has the USG or is the USG planning to provide support for Round 11 proposal development? Support could include staff time, a financial contribution, or technical assistance through USG-funded project.
CCM is not planning to submit proposals

Are any existing HIV grants approaching the end of their Phase 1, Phase 2, or RCC agreement in the coming 12 months?
No

In your country, what are the 2-3 primary challenges facing the Global Fund grant implementation and performance (for example, poor grant performance, procurement system issues, CCM governance/oversight issues, etc)? Are you planning to address those challenges through any activities listed in this COP?
Redacted

Did you receive funds for the Country Collaboration Initiative this year?
Yes

Is there currently any joint planning with the Global Fund?
Yes

If Yes, please describe how the joint planning takes place (formal/informal settings; the forums where it takes place (CCM?); timing of when it takes place (during proposal development, grant negotiation, COP development, etc.); and participants/stakeholders). Also describe if this joint planning works well and its effects (has it resulted in changes in PEPFAR programming, better anticipation of stock-outs and/or TA needs, better communication with PR, etc.)
Redacted

Has the USG stepped in to prevent either treatment or service disruptions in Global Fund financed programs in the last year either during or at the end of a grant? Such assistance can take the form of providing pharmaceuticals, ensuring staff salaries are paid, using USG partners to ensure continuity of treatment, , or any other activity to prevent treatment or service disruption.

Public-Private Partnership(s)

Created	Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
	Mothusimpilo (JHUCCP)		Gold Fields, Pfizer			Private sector contribution to Mothusimpilo including staff, drugs, vehicle, equipment, facilities and office space.
	Strengthening Public Sector HIV Testing, Care and Treatment Capacity in Mpumalanga (Xstrata and ReAction!)		Xstrata			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.
	Sex Tips for Girls (JHUCCP)		E-TV			E-TV is matching USAID/PEPFAR contributions for media time purchased
	African Health Placements (AHP) (Foundation for Professional Development)		Atlantic Philanthropies			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.
	First National Bank (HPCA)		First Rand Bank			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.
	Household Water Purification System Pilot (MCDI)		Vestergaard Frandsen Inc.			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.
	BMW Community-Based Testing (Right to Care)		TBD			BMW South Africa and RTC Community-Based HIV testing: As part of their corporate social responsibility program, BMW South Africa has agreed to partner with Right to Care to extend the HIV testing program accessible to its workforce to the community in

						which they live. In particular HIV prevention and HIV testing will be performed in the community of Soshanguve North of Pretoria where BMW has the local manufacturing facility. The format of the HIV education and testing will include a community mobilization campaign, education campaign in schools and community centers, engaging the community and religious leaders. The campaign will lead up to visible HIV testing days and door-to-door home based testing campaigns. BMW South Africa will

						provide logistic and financial support to the campaign with direct payments for the cost of both the mobilization campaign and home based testing. BMW South Africa and RTC Community-Based HIV testing: As part of their corporate social responsibility program, BMW South Africa has agreed to partner with Right to Care to extend the HIV testing program accessible to its workforce to the community in which they live. In particular HIV prevention and HIV testing will be performed in the community of Soshanguve North of Pretoria

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						campaign and home based testing.
	BMW Health Care Infrastructure (Right to Care)		TBD			BMW South Africa CSI and Right to Care Health Care Infrastructure: BMW South Africa is reviewing its corporate social responsibility campaign targeting the support of the HIV and TB program of the Department of Health, particularly in the Western Cape rural district of Overberg. The support would take the form of a financial contribution which is matched by PEPFAR funds for the construction of a treatment site. The local government of Overstrand has

						already agreed to donate three hectares of land near the Zwelihle Squatter camp, providing low-cost and informal housing to a population of approximately 40,000 individuals with an HIV rate of 18%, and TB rate of more than 1,500/100,000/annum. The contribution BMW will make is currently under review by the board of the company, and will be a direct monetary investment. In addition, the Department of Health will provide personnel to support the establishment of the HIV diagnosis and

						treatment site. This site will be ideally suited to be a demonstration site for a “Test and Treat” strategy. BMW South Africa CSI and Right to Care Health Care Infrastructure: BMW South Africa is reviewing its corporate social responsibility campaign targeting the support of the HIV and TB program of the Department of Health, particularly in the Western Cape rural district of Overberg. The support would take the form of a financial contribution which is matched by PEPFAR funds

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						provide personnel to support the establishment of the HIV diagnosis and treatment site. This site will be ideally suited to be a demonstration site for a “Test and Treat” strategy.
	Brothers for Life (JHUCCP)		TBD, E-TV , South Africa Broadcasting Corporation (SABC)			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			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 that cover the following aspects of HIV and AIDS management: Education, communication and awareness, prevention of HIV infections, on-site HIV

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						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 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 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 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 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 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 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.
	Football for an HIV Generation South Africa (Grassroots)		TBD, Castrol, Football for Hope (FFH), Microsoft, Nike, Sony			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 (Redacted). 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
	Mindset Health (JHUCCP)		Intelsat , Telkom			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 Health Solutions (Right to Care)		Vodacom			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.
	North West Province Down-Referral Program (BroadReach)		Broadreach, TBD			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 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

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						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.
	Post-graduate Diploma in the Management of HIV/AIDS in the World of Work (Health Policy Initiative)		TBD			Since 2003, HPI has collaborated with the University of Stellenbosch (SUN) in the implementation of the accredited Post-graduate Diploma in the Management of

						HIV/AIDS in the world of work. Each year an average of 250 individuals from South Africa and abroad participate in the eLearning diploma. The course is 17 modules, facilitated by SUN and other organizations, including Futures Group (HPI). SUN provides its own resources for the maintenance of the virtual eLearning web forum, the venues for the satellite teaching, and coordination and logistics, through the Dean's time and his staff. In addtion, the Dean facilitates the Policy module. SUN marks the Policy module and HPI

						marks the gender module, per the HPI/SUN agreement. Since 2003, HPI has collaborated with the University of Stellenbosch (SUN) in the implementation of the accredited Post-graduate Diploma in the Management of HIV/AIDS in the world of work. Each year an average of 250 individuals from South Africa and abroad participate in the eLearning diploma. The course is 17 modules, facilitated by SUN and other organizations, including Futures Group (HPI). SUN provides its own resources for the maintenance of

						the virtual eLearning web forum, the venues for the satellite teaching, and coordination and logistics, through the Dean's time and his staff. In addtion, the Dean facilitates the Policy module. SUN marks the Policy module and HPI marks the gender module, per the HPI/SUN agreement.
	Private Sector Leaders Program (Health Policy Initiative)		TBD, South African Business Coalition on HIV and AIDS			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.
	Scrutinize (JHUCCP)		TBD, E-TV , South Africa Broadcasting Corporation (SABC)			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. Redacted 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 Redacted. Various outdoor media companies are providing added value for outdoor media
	Sports for Health (Mpilonhle)		Chelsea Foundation, Los Angeles Futbol Club			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. Redacted 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 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 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. Redacted 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.
	University Emerging Leaders Program (Health Policy Initiative)		TBD			In COP 08, Futures Group (HPI) collaborated with two business schools, University of KwaZulu-Natal and Northwest University, in the integration of HIV into existing Masters of Business Administration courses. The course targets executive and senior managers within the public and private sector. It aims to provide capacity and guide the leaders to make

						informed evidence-based policy decisions for HIV/AIDS in the workplace. Each university signs a memorandum of understanding with HPI at the beginning of implementation that details the responsibilities of each organization. In addition, it outlines that this program is intended to be structured so that HPI provides support to the universities for a specified amount of time and subsequently the universities will implement the program following HPI's phase out. The universities provide support to the program in the design of the

						manuals, the provision of a venue for instruction, coordination, and administrative assistance. In COP 08, Futures Group (HPI) collaborated with two business schools, University of KwaZulu-Natal and Northwest University, in the integration of HIV into existing Masters of Business Administration courses. The course targets executive and senior managers within the public and private sector. It aims to provide capacity and guide the leaders to make informed evidence-based

						policy decisions for HIV/AIDS in the workplace. Each university signs a memorandum of understanding with HPI at the beginning of implementation that details the responsibilities of each organization. In addition, it outlines that this program is intended to be structured so that HPI provides support to the universities for a specified amount of time and subsequently the universities will implement the program following HPI's phase out. The universities provide support to the program in the design of the manuals, the provision of a

						venue for instruction, coordination, and administrative assistance.
	University Faculty Leaders Program (Health Policy Initiative)		TBD			DUT has identified the need to integrate HIV into their coursework and therefore wants to provide a leadership program for its faculty members. Futures Group (HPI) will develop a curriculum in 2009-2010 and implement the curriculum with DUT in that year and subsequent years with DUT becoming the implementer of the curriculum after a specified amount of time. DUT will provide coordination, design, printing, and venue for the

						implementation of the curriculum. DUT has identified the need to integrate HIV into their coursework and therefore wants to provide a leadership program for its faculty members. Futures Group (HPI) will develop a curriculum in 2009-2010 and implement the curriculum with DUT in that year and subsequent years with DUT becoming the implementer of the curriculum after a specified amount of time. DUT will provide coordination, design, printing, and venue for the implementation of the

						curriculum.
	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.
	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.
2011 APR	F4 South Africa/MACS AIDS		MAC AIDS			Support for Generation Skillz
2011 APR	F4 South Africa/Anglo American		Anglo American			Support for HCT events (Skillz Tournaments)
2011 APR	F4 South Africa/Pioneer Foods		Pioneer Foods			In-Kinds food donations for Skillz Holiday Programs
2011 APR	F4 South Africa/Laureaus		Laureus Foundation			Support for the Africa

	Foundation					Leadership Program (ALP). GRS staff development
2011 APR	F4 South Africa/Elton John AIDS Foundation		Elton John AIDS Foundation			Support for Skillz Street Interventions and overall management
2011 APR	F4 South Africa/Ford Foundation		Ford Foundation			Spending on our 3-year Gender grant
2011 APR	F4 South Africa/Absa Bank		Absa Bank			Support for programs in Gansbaai in Western Cape
2011 APR	F4 South Africa/Comic Relief		Comic Relief			Support for Generation Skillz curriculum and Evaluation
2011 APR	F4 South Africa/Grassroot Soccer		Grassroots Soccer			GRS unrestricted resources, in-kind value for volunteers and other small grants.
2011 APR	F4 South Africa/Nike		Nike			Includes cash and in-kind contribution from Nike South Africa
2011 APR	Food Gardening Tunnels		ChemCity			ChemCity is providing CWSA with technical support in the

						establishment and oversight of food tunnels established at all Asibavikele sites
2011 APR	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.
2011 APR	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)
2011 APR	Hospice Data Management System (HMDS)		Pragasen Naicker			Technical Expertise provided as an in-kind donation
2011 APR	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.
2011 APR	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.
2011 APR	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.
2011 APR	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.
2011 APR	PMTCT		Johnson			In FY 2011,

	Support/Bickerstaff, Johnson and Johnson		and Johnson, Bickerstaff Family Foundation			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.
2011 APR	Project Promote National Condom Distribution Program		BidAIR, Fidelity Supercare, HESA, Prestige Group, SAB, SABCOHA, Steiner Group			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.
2011 APR	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.
2011 APR	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.
2011 APR	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.
2012 COP	PPP: integrating water and sanitation into HIV/AIDS programs, nutrition	14292:PPP: Integrating Water and Sanitation into HIV/AIDS Programs, Nutrition	Coca-Cola	447,678	500,000	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.
2012 COP	Asibavikele		DELL Foundation	0	120,000	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.
2012 COP	Increasing Services for Survivors of Gender Based Violence	14623:Increasing Services to Survivors of Sexual Assault	MAC AIDS	919,436	2,000,000	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.
2012 COP	Skillz Health Initiative: Sports based interventions to strengthen combination HIV prevention in at risk South African communities		Nike, Comic Relief, MAC AIDS	0	1,290,437	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.
2012 COP	Africa Health Placements	16981:Africa Health Placements NPC	Atlantic Philanthropies, DeBeers, Anglo American	0	2,492,307	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.
2012 COP	Utah/Nyathi		Buffelshoek	0	500,000	The Ndlovu Care

	clinic		Trust, Department of Health/Mpumalanga, Royal Netherlands Embassy			Group will 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 costs 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.
2012 COP	Ikhwezi mHealth: Mobile technology for HIV/AIDS in South Africa Mobile technology for HIV/AIDS in South Africa	17043:Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program	TBD, Cell Life, Vodacom Foundation, GeoMed, Praekelt Foundation	Redacted	Redacted	This three-year, information, communication, and technology (ICT) for HIV/AIDS program uses mobile technology to support the South African Government's response to HIV/AIDS. Mobile heath (mHealth) technologies are implemented on a national scale in South Africa,

						supporting a broad spectrum of HIV-related interventions, namely: prevention, diagnostic, treatment, patient support and overall health systems strengthening.
2012 COP	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.
2012 COP	Mobile Alliance for Maternal Action	17043:Ikhwezi MAMA - Monitoring & Evaluation & Vodacom Ikhwezi mHealth Program	Johnson and Johnson, mHealth Alliance, UN Foundation, Baby Center	0	1,000,000	MAMA, a partnership between Wits Reproductive Health Institute (WRHI), Cell-Life, and Praekelt Foundation and largely funded by Johnson and Johnson, harnesses 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.
2012 COP	Lesedi-Lechabile Primary Care		TBD, GIF Mining, Harmony Mines	Redacted	Redacted	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.
2012 COP	Mothusimpilo		Gauteng Provincial Department of Health, Driefontein Mine, Anglo Gold Ashanti	165,000	179,586	This is a PPP between the Department of Health (DoH), Driefontein mine and Ashanti. Mothusimpilo works in the high transmission mining area of Carletonville in Gauteng Province. Mobile outreach teams supported by 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.
2012 COP	Life Line Southern Africa	9584:Johns Hopkins University Center for Communication Programs	Limpopo Department, Absa Foundation, Northern Cape	299,000	73,220	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.

2012 COP	Johns Hopkins Health and Education in South Africa		Mediology, South Africa Broadcasting Corporation (SABC), SABC Radio, Mango Airlines	1,312,000	14,543,407	JHHESA partners with Mediology for the broadcast of the Brothers for Life television commercials and a TBD women and girls campaign that promotes HIV prevention . These advertisements are supplemented with an in-kind contribution from the broadcasters. SABC and the Department of Trade and Industry have contributed towards the first series of Intersexions. SABC Radio will cost share with the broadcast of 26 episodes of the radio talk show and 13 episodes of Brothers for Life on 11 SABC

						radio stations. JHHESA partners with Mango Airlines for 20 free flights per annum.
2012 COP	Development, implementation, and evaluation of a comprehensive HIV prevention program for mobile populations, focusing on truck drivers and commercial sex workers.	13567:GH1151	Bill and Melinda Gates Foundation	750,000	1,000,000	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.
2012 APR	Xstrata (Current CDC PPP ending in June 2012). The No Cost Extension of 6 months was granted and revised NOA was issued to the grantee.					"Reaction! provides comprehensive TB/HIV/AIDS care support in selected districts located in three provinces i.e. Mpumalanga, Northern Cape and North West. In the two latter provinces, they provide community based support. Reaction! has been receiving PEPFAR funding to implement its projects since 2007 and has established working relationship with

						mining and other private companies in the areas of operation. The program includes Adult and pediatric treatment; adult and pediatric care & support; HIV counseling & testing; TB services; orphans & vulnerable children; and healthy systems strengthening. The support has been increasing consistently and it includes PMTCT. Reaction! implements Private-Public Mix model and receives support from the mining companies. They have built strong relationship with some of the mining and other private

						companies in their areas of operation. Reaction! has established a strong working relationship with SAG from district to provincial level. The provision o

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
N/A	20K(+)	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing	N/A
N/A	3 I's project	Evaluation	General Population	Implementation	N/A
N/A	5-site survey	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	Adherence to dual TB therapy	TB/HIV Co-Surveillance	General Population	Implementation	N/A
N/A	Assessing maternal substance use during pregnancy in women attending midwife obstetrics units (MOUs)	Evaluation	Pregnant Women	Implementation	N/A
N/A	Assessing retention and long-term maternal and child	Evaluation of ANC and	Pregnant Women	Publishing	N/A

	health outcomes following PMTCT	PMTCT transition			
N/A	Assessment of HIV counseling and testing services in SA	Evaluation	General Population	Implementation	N/A
N/A	Assessment of partners/couples HIV testing in municipal clinics	Evaluation	Other	Data Review	N/A
N/A	Assessment of pediatric care status	Evaluation	Other	Publishing	N/A
N/A	Baseline survey of CSW at drinking establishments in Gert Sibande	Evaluation	Female Commercial Sex Workers	Development	N/A
N/A	Best practice for TB patients	TB/HIV Co-Surveillance	General Population	Publishing	N/A
N/A	Capacity assessment of mental health services	Evaluation	General Population	Publishing	N/A
N/A	Care giver competency assessment	Evaluation	Other	Implementation	N/A
N/A	CHIP	HIV-mortality surveillance	Pregnant Women	Publishing	N/A
N/A	Client (pre-and post-intervention) in Mpumalanga	Evaluation	Pregnant Women	Publishing	N/A
N/A	Community-based surveys	Population-based Behavioral Surveys	General Population	Other	N/A
N/A	Cost and outcomes of different delivery models for ART	Evaluation	General Population	Publishing	N/A
N/A	Drug resistance Surveillance in Out patients	TB/HIV Co-Surveillance	General Population	Data Review	N/A

N/A	Drug Resistance Surveillance-inpatients	TB/HIV Co-Surveillance	General Population	Implementation	N/A
N/A	Drug Resistance Survey (TB)	TB/HIV Co-Surveillance	General Population	Development	N/A
N/A	Economic outcomes of patients on treatment	Evaluation	Other	Publishing	N/A
N/A	EDR Web	TB/HIV Co-Surveillance	General Population	Implementation	N/A
N/A	ETC.net	TB/HIV Co-Surveillance	General Population	Implementation	N/A
N/A	Evaluation of interventions	Evaluation	General Population	Publishing	N/A
N/A	Focus group for feedback of HIV test results in home	Qualitative Research	General Population	Publishing	N/A
N/A	Group for Enteric, Respiratory and Meningeal surveillance	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Publishing	N/A
N/A	Health Systems Strengthening for early treatment	Evaluation	Pregnant Women	Planning	N/A
N/A	HIV Evaluation Activities with High Risk Underserved Populations	Population-based Behavioral Surveys	Other	Planning	N/A
N/A	Household risk assessment survey (HRA)	Population-based Behavioral Surveys	General Population	Publishing	N/A
N/A	iMatter Learner Survey	Population-based	Other	Development	N/A

		Behavioral Surveys			
N/A	iMatter Teacher Survey	Population-based Behavioral Surveys	Other	Implementation	N/A
N/A	Impact of Male circumcision	Evaluation	Other	Planning	N/A
N/A	Implementation and evaluation of an optimised model for scaling up TB/HIV intengration at primary care clinics in Ekurhuleni North sub-district , South Africa	Evaluation	General Population	Implementation	N/A
N/A	Initiation (Traditional) of men in the Eastern Cape	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	Integrated biological behavioral survey	Population-based Behavioral Surveys	Migrant Workers	Publishing	N/A
N/A	Integration of HIV/Family planning pilot	Evaluation	General Population	Implementation	N/A
N/A	Lost of initiation	AIDS/HIV Case Surveillance	General Population	Publishing	N/A
N/A	Marang-Discordant couples assessment project	Population-based Behavioral Surveys	General Population	Other	N/A
N/A	Maternal and Infant Mortality Surveillance	HIV-mortality surveillance	Other	Planning	N/A
N/A	Mentorship program assessment	Evaluation	Other	Implementation	N/A
N/A	Molecular surveillance	HIV Drug	General	Publishing	N/A

		Resistance	Population		
N/A	MSM project	Population-based Behavioral Surveys	Men who have Sex with Men	Implementation	N/A
N/A	National survey on Effectiveness of PMTCT	Evaluation of ANC and PMTCT transition	Other	Publishing	N/A
N/A	NCS	Population-based Behavioral Surveys	General Population	Publishing	N/A
N/A	Occupational stress in KZN HIV/AIDS counselors (Health Professionals)	Evaluation	Other	Implementation	N/A
N/A	Outcomes of XDR-TB	TB/HIV Co-Surveillance	General Population	Publishing	N/A
N/A	Patient Outcome Score	Evaluation	General Population	Publishing	N/A
N/A	Patient outcomes at Richmond Hospital	TB/HIV Co-Surveillance	General Population	Implementation	N/A
N/A	PCR systems analysis	Laboratory Support	Other	Publishing	N/A
N/A	Perceptions and beliefs around acquisition on HIV	Qualitative Research	Pregnant Women	Planning	N/A
N/A	Pharmocovigilance activities	Other	General Population	Planning	N/A
N/A	PIP	Evaluation of ANC and PMTCT transition	Pregnant Women	Publishing	N/A
N/A	PMCT	Evaluation of	General	Publishing	N/A

		ANC and PMTCT transition	Population		
N/A	PMTCT expansion	Evaluation of ANC and PMTCT transition	Pregnant Women	Implementation	N/A
N/A	Prescriptions record review	Evaluation	Other	Publishing	N/A
N/A	Prevention of violence against women	Population-based Behavioral Surveys	General Population	Publishing	N/A
N/A	Provider initiated TB screening (PITS)	TB/HIV Co-Surveillance	Other	Planning	N/A
N/A	Rapid assessment of drug use and sexual HIV risk patterns	Population-based Behavioral Surveys	Female Commercial Sex Workers	Implementation	N/A
N/A	Rapid Assessment of the Extent to Which KAP of Maternal Nutrition IYCF in the Context of PMTCT	Qualitative Research	Pregnant Women	Publishing	N/A
N/A	RDS-Men	Population-based Behavioral Surveys	Other	Publishing	N/A
N/A	RDS-Migrants	Population-based Behavioral Surveys	Other	Development	N/A
N/A	RDS-Women with multiple partners	Population-based Behavioral Surveys	Other	Publishing	N/A

N/A	Relationship between substance abuse, health status and health behavior of patients attending HIV clinics	Evaluation	General Population	Data Review	N/A
N/A	Service quality metrics	Evaluation	General Population	Implementation	N/A
N/A	Surveillance of HIV Positive pre-aRT	AIDS/HIV Case Surveillance	General Population	Planning	N/A
N/A	Surveillance Patterns of EID: Monitoring number and results of the infant diagnostic test	Evaluation	General Population	Publishing	N/A
N/A	TB HIV Activity Assessment (Health Professionals)	Evaluation	General Population	Implementation	N/A
N/A	TB Prevalence Survey	TB/HIV Co-Surveillance	General Population	Planning	N/A
N/A	TB screening at correctional facilities	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Data Review	N/A
N/A	Traditional initiation	Population-based Behavioral Surveys	General Population	Data Review	N/A
N/A	Treatment and adherence to dual therapy	TB/HIV Co-Surveillance	General Population	Data Review	N/A

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHP-State	GAP	GHP-State	GHP-USAID	
DOD			2,713,540		**2,713,540**
HHS/CDC	9,729,351	4,043,000	189,931,164		**203,703,515**
HHS/HRSA			8,063,084		**8,063,084**
HHS/NIH			2,913,145		**2,913,145**
PC			2,375,000		**2,375,000**
State			3,803,514		**3,803,514**
State/AF			1,490,000		**1,490,000**
USAID	0		298,679,053	0	**298,679,053**
Total	**9,729,351**	**4,043,000**	**509,968,500**	**0**	**523,740,851**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	HHS/NIH	PC	USAID	AllOther	
CIRC	72,107	1,046,364	34,409,368				41,244,632		**76,772,471**
HBHC	160,288	0	11,414,505			176,375	22,424,990	345,000	**34,521,158**
HKID	865,764		3,025,000			296,975	37,723,288	1,145,000	**43,056,027**
HLAB	72,107		5,879,397						**5,951,504**
HTXD	72,107	1,046,364	0		830,123		5,485,422		**7,434,016**
HTXS	72,107	161,362	49,719,565		1,312,924		82,074,157		**133,340,115**
HVAB	72,107	73,182	4,667,963			224,175	14,444,829		**19,482,256**
HVCT	72,107	83,313	9,893,063				5,504,918		**15,553,401**
HVMS	1,831,383	68,182	8,059,682			1,453,300	6,280,160		**17,692,707**
HVOP	72,107	234,773	17,816,412	750,000		224,175	12,746,291		**31,843,758**

HVSI	76,451		10,637,216				5,873,941		**16,587,608**
HVTB	72,107		17,523,300	775,377			14,893,761		**33,264,545**
MTCT	72,107	0	12,770,582				19,840,945		**32,683,634**
OHSS	76,451		7,431,662	6,537,707	750,000		13,749,695		**28,545,515**
PDCS	72,107		2,429,003				3,700,837		**6,201,947**
PDTX	72,107		8,026,797		20,098		12,691,187		**20,810,189**
	3,803,514	**2,713,540**	**203,703,515**	**8,063,084**	**2,913,145**	**2,375,000**	**298,679,053**	**1,490,000**	**523,740,851**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	34,521,158	0
HKID	43,056,027	0
HVTB	33,264,545	0
PDCS	6,201,947	0
Total Technical Area Planned Funding:	**117,043,677**	**0**

Summary:
Overview of HIV in South Africa

South Africa has a population of approximately 50 million people and 5.6 million HIV positive people due to a generalized HIV epidemic that accounts for 17% of the global burden of HIV & AIDS. The epidemic in South Africa has stabilized over the last four years with a national antenatal prevalence of around 30%. South Africa currently ranks the third highest in the world in terms of TB burden, with an incidence rate that has increased by 400% over the past 15 years. The disease burden for HIV and TB is set on the backdrop of a public health infrastructure and system that faces several challenges including significant human resource needs; poor health outcomes; lack of effective information management at all levels of the public healthcare system; inadequate linkages between community resources and healthcare facilities; and ineffective coordination among national and provincial Departments of Health, and district and local health management teams.

In response to these challenges, the South African government (SAG) renewed its commitment to scale up the national response to HIV and TB through targeted campaigns and new policies and strategies. In 2010, the National Department of Health (NDOH) initiated the National HIV Counseling and Testing campaign that tested 15 million South Africans over 15 months and scaled-up antiretroviral treatment (ART) so that 1.4 million South Africans are now on ART (21% of those on ART globally). In 2011, NDOH initiated Primary Health Care Re-Engineering to increase access to quality comprehensive health care services through the approximately 4,000 primary health care facilities. Coupled with this effort, the NDOH has also made decentralization of ART services to the primary healthcare level a priority; thereby increasing access to HIV Care and Treatment and integrating it with other services such as TB and maternal and child health that are delivered at the primary health care level. The Primary Health Care Re-engineering plan focuses on a three stream approach (a) a ward based PHC outreach team for each municipal ward; (b) strengthened school health services; and (c) district based clinical specialist teams with an initial focus on improving maternal and child health. The PHC re-engineering streams (a) and (b) align with PEPFAR SA objectives.

In December 2011, SAG launched the new National Strategic Plan on HIV, STIs, and TB 2012-2016 (NSP) that outlines national strategic multi-sectoral objectives for the next 5 years and reaffirms the

country's commitment to preventing and mitigating the impact of the HIV and TB epidemics and scaling up the national prevention and treatment response across all sectors. The NSP defines several priorities for care and support under Strategic Objectives 2 and 3 – Preventing new HIV, STI, and TB infections and Sustaining Health and Wellness, respectively. These include preventing TB infection and diseases through intensified TB case finding, TB contact tracing, TB infection control, isoniazid preventive therapy (IPT), and prevention of drug-resistant TB; implementing targeted programs of HIV, STI, and TB screening and support for key populations; implementing a patient centered pre-ART package for PLHIV not requiring ART; ensuring all people living with HIV with CD4 counts < 100 are screened and treated for cryptococcal infection; screening for cervical cancer; and integration of HIV and TB care with an efficient chronic-care delivery system.

The SAG has committed approximately $715 million to the expanded NDOH HIV/AIDS program in fiscal year 2011/12 with much of the funding earmarked for procurement of ARVs. The NDOH budget for HIV has increased by 153% over the last few years, to support the expanded access and scale up of antiretroviral services, decentralization of ART and other HIV/TB services, and PHC re-engineering.

The United States government (USG) has partnered with the SAG since 2004 to respond to the HIV/TB epidemic. By the end of FY 2011, 2,400,400 individuals (of whom 527,664 are under 18 years of age) received care services through PEPFAR support, 1,814,400 received clinical care, and 73,000 were started on TB treatment. Of the 1.4 million on antiretroviral treatment (ART) in South Africa (UNAIDS 2011), 1,139,500 were on treatment through PEPFAR support. Of these 104,109 were children under the age of 15, accounting for 9% of those on treatment through PEPFAR support.

In December 2010, PEPFAR SA affirmed its support for the SAG's initiatives by signing the five year SA – U.S. Partnership Framework 2012-2017 (PF) to improve the effectiveness and sustainability of the SA national HIV and TB response. The PF lays the foundation for transitioning PEPFAR SA from an emergency response to a sustainable and country owned response. The PF outlines three goals: (1) prevent new HIV and TB infections; (2) increase life expectancy and improve the quality of life for people living with and affected by HIV and TB; and (3) strengthen the effectiveness of the HIV and TB response system. PEPFAR SA's care and treatment program will continue to work with the SAG to increase life expectancy and improve the quality of life of people living with and affected by HIV and TB.

In 2011 at the request of the SAG and in support of the Primary Health Care Re-engineering and District Health System strengthening, PEPFAR SA undertook an Alignment process of all the implementing partners providing clinical services designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts to ensure uniform coverage and eliminate duplication. One of the key mandates of these DSPs is to build the capacity of District Management Teams (DMTs) through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs) that will guide clinical services and PEPFAR SA capacity building to support clinical service delivery in the district. The DSPs will maintain the clinical services they currently provide and coordinate the progressive transition of these services to the primary health care facilities.

The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation

plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHCs and other facilities to implement the NDOH Tier 1 and 2 reporting system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes. In addition, they will assist the districts to implement some of the recommendations of the NDOH District facility assessment. The NDOH has completed an audit of 3,336 of the 4,210 health care facilities to date and the NDOH will work with provincial DOHs to improve financial management, information technology, facility infrastructure and clinical engineering, human resources for health (HRH), pharmacy technician development, and health system management. This project will be rolled out in several pilot districts in the next year.

The SAG has requested that clinical care and treatment services be shifted to the SAG public health system as these are the inherent responsibility of the Department of Health; therefore, a primary goal of the PEPFAR SA team over the next five years will be to transition clinical services and the funding responsibility to the SAG. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the SAG DOH public health system, and the shift from direct care and treatment service delivery to technical assistance rooted in identified needs of the SAG for health system strengthening and capacity building. This transition is likely to occur at a different pace, and may also require different approaches, in each of the 9 provinces. During this transition, both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption.

Overview of Care and Support

Over the past two years, HIV Care & Support the program has increased emphasis on early diagnosis and easy access to the different aspects of care. Pre-ART services were strengthened and PLHIV support group activities established in order to enroll and retain people in care and reduce loss to follow up, even among patients who are not yet eligible for ART. More systematic screening for TB, STIs, cervical cancer, cryptococcal meningitis, and other opportunistic infections has allowed for better management of such conditions. Services like cotrimoxazole prophylaxis and isoniazid preventive therapy (IPT) were improved and a stronger nutrition support program was developed. The management of TB/HIV was strengthened by the development and distribution of a practical guide for TB and HIV service integration at PHC facilities. PEPFAR SA is also supporting the development of the decentralized MDR TB management; the program has been strengthened by introduction of Gene Xpert to support intensified case finding in priority TB districts. While many of the programs still have a strong focus on adults, a lot was done to improve specific programs and services for adolescents and children. In particular, significant progress was made to consolidate achievements in the field of OVC support and to start building local capacity to sustain existing services. Overall, in FY 2011, a total of 2,400,400 individuals (of which 527,664 were under 18 years of age) received care services through PEPFAR SA suppport. Of these, 1,814,400 received clinical care and the number of people living with HIV and AIDS started on TB treatment was 73,200. A total of 1,139,500 (a subset of those who received a clinical care) people were on treatment through PEPFAR SA support. Of these, 104,109 were children under the age of

15, accounting for 9% of the total number of people on treatment through PEPFAR SA support.

The following specific care & support program objectives are consistent with the NSP priorities and will guide our activities for the next two years:

- Implement patient-centered pre-ART package
- Improve early identification of PLHIV, linkages, and retention into care & support
- Intensify screening and effective management of opportunistic infections
- Improve the uptake of IPT
- Improve coverage of cotrimoxazole preventive therapy
- Continue the strengthening of DOTS and the 5 “I”s for TB
- Establish Positive Health Dignity and Prevention services
- Improve quality of life, through pain and symptom management
- Expand nutrition assessment, counseling and support (NACS)
- Continue building systems and capacity for OVC service delivery
- Strengthen community services to expand access to care and support
- Strengthen M&E for care and support programs

PEPFAR SA Care and Support implementing partners are aligned with the NDOH health districts, sub-districts, and public health facilities and provide technical assistance to strengthen the availability and quality of service delivery. Other partners develop the capacity of NGOs and CBOs to expand high quality Care and Support services at the community level and to promote long term sustainability. These implementing partners are either the district (or sub-district) support partners, specialized partners that provide assistance more broadly across the province in areas such as TB, or community based organizations that provide a range of services at the community level including care and support for orphans and vulnerable children (OVC).

PEPFAR SA implementing partners will continue to provide both facility- and community-based services that include early identification, linkage, and retention of PLHIV into Care and Support and Treatment programs. These programs aim at extending and optimizing the quality of life for PLHIV and their families through the provision of clinical, psychosocial, spiritual, and prevention services. These implementing partners will progressively transition their activities from direct service delivery to providing specific technical assistance to the SAG based upon SAG needs.

The Technical Assistance model will focus on activities to build capacity of the SAG to deliver care and support services through mentoring, supervision, preceptorship, and training by the PEPFAR-SA implementing partners. PEPFAR-SA implementing partners will engage in the following activities that will be modified over time as capacity building needs are met:

- Work with the Regional Training Centers to train health care workers of all categories, especially nurses on NIMART and community health workers using standardized curricula.
- Support the roll-out of the PHC Re-Engineering Plan and ensure provision of user- (mother-child, baby, and adolescent) friendly and integrated services at all clinics.
- Support, strengthen, and assist sub-districts, districts, and provinces to roll out guidelines through joint activity plans, technical assistance, and supervision and training support to facilities, sub-districts, and district management teams.
- Work with the facility, district, and provincial management to transition appropriate staff from PEPFAR-SA supported organizations to the SAG.
- Improve current laboratory monitoring protocols and strengthen laboratory systems working with the SAG.
- Provide technical assistance to the district management teams to identify drug supply and other program related challenges early and develop management and work plans accordingly.
- Support monitoring implementation by training, mentorship, and supervision.
- PEPFAR SA will assist the SAG in implementing national public health screening projects such

as the Cryptococcal Meningitis Screening.

Adult Care and Support

The NDOH's HIV/AIDS Directorate has embarked on the process of developing a comprehensive package of Care and Support for PLHIV, with the technical assistance of PEPFAR SA. While this process is ongoing, PEPFAR SA is already involved in the implementation of all services that will ultimately make up this comprehensive care package. PEPFAR implementing partners will continue to strengthen facility- and community-based services for PLHIV to ensure a continuum of Care and Support and to minimize excess morbidity and mortality, as specifically reflected in the NSP Strategic Objective 3: ""Sustain health and wellness." There will be strong emphasis on early identification of HIV-infected individuals and their linkage to and retention in care and treatment.

PEPFAR SA implementing partners collaborate with NDOH on efforts to disseminate, implement and maintain pre-ART registers at all health facilities and to establish a pre-ART program to follow-up all PLHIV prior to initiation on ART and trace early defaulters. An NDOH pre-ART Technical Working Group (TWG) has been established, with PEPFAR staff participation, to develop and test strategies for retention in care and timely initiation on ART (e.g. Point of Care CD4 technology). In order to improve the quality of life of PLHIV, PEPFAR SA will provide support to service providers to routinely screen PLHIV for TB, STIs, other opportunistic infections, and other HIV-related diseases (in particular cryptococcal disease in persons with CD4 count <100 and cervical cancer) and to ensure that all such conditions are managed efficiently and appropriately. All eligible patients will be put on cotrimoxazole prophylaxis and IPT. PEPFAR SA partners will also support the routine assessment and management of pain, mental health, and other aspects of palliative care. Several new PEPFAR awards have been planned for FY 2012 that will allocate funding for the training, mentoring, and supportive supervision for these activities.

PEPFAR SA with NDOH will support the scale up and national roll-out of the Integrated Access to Care and Treatment (I-ACT) program. This program helps newly diagnosed PLHIV understand and come to terms with their diagnosis and stigma issues, build a personal support network, and take ownership of the management of their disease. With the assistance of PEPFAR SA, a national I-ACT Technical Working Group (TWG), chaired by the NDOH HIV/AIDS Directorate, was established to oversee the implementation of this program and to liaise closely with provincial TWGs. Each province has been assigned a PEPFAR SA implementing partner to support coordination, planning, training, mentoring, implementation, and monitoring and evaluation of the program roll-out.

Positive health dignity and prevention (PHDP) interventions have been integrated in all PEPFAR SA care and support activities. The PHDP program aims to reduce further transmission and spread of HIV to uninfected individuals. PHDP guidance and training materials were developed and targeted trainings and early implementation support are underway. PEPFAR SA also supports the implementation of the NDOH Stigma Mitigation Framework for HIV and TB by disseminating the newly developed guidance and providing advocacy and training at province and district level. PEPFAR SA will also continue its work with the NDOH Nutrition Directorate and provinces to strengthen the integration of food and nutrition support in HIV care & treatment programs.

Several PEPFAR SA implementing partners are working closely with NGOs and CBOs that offer services to PLHIV within their communities and homes; thus greatly expanding access to care and support and in line with Primary Health Care Re-engineering. CBOs will be supported to become stronger organizations in general, through organizational assessment and development. In addition, their home-based caregivers and Community Health Workers (CHW) will be supported, through training and mentoring, to conduct home visits and to provide care and support to PLHIV through the provision of basic nursing care, education and promotion activities, counseling and support groups, and targeted activities such as defaulter tracing and treatment adherence support.

PEPFAR SA is involved in the development and implementation of several referral system models for PLHIV to ensure retained within Care and Support including referrals between the community and the health facilities. This will greatly assist the PLHIV and minimize loss to follow-up. Adequate referral systems will become even more relevant in the context of and be strengthened with the roll-out of the PHC re-engineering process. Under the PHC re-engineering strategy, eligible home-based caregivers and other community-based cadres will receive standardized training to upgrade their skills and employed as CHWs. As CHWs will be incorporated in mobile PHC teams and directly linked with local clinics, this will dramatically increase access to health care and HIV/AIDS Care and Support. PEPFAR SA participates in the NDOH's CHW TWG and the South African National AIDS Council's (SANAC) CHW Forum and is assisting with the development of job descriptions, training, mentoring, and supportive supervision programs for CHWs.

Pediatric Care and Support

PEPFAR SA will continue to work with NDOH to strengthen strategies for early infant diagnosis, intensified case finding of HIV-infected children and adolescents, and capacitation of healthcare workers and facilities to better serve this population. Identification of HIV exposed and infected children and adolescents will be increased through strengthening and expanding the follow up at the primary healthcare level and increasing the integration of PMTCT with EPI programs to ensure early infant diagnosis; increasing provider initiated counseling and testing (PICT) in the outpatient setting, as well as inpatient wards; and strengthening linkages to community based programs to ensure patient follow up.

As more pediatric patients are identified, further initiatives are needed to ensure that there are increased service outlets that provide care and treatment services for HIV-infected children and adolescents. PEPFPAR SA will support SAG to further decentralize pediatric and adolescent services to the PHC level. Supporting NIMART training and mentoring on pediatric HIV management will assist with further addressing this need at the PHC level, thereby increasing coverage for these services.

Pediatric Care and Support services are closely aligned with prevention of mother-to-child HIV transmission (PMTCT). PEPFAR SA has adopted the SAG PMTCT program objectives for the next five years and will provide technical assistance in these areas as the SAG works to eliminate mother-to-child transmission. The following are the SAG objectives for PMTCT:

- Strengthen management, leadership, and coordination for an integrated and comprehensive pediatric program within maternal, neonatal, child, and women's health (MNCHWH) services;
- Develop innovative strategies to improve mother-infant pair tracking for HIV-exposed infants;
- Improve quality of pediatric services;
- Strengthen the M&E of the pediatric program;
- Increase awareness and community involvement in pediatric HIV issues (e.g., follow up of HIV-exposed infants); and
- Improve capacity to provide targeted services to adolescents.

PEPFAR SA will enhance collaborative work among pediatric, PMTCT, and MNCWH programs to ensure integration of pediatric HIV services at all levels of the health-care system. In an effort to improve communication, PEPFAR SA will create a PMTCT/Pediatric TWG comprised of implementing partners, NDOH, and other stakeholders to share tools and best practices; improve communication; and support the NDOH.

Strengthening provincial and district health systems is a PEPFAR SA priority. PEPFAR SA partners will prioritize collaboration with the NDOH to strengthen and capacitate provincial and district health teams to monitor and supervise pediatric programs. Implementing partners will develop regional and district approaches to provide preventative care and clinical and community-based services for children,

adolescents, and pregnant women in line with NDOH guidelines. A new information system for improved M&E of mother and baby pairs will be supported by PEPFAR SA.

TB/HIV

There are several SAG policies and guidelines that guide the direction of the TB program in South Africa. The implementation of new rapid-testing technology (GeneXpert); guidelines on infection control, INH prophylaxis, TB management, and MDR/XDR TB; the NSP; and the National PMTCT TB Policy guide a comprehensive and standardized response to the TB epidemic. However, additional policies and guidelines are required to further improve service delivery (e.g., Pediatrics TB policy, point-of-care testing policy).

In recent meetings with the NDOH, a consensus was reached on geographic priorities for TB and specific districts were identified for targeted PEPFAR support. The following criteria were used to select these districts: case finding, treatment outcomes, TB/HIV co-infection rates, MDR/XDR-TB prevalence, smear coverage, and smear conversion rates. This prioritization was necessary to address the major programmatic gaps resulting from resource constraints: staff capacity and training, transportation and lack of mobile services, laboratory-performance, and infection control measures.

The newly launched MDR-TB decentralization policy dictates task-shifting of treatment initiation of TB treatment from clinicians to nurses, and shifts the focus from long-term hospital stays to community-based management of MDR-TB patients. In line with the MDR-TB Policy and PHC-Re-engineering, PEPFAR SA Implementing partners will train health care workers (HCWs) on improved reporting for better data quality and accelerated implementation of the 5 “I”s (intensified TB case finding, Isoniazid preventative therapy, Infection prevention and control, Integration of TB/HIV, and early initiation of ART).

In the next two years the PEPFAR SA TB program activities will align with the following strategic objectives drawn from the NDOH TB strategic plan and the NSP:

- Strengthen the implementation of the DOTS strategy: PEPFAR SA will provide technical and financial resources to support the expansion, integration, and decentralization of HIV and TB services. PEPFAR SA implementing partners have deployed some of their TB/HIV personnel to work at national, provincial, and district levels to provide technical direction, supervision, training, and mentoring.
- Address TB, TB/HIV, and DR-TB: PEPFAR SA implementing partners will assist the SAG to develop policies that address and prevent further development and spread of DR-TB including (a) early diagnosis and treatment of susceptible TB, (b) early detection and effective treatment of all MDR-TB cases, (c) Gene-Xpert to improve identification of MDR-TB and, (d) guaranteed supply of drugs.
- Contribute to health system strengthening: PEPFAR SA implementing partners will assist in improving health management and service delivery required for the provision of quality, client-centered services.
- Work collaboratively with all care providers and other non-PEPFAR agencies: The PEPFAR SA team will work in collaboration with the public and private sectors to ensure accessible and quality-assured TB diagnosis and treatment, including the development of community-based support mechanisms under the guidance of provincial health authorities.
- Coordinate and implement TB research: PEPFAR SA and the implementing partners will support TB/HIV operational research to enhance the implementation of existing interventions and programs, as well as the development of innovative new approaches for the prevention, diagnosis, treatment and care, and mitigation of the impact of HIV, STIs and TB.
- Strengthen infection control: PEPFAR SA is supporting SAG to strengthen infection control in all health facilities and increase awareness of community infection control.

Food and Nutrition

Malnutrition among people living with HIV (PLHIV) remains a major obstacle to achieving the full impact of HIV interventions in South Africa. Nutrition assessment, counseling, and support (NACS) has demonstrated benefits in improving adherence to treatment and potentially prolonging the pre-ART stage. PEPFAR SA will provide nutrition technical assistance to assist the SAG and PEPFAR SA funded partners strengthen systems to integration nutrition assessment, counseling, and support (NACS) in adult care and support programs. Individuals receiving HIV and AIDS clinical and community care will be targeted. The project will support the inclusion of nutrition assessment of anthropometric status (e.g. weight loss and body mass index), nutrition-related symptoms (e.g. appetite, nausea, thrush and diarrhea), and diet as a basis for routine inclusion of nutritional counseling and support in patient management. The program will also support improvements in hygiene and sanitation, which are essential to reducing the infectious disease burden experienced by HIV infection.

PEPFAR SA will continue to assist NDOH to adopt, formulate, implement, and disseminate food and nutrition policies through active participation in a multi sectorial Nutrition Technical Working Group. In response to the NDOH request to build human capacity for nutrition services, PEPFAR SA will work to incorporate nutrition support into various in- and pre-service training curricula for frontline health workers. To ensure sustainability, PEPFAR SA will also engage with provincial, district, and sub district health teams to provide assistance for planning and coordination on NACS and Adult care and support. The project will support training of PHC teams on NACS, particularly community health workers.

Orphans and Vulnerable Children

More than 2 million children in South Africa have been orphaned due to AIDS but a much larger number are vulnerable due to socioeconomic and other risk factors. Substance abuse and physical and sexual abuse of children occurs in many families, often pulling families apart. In such cases, children may be removed from their families and placed in foster homes or residential care. Similarly, HIV/AIDS fuels the need for foster care and fills spaces in children's homes. According to researchers at Tulane University, at least 4 million South African children are either HIV-positive, have a parent who is positive, or have lost a parent to AIDS-related illnesses. When parents die as a result of HIV/AIDS, relatives such as grandmothers and older siblings often take on the role as caretaker. According to the South African Child Gauge 2009/2010, 23% of children in South Africa were not living with either parent in 2008. Although their numbers are relatively small, over 100,000 children under 18 years have become heads of households. This has led to a situation where many communities can no longer protect the rights of orphaned and vulnerable children (OVC) without the help of others. The USG helps to support community-based initiatives to assist families and their vulnerable children in their households and communities.

Over the next two years, PEPFAR SA funded OVC programs will continue to support the National Department of Social Development (NDSD) to 1) Strengthen the coordination of OVC programs at all levels (national, provincial and district) and build monitoring and evaluation capacity at all levels; 2) Strengthen coordination and build implementation and management capacity of local structures that protect, care for and support OVC; 3) Support local programs to initiate and maintain the linkages and referrals to programs that keep parents alive (that focus on delaying orphanhood) and prevent HIV infection in the 0-18 age group; 4) Support family and community-based response mechanisms to protect vulnerable and at-risk children (with a specific focus on the 0-5 year group, child survivors of abuse and gender-based violence (GBV) and children living with sick or elderly caregivers); 5) Create a supportive multi-sector environment for vulnerable children by building the evidence and knowledge base (build on what works and is cost effective) and promote integration and strengthen coordination with other Departments and sectors such as Health and Education; and 6) Strengthen the social service professional workforce and system.

In FY 2012 there will be a specific emphasis on integration and the continuum of the HIV response to

strengthen the links between HIV prevention, care, and treatment activities and opportunities for innovative integration, especially at the family and household level. Using household economic strengthening interventions, this program will link HIV services to broader development opportunities. Special emphasis will be placed on vulnerable populations such as children of most-at-risk populations with a focus on women, girls, and gender integration. Additional focus will be on high burden districts and provinces (HIV prevalence, maternal mortality, and the burden of OVC) within the South Africa AIDS epidemic profile. PEPFAR SA will continue to support the National Association of Child Care Workers (NACCW) to train child and youth care workers providing a sustainable solution for strengthening communities' ability to care for their children and increasing the professional social welfare workforce. In achieving the above priority activities the PEPFAR SA OVC program funding will be concentrated on the areas of service delivery, health and social system strengthening and capacity building. In addition, PEPFAR SA is currently negotiating a direct Agreement with the National Department of Social Development (NSDSD) to directly support their request for the roll out of training of additional Child and Youth Care Workers (CYCW).

The OVC program works in close collaboration with other donors such as UNICEF, whose efforts include supporting the implementation of laws, policies, regulations, and services that protect children from violence, exploitation, and abuse. PEPFAR SA will work with implementing partners to roll out services for child and women survivors of sexual violence and child abuse in areas of high prevalence.

The PEPFAR SA OVC program has identified several best practices to scale up target interventions for primary caregivers including strategies for providing caregivers with increased emotional and social support; increased attention to the physical health needs of caregivers; household economic strengthening interventions to alleviate high levels of household food insecurity; building the skills capacity of community caregivers; and providing training to the supervisors of caregivers to encourage a culture and attitude change in families and organizations.

The NACCW Isibindi Model holistically responds to the needs of vulnerable children and families and the NDSD has selected this model for national replication allowing experienced social service professionals and child and youth care workers (CYCW) to reach more families and their vulnerable children. The program includes support and gender awareness for girl children and women-headed households, psychosocial support and protection for caregivers and children, and a disability program that includes assessment and therapy. The Isibindi model has proven to be a success for training CYCWs and is being supported by both USG and the NDSD for replication across South Africa.

Cross-cutting issues

PPP: The SAG NDOH has quite explicitly expressed its position that HIV and TB related services are an inherent responsibility of the public health and social welfare system and that PEPFAR SA should therefore focus its assistance in the field of Care and Treatment on strengthening public service delivery. As a result, there is limited investment in establishing public-private partnerships in this area. A number of OVC and child welfare PPP initiatives are described in another section of this document.

Gender: PEPFAR SA's gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a gender-based violence assessment and developed a draft strategy to address gender issues across its activities. The gender strategy will be focused on HIV prevention and gender-based violence prevention and gender issues will also be rendered in several of the ongoing care programs: i.e. PLHIV support groups and disclosure support activities, access to care initiatives, MCH and reproductive health services, treatment and PHDP programs. PEPFAR –SA has gender challenge funds that focus on integrating Gender responsive programming across prevention treatment and care in selected communities in Kwa Zulu Natal with specific emphasis on male norms, women and girls empowerment.

MARPs: The NSP designates most-at-risk populations (MARPs) as key populations that experience barriers that limit their access to health and social services. The PEPFAR SA country program supports the minimum package of prevention, care, and treatment services for MARPs, including linkages to services for STIs, TB, and substance abuse, positive health dignity and prevention, post-exposure prophylaxis (PEP), as well as social services and other medical and legal services for men who have sex with men (MSM,) sex workers (SW), and mobile populations. Unfortunately, limited attention is being paid to the HIV needs of People Who Inject Drugs (PWIDs), and prevention, care, treatment and psychosocial services for PWIDs are limited. To ensure that treatment programs for MARPs are linked to appropriate, accessible, and friendly HIV prevention, care and support services for MARPs, the country team supports sensitization trainings, which provide healthcare workers with the necessary skills and knowledge to provide the sensitive services that support and adequately cater for the unique needs of MARPs and ensure successful referral from outreach and HCT programs targeting MARPs.

HSS/HRH: PEPFAR SA's support for human resources for health (HRH) development includes the implementation of a Human Resource Information System (HRIS) to provide better and up-to-date information on the availability of human resources or the lack thereof. Pre-service training will be emphasized with the aim of adding new health care workers to the workforce (Clinical Associates, Nurses, Pharmacists, and Laboratory personnel). In-service training, focused on strengthening existing workforce capacity, will be achieved through the revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula. PEPFAR SA partners are involved in in-service training as part of their mandate to improve local management and health service delivery capacity. A key SAG initiative supported by PEPFAR SA is the NDOH led nurse-initiated management of antiretroviral treatment (NIMART). PEPFAR SA implementing partners provide mentoring for NIMART trained PHC nurses and have extended current in-service training programs for HIV and TB management and infection control. PEPFAR SA was also asked by the NDOH to assist with the training of Community Health Workers required as part of the implementation of the PHC re-engineering strategy. PEPFAR SA is heavily involved in the CHW curriculum development and PEPFAR SA implementing partners will assist with the training as soon as the curriculum is finalized.

Laboratory: The National Health Laboratory Service (NHLS) laboratory network for the diagnosis of HIV, TB and other related infections is extensive and PEPFAR SA provides technical assistance to NHLS. There are more than 256 laboratories that cater to general laboratory needs for 80% of the population. The NHLS has established the National Priority Program to ensure that pathological/laboratory investigation related to diseases such as HIV and TB are treated as priorities. This has evolved to ensure that HIV testing, TB diagnosis, CD4, viral load testing, and drug-resistance testing are done in a completely standardized manner across the country.

There are currently 244 active TB laboratories that conduct 4.7 million TB smears/year based on 2010estimats. Sixteen laboratories can conduct TB culture and drug susceptibility testing. Approximately 1 million TB cultures and at least 90,000 drug susceptibility tests (including the use of Line Probe Assay) were done by the NHLS in 2010. In addition, the roll-out of GeneXpert is fast-tracking TB diagnosis. Sixty five laboratories conduct CD4 testing and viral load testing is conducted in 16 laboratories. The NHLS produced approximately 1.3 million viral load results last year. A plan has been proposed and a field validation will be initiated with respect to rapid diagnosis of Cryptococcus in patients with CD4 counts <100. There is significant capacity at tertiary centers to diagnose most microbiological organisms (i.e. viral, fungal, and bacterial).

There is a well-developed quality management system in place, managed through a central Quality Assurance Division. Standardized quality assurance manuals and operating procedures have been developed by the organization. Verification and External Quality Assurance programs and other quality management (QM) initiatives are available to all NHLS laboratories. Each university complex, the

National Institute for Communicable Diseases, and the National Institute for Occupational Health have tertiary reference centers that support these programs.

Strategic Information: In FY 2012, PEPFAR SA will be among the first countries to propose/start an Impact Evaluation project under the recently released OGAC guidance on development and implementation of Impact Evaluations and will increase its considerable contribution to Implementation Science by delivering relevant and quality evaluations of important public health strategies and approaches. In addition, PEPFAR SA will also step up its overall effort to encourage PEPFAR SA implementing partners to evaluate their programs and to document and disseminate their best practices.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	5,951,504	0
HVSI	16,587,608	0
OHSS	28,545,515	0
Total Technical Area Planned Funding:	**51,084,627**	**0**

Summary:
The South African health care system is undertaking a series of reform initiatives that represent the most ambitious effort to date to bring equity to a health care system historically known for disparity, despite many areas of technical excellence. These initiatives include a re-engineering of the primary health care system aimed at bringing services closer to the populations that need them, a new National Health Insurance Policy aimed at providing universal health care to the entire population of South Africa, a new National Strategic Plan on HIV, STIs, and TB 2012 – 2016 (NSP), and a renewed commitment to Human Resources for Health (HRH) issues through a new HRH Strategy for the Health Sector 2012/13 – 2016/17. These initiatives come at a time when the South African Government (SAG) is preparing to take on more programmatic and fiduciary responsibility for the country's HIV/AIDS response, as stipulated by the SAG - U.S. 2012 – 2017 Partnership Framework (PF). A demonstration of this commitment is the SAG's intent to take over full financial responsibility for the ART program in the country by 2016/17.

Implementation of these initiatives will require addressing several major challenges; yet the path to success offers PEPFAR a unique opportunity to transition from a direct care model to a technical assistance model where support services are delivered through a health systems strengthening approach. Major challenges that can be addressed by a health systems approach include gaps in critical health professionals, insufficient resources for training health care workers, inadequate supply chain management systems, and challenges in information management systems and data use. The National Department of Health (NDOH) Workforce Model, developed in 2008 and slated for updating in 2012, indicates that in 2011 there were 83,043 fewer professionals than needed. This includes a shortage of 19,805 staff nurses, 22,352 professional nurses, and 14,651 community health workers. Despite these challenges, the political leadership and necessary frameworks are being put into place and will help guarantee that PEPFAR's achievements to date will not be rolled back. This political leadership is demonstrated by the strengthening of the South African National AIDS Council (SANAC) to coordinate and oversee the multi-sectoral national response, a structure that is replicated at provincial and district levels. A principle driver of these efforts is the NSP, which was released in December 2011. The NSP contains four strategic objectives: 1. Addressing social and structural drivers of HIV, STI, and TB

prevention, care, and impact; 2. Preventing new HIV, STI, and TB infections; 3. Sustaining health and wellness; and 4. Ensuring protection of human rights and improving access to justice. The NDOH has requested that development partners work to improve the supply, demand for, and overall efficiency of HIV, STI, and TB services. Key, cross-cutting areas identified by the SAG that will support these strategic objectives include revised governance and institutional arrangements, monitoring and evaluation, and research, all of which fall under the purview of PEPFAR's Health Systems Strengthening and Strategic Information portfolios.

The PF outlines the commitment between the SAG and the U.S. Government (USG) to address the HIV/AIDS epidemic in South Africa through the principles of South African leadership, alignment of programs with government systems, sustainability, innovation, accountability, multi-sector engagement, and gender sensitivity. PEPFAR SA addresses these principles in all of its planning and implementation processes. The Health System Strengthening (HSS), Strategic Information (SI), and Laboratory components of PEPFAR SA directly support Goal 3 of the PF to strengthen the effectiveness of the HIV and TB response system. Objectives under this goal include 3.1. Strengthen and improve access to institutions and services, especially primary institutions; 3.2. Strengthen the use of quality epidemiological and program information to inform planning, policy, and decision making; 3.3. Improve planning and management of human resources to meet the changing needs of the epidemics; and 3.4. Improve financing related to health care and prevention.
In addition to the priorities defined in the PF, PEPFAR SA is guided by the NSP,local strategies and policies such as the Negotiated Service Delivery Agreement (NSDA) for Health, as well as the USG Global Health Initiative (GHI) strategy. The Partnership Framework Implementation Plan (PFIP) will be launched in March/April 2012 and will guide the SAG and the USG during the critical years of the PEPFAR transition from 2012 – 2017.

Global Health Initiative

The GHI Strategy is aligned with the NSDA, the NSP, and the PF to focus on targets and outcomes for HIV/AIDS and TB and linkages with MCH, nutrition, and reproductive health/family planning (RH/FP) and global disease detection. This will be done in the context of the SAG shift to strengthen their District Health System (DHS) and the implementation of the new Primary Health Care (PHC) model, which are discussed below in the Leadership and Governance and Capacity Building and Service Delivery sections. Critical areas in the SA GHI Strategy include improved information systems; health and social systems; financing, planning, procurement, and supply chain management systems; and transfer of health service delivery from a facility-based implementation model to an integrated facility/district-based PHC support and mentoring model. GHI activities in South Africa will involve a multi sector approach and collaboration with the Departments of Health (DOH), Social Development (DSD), Basic Education (DE), Correctional Services (CS), Defence (DOD), and Public Services Administration (DPSA), as well as the National Treasury.
Given that USG resources in South Africa are primarily PEPFAR funding to support HIV/AIDS programs (97%), South Africa's GHI strategy will look to leverage HIV/AIDS programs to support and strengthen the health systems overall at national, provincial, district, and local levels. In the context of the PF, PEPFAR SA will work to foster country-ownership and sustainability and promote integration as USG transitions the balance of programs from direct service delivery to technical assistance. While developing the PF, the SAG emphasized that it should be rooted in the GHI, and that HIV and TB activities be mainstreamed into the general health care system to ensure long term sustainability.
The USG will further build on existing partnerships and relationships established with the education sector through the DBE. The DBE is currently revamping the Life Skills curricula and establishing systems to develop and implement sexual reproductive health programs while promoting safety in schools. These systems are based on the DBE's draft Integrated Strategy on HIV and AIDS, which includes delivery of sexual and reproductive health education; focuses on HIV as a mandatory, timetabled, and assessed subject in all South African schools; and requires the use of guidelines to provide a framework for

implementing peer education programs in schools. This will support GHI principles 1 and 2: implementing a woman- and girl-centered approach and increase impact through strategic coordination and integration, with the focus on women, girls, and gender equity through investment in a country-led plan. These activities offer an opportunity for the USG to support the SAG in strengthening health programs within the education sector to improve health conditions and knowledge for school children, particularly adolescent and pre-adolescent girls. These programs promote healthy lifestyles, address risky behavior related to drug and substance abuse, discourage early sexual debut and teenage pregnancy, and build awareness and understanding of gender equity. School-based HIV prevention programs and programs targeting orphans and vulnerable children will include a specific focus on improving the overall health of women, girls and children and will help change the current under-representation of women in decision-making positions in the school. Programs include a focus on gender to examine the roles, relationships, and dynamics between men and women, address how these impact the needs for men and women, and empower young girls to make better decisions about their futures.

Leadership and Governance and Capacity Building

Two new national priority programs were announced during 2011, namely the re-engineering of the PHC system as well as the introduction of the National Health Insurance (NHI) scheme. Both of these programs are dependent on a strong District Health System (DHS). A functional DHS requires full implementation of Chapter 5 of the National Health Act and legislation from provinces to establish District Health Councils (DHCs) to provide oversight to the District Management Teams (DMTs) and create hospital boards and facility health committees. The DMTs are responsible for input into Provincial Strategic Plan operational plans. The integrated approach to PHC involves three pillars namely (i) community outreach teams, (ii) specialist support teams and (iii) school health. This approach will include vertical integration at every level of service from the community to the PHC clinic, the Community Health Center (CHC), the District Hospital, the Regional, and finally Tertiary Hospitals.

With the increased emphasis on the DHS and the need to enhance the capacity at that level, PEPFAR SA underwent an Alignment plan in 2010/2011 designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts. One of the key mandates of these DSPs is to build the capacity of DMTs through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs). The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHC and other facilities to implement the NDOH Tier 1 and 2 system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening

integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes.
At the provincial level, PEPFAR SA continues to support PEPFAR Provincial Liaisons (PPLs) in all nine provinces to liaise and facilitate communication between the USG, the SAG, and implementing partners in the province. They are responsible for tracking and reporting on key activities and developments in the province and strengthening coordination and relationships between the SAG and the USG. The PPLs also assist the Provincial Management Teams (PMTs) with the review of DHPs. The PPLs act as a communication channel between the PMTs, the PEPFAR SA Team based in Pretoria, and the DSPs, which should lead to better communication and improved management practices. The PPLs are critical in facilitating the PEPFAR transition process between the provincial governments and partners. This includes ensuring PEPFAR partners have MOUs, facilitating discussions of transitioning PEPFAR-supported staff, and ensuring that the SAG is fully aware of the PEPFAR-supported programs in the province.
At the facility level, PEPFAR SA and its implementing partners are involved with capacity building activities such as including in-service training and providing short term technical assistance. Objective 3.3 of the Partnership Framework, “Improve planning and management of human resources to meet the changing needs of the epidemics”, guides PEPFAR SA support to the government in strengthening efforts to design, manage, and monitor HIV programs at the national, regional, and local level. Partner activities that address this objective include training pharmaceutical services managers at provincial and district levels in a number of provinces and developing Management Development Programs for health managers at all levels, including one specifically aimed at District Managers.
Strategic Information

The PEPFAR SA Strategic Information portfolio covers the following areas: (1) increasing the availability and quality of the programmatic and epidemiological evidence base for health programs in South Africa; (2) increasing the capacity of individuals (especially managers) to understand and use data effectively; (3) fully aligning the PEPFAR-specific indicator and results reporting systems with those of the SAG and providing strong technical assistance to SAG data systems accordingly; and (4) supporting and strengthening the management of M&E and Quality Improvement (QI) across the HIV and TB response in South Africa.

PEPFAR SA supports the development and implementation of coordinated surveys and surveillance with participation from SAG. PEPFAR has supported several large surveys including the South African National HIV Prevalence, HIV Incidence, Behavior, and Communication Survey 2002, 2005, and 2008 of which the 4th wave is currently being implemented and the 2nd National HIV Communication Survey with its 3rd wave planned for FY 2012 and 20 13. In 2012, to ensure better coordination and outcomes, PEPFAR SA will continue to work closely with SAG to align PEPFAR survey and surveillance priorities. To this effect PEPFAR SA will, through technical assistance, capacity building, and funding, support the establishment or strengthening of national surveys and surveillance systems, which include but are not limited to: continued support of the two large surveys; surveillance for underserved groups at high risk, discordant couples, drug resistance, pre-ART, HIV, and maternal/infant mortality; TB surveillance including HIV surveillance in TB patients, TB prevalence, and laboratory surveillance; and pharmocovigilence. In addition, PEPFAR SA will continue to support operational research and evaluations to inform policy and improve service delivery. PEPFAR SA will continue to support the PMTCT Effectiveness Study to measure progress toward the goal of virtual elimination of MTCT.

PEPFAR SA has expended significant effort in the development of strategic information capacity building programs that are exclusively oriented toward SAG systems, and consist mostly of SAG participants and organizations. One activity that illustrates this SI capacity building is the contract with JSI called the Enhancing Strategic Information (ESI) Project. Since 2009 ESI has trained over 1,000 SAG employees in all nine provinces on the innovative 5-day “Evidence-Based Health Management” course. This applied

course, taught in the format of a participatory workshop, uses current data from the SAG District Health Information System (DHIS) for all learning examples and exercises. The NDOH has reported that this course has resulted in a greater awareness of the need to report data through the national system. There has also been a marked improvement in data quality.
Specialized courses are also offered by ESI on how to access and use information from the DHIS. ESI has gradually come to set the standard for basic SI capacity development with an emphasis on routine health information; currently the demand for ESI courses is significantly greater than the supply. To accommodate this demand, there are plans to award a 7 month sole source contract to ESI. However, in the long term, PEPFAR SA will ensure that the SAG RTCs are empowered to take on the trainings to ensure sustainability. Other significant training activities include the pilot of HMIS leadership training. This course has proven to enhance local capacity for strategic development of HMIS. In FY 2012, the training of staff and resources will increase to meet the growing demand for courses, and the program of capacity development will expand to include courses at the intermediate and advanced skills' levels. New courses will incorporate the newest data quality standards, and accreditation will continue to be the long term goal. One of the benefits of the ESI training model is its attention to enhancing the quality of SAG routine health indicators through ongoing participation in NDOH meetings and strengthening the DHIS. Both of these activities represent important objectives of the PEPFAR SA SI portfolio.
ART HMIS implementation is being driven from the NDOH with PEPFAR playing a supportive role. NDOH has selected a 3-Tiered approach for its ART HMIS, which includes a set of standardized ART M&E systems: paper-based (Tier 1), non-networked (Tier 2) and networked system (Tier 3). The 3-Tiered approach provides the tools to support the ART monitoring with the system that best suits the context and resources available to the ART service point. The three tiers complement one another and all generate the minimum data required to manage the ART program and produce the monthly and quarterly data elements as approved by the National Health Council and National Health Information System/SA on 10 March 2011. PEPFAR's involvement has included: (1) the implementation and scale-up of the first and second tiers; (2) efforts aimed at integrating parallel data management and reporting systems such as the DHIS, ETR.Net, TIER.Net, and the USG Partner Information Management System (PIMS) – this activity will be implemented as part of the once-off OGAC funded SI initiative launched late 2011; and (3) efforts aimed at enhancing inter-sectoral, national, and provincial software integration for health information systems including (a) establishing national health data standards, e.g. coding standards and a standard health data dictionary and (b) strengthening/supporting governance structures and processes to improve the quality of and access to health data.
Another SI focus is to support and strengthen the management of M&E and Quality Improvement (QI) across the HIV and TB response in South Africa. Specific examples include:1) technical assistance to the NDOH with the national HCT and PMTCT campaigns through designing and coordinating training, development, and review of guidelines and the monitoring of the implementation of the campaigns at all levels on a continuous basis; 2) direct support by technical experts from CDC, USAID, URC as well as WAM Technologies to the National TB Surveillance system; 3) financial support to the National Health Laboratory Services (NHLS) for strengthening its national data warehouse and decision support systems to facilitate delivery of its national priority programs; 4) technical support through JSI/ESI to the NDOH for the electronic ART register and the DHIS system; 5) development of Quality Assurance and QI tools for national and provincial level DOH through the Witswatersrand Reproductive Health Institute, and 5) development of a Partner Information Management System (PIMS) that is designed to assist PEPFAR SA implementing partners and the SAG to strengthen the flow and quality of clinic-level results to the DHIS, as well as to allow transparent and user-friendly access to routine health information for both USG and SAG managers. Additionally, the PIMS system facilitates routine reporting on PEPFAR expenditures and staff supported by PEPFAR, both of which provide data that is essential to the PEPFAR transition for both the SAG and USG.
Two projects aimed at improving the TB surveillance program were launched during the last 12 months: the ETR.Net Informatics Review and the ETR.Net Data Flow and Reporting Review. The ETR.Net Informatics review was completed in 2011 and the findings were reported to the NDOH. The report lists specific recommendations to improve the informatics component of the ETR.Net system. Some of the

recommendations are being implemented including: 1) upgrading computer hardware at NDOH and KZN DOH; 2) drafting of an implementation plan for ETR.Net (version 2.0) roll-out; and 3) finalization of algorithms for reports.
As a result of the National Health Council's decision to implement the 3-Tiered ART monitoring system nationally, PEPFAR SA implementing partners are rolling out Tiers 1 and 2: 1) supporting implementation of the paper or electronic ART register; 2) designing data exchange protocols between existing electronic patient management systems (PMS) and the TIER.Net system in order to transfer data from PMS into TIER.Net (i.e. an electronic data exchange standard (DES) will be made available to partners); 3) refraining from developing new systems and reducing the existing systems; and 4) planning for transitioning to the new system.
Service Delivery

Recognizing gaps in the PHC system, the NDOH recently released a plan to re-engineer the entire PHC system to focus on health promotion and primary prevention at the household and community level and improve integrated school health services. In addition, prevention, care, and treatment of HIV will be shifted to and integrated in primary health care. The three pillars of PHC re-engineering are: the PHC outreach teams that will spend part of their time in the community and part in the clinic; the School Health Program that is being reintroduced; and the Specialist Teams for maternal, neonatal, child, and women's health (MNCWH). The continuum of care begins with a Community Based Team consisting of Community Health Workers (CHWs) who are each responsible for 500 – 1,000 households, PHC Clinics staffed by professional nurses, and Community Health Centers and District Hospitals that are staffed by family physicians, thereby providing a cascade of health care from the individual household to more specialized health services at the District Hospital. District-based specialist support teams will include family physicians who will be responsible for strengthening a district by assisting the district in developing both a district-specific strategy and an implementation plan for clinical governance, as well as providing the technical assistance necessary to support quality of clinical services and M&E. Facility based counselors will perform HIV Counseling and Testing (HCT), counseling for other needs, and case management for chronic diseases. Supplementing home-based care-givers with additional lay workers for labor intensive palliative care and activities for daily living is under consideration.
In line with the PHC re-engineering model, a new basic care package of services has been developed with support from PEPFAR SA that includes community based services; increased emphasis on preventive services especially at the household level; additional services related to HIV; services related to common health problems not traditionally offered in clinics including those related to oral health, vision, hearing, mental health, and disability; and school health services. PEPFAR SA will support the continuum of care through the realignment of implementing partners along district and sub-districts as mentioned in the Leadership and Governance and Capacity Building section above. These efforts are directly related to Strategic Objectives 2 and 3 of the NSP: Preventing new HIV, STI, and TB infections and Sustaining health and wellness. Additionally, the school based health initiatives described in the GHI section above will directly support the reintroduction of the school health program.

Human Resources for Health (HRH)

South Africa is quickly approaching an HRH crisis with a current gap of over 80,000 health professionals and growing. From 1996 – 2008 there was little growth of health professionals in the public sector. Administrative and management personnel expanded at the expense of clinical appointments and specialist medical staff declined by 25%. Projections indicate that 60% of nurses are over the age of forty and will no longer be a part of the health systems within the next 15 years. By 2006, the number of nurses declined by 10,000, leveling off just above the 1997 level. "Brain drain" is a reality with South Africa being the second largest contributor to nurses in the UK. In order to more strategically address these issues, an overall plan for health and social system strengthening to support PHC re-engineering and the SAG's HR Strategy for the Health Sector 2012 – 2016 was developed during the first year of the SA GHI Strategy in partnership with NDOH, the Department of Basic Education (DBE), and the

Department of Social Development (DSD) and adapted to the specific needs of provinces and districts. Current efforts have been aligned with the NSP and PF and have been designed with significant input from the SAG at various departments and levels. PEPFAR SA staffing details down to district level by cadre and cost have been shared with the SAG. PEPFAR SA funding for implementing partners at national, provincial, and district levels supports 23,531 staff of which 8,472 are providing non-site specific clinical and managerial technical support including supportive supervision, data management, health workforce training, and ARV and TB initiation. PEPFAR SA is in the process of developing an HR transition plan with the SAG that outlines the placement of these staff. Discussions are currently being held at all levels of the DOH to identify strategies to prioritize the transition of health care workers from PEPFAR to SAG. Much of this transition will happen at the provincial level, with the Western Cape and Gauteng provinces already absorbing some PEPFAR funded clinical staff. PEPFAR SA through the HRSA funded partner I-TECH is assisting the DOH to implement a Human Resource Information System (HRIS) to provide management with the information required to better plan and manage HRH provision in the country as it will give HRH managers the necessary information for decision making. A revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula will enable/facilitate the implementation of new national strategies such as the PHC re-engineering and the NHI programs as PEPFAR SA partners will provide technical assistance to harmonize and streamline curricula as well as standardize training practices across provinces.

Current partner activities that focus on in-service and pre-service training and mentoring for doctors, nurses, pharmacists, child and youth care workers, community health workers, data capturers, social workers and auxiliary social workers will continue. Pre-service training will be emphasized in the future, with the aim of adding new health care workers to the workforce. Through the cooperative agreement with the NDOH, PEPFAR SA supports pre-service training of Clinical Associates (CAs), a newly introduced, mid-level health care worker aimed at addressing the need for additional clinical service providers at District Hospitals. Three South African medical schools are training CAs and a total of 94 CAs have graduated. All been absorbed into the public health system at district level hospitals in four provinces: Mpumalanga, Gauteng, Eastern Cape, and Limpopo. Another cohort of 105 students will graduate at the end of 2012, and there were approximately 350 CAs enrolled in the program at all three universities at the start of 2012. Another two universities will start this program during 2013. The pre-service training of data capturers is also supported through the same mechanism. The new Medical Education Partnership Initiative (MEPI) was launched in 2011 and will continue to assist with pre-service training of clinical staff, primarily doctors. Two South African universities participate in MEPI – UKZN and University of Stellenbosch. While the initial focus of MEPI was to extend HIV/AIDS and TB training and competencies for doctors and other clinical health cadres, both centers have expanded their focus to respond to the rural health context in SA and include clinical curriculum reform for MCH, non-communicable diseases, and violence and injuries courses.

PEPFAR SA was also requested by the NDOH to assist with the training of Community Health Workers (CHWs) required as part of the implementation of the PHC re-engineering strategy. The strategy calls for the training and recruitment of approximately 20,000 CHWs to be employed by the SA Government. As such, over the next two years, the SAG will advertise these posts, and some of the 6,574 community workers employed by PEPFAR will be eligible to apply and given preference as incumbents provided they qualify for the positions. The Foundation for Professional Development is involved in curriculum development for the SAG as well as in training of the first 10,000 CHWs. In-service training has been provided to 5,000 CHWs in 2011 and the revised CHW curriculum will be fully operational in 2013. As other standardized community cadres are identified by SAG, such as lay counselors, other staff currently supported by USG will be eligible to apply for these positions. To initiate this process, specific discussions and planning for this transition have just begun in Western Cape Province.

PEPFAR SA has been supporting the training of laboratory technicians and epidemiologists through a cooperative agreement with the NHLS, utilizing the Africa Center for Integrated Laboratory Training (ACILT) and the Field Epidemiology and Laboratory Training Program (FELTP). These combined efforts will help PEPFAR SA contribute to the approximately 13,000 new health care workers needed to reach the global PEPFAR target of 140,000 new healthcare workers by 2014.

In-service training activities are focused on strengthening existing workforce capacity. PEPFAR SA is working with the NDOH to consolidate and accredit in-service training courses and to draft an in-service training policy. The previously mentioned national campaign to strengthen the RTCs will support in-service training at the provincial and district levels. The DSPs are involved in in-service training as part of their mandate to improve local management and health service delivery capacity. A key SAG initiative supported by PEPFAR SA is the NDOH led nurse-initiated management of antiretroviral treatment (NIMART). PEPFAR SA partners provide mentoring for NIMART trained PHC nurses and extend current in-service training programs that have focused on facility based staff for HIV and TB management and infection control. The PEPFAR-funded Twinning Program, implemented by the American International Health Care Alliance (AIHA), supports the strengthening of the Clinical Associates (CA) program in South Africa by establishing “twinning” partnerships between US-based universities and the South African Universities that train CAs. CDC and USAID officials as well as representatives from partner organizations have been involved in the development of other training curricula and materials such as infection control (CSIR and I-TECH), TB/HIV integration (CDC, USAID, URC, TB/HIV Care Association), and Clinical Mentoring (I-TECH). Other in-service training activities include the training of professional nurses and lay counselors on the Quality Management System for performing HIV rapid tests.

PEPFAR SA will continue to support programs to recruit health professionals from developed countries on one or two year contracts as a stop-gap measure as outlined in the SAG HR strategy. Many of these professionals stay well beyond their term. There is also demonstrated evidence that recruiting qualified foreign doctors improves the retention rates of South African doctors, especially in hard-to-reach rural areas. The USG will also work with the NDOH to improve the use of CHWs within health services aligned with PHC re-engineering. Task shifting of selected activities from health professionals to CHWs and mid-level workers will require redefining the “Scopes of Practice” of health professionals. In the medium term, the USG will help to increase retention rates through interventions that increase the appeal of staying in South Africa. Over the longer term, USG will help accelerate production of professionals and mid-level cadres.

Laboratory Strengthening

PEPFAR SA is significantly involved with NHLS in strengthening the delivery and quality of laboratory services. PEPFAR SA also supports the development of a national laboratory policy and provision of additional support to facilitate the extension of laboratory services to peri-urban and rural areas not sufficiently covered by the NHLS. These facilities are purposefully placed in resource poor settings to facilitate laboratory support for ART programs and subsequently, implement specific interventions aimed at reducing the turn-around time for HIV related laboratory results.

In collaboration with NHLS, training of laboratory personnel in all laboratory aspects of HIV and TB, including laboratory management, is a priority. In addition, technical training in assay performance with emphasis on good laboratory practices whilst maintaining a safe working environment covering the entire spectrum of TB and HIV are offered. Furthermore, an entire TB technicians’ training program and training of epidemiologists through the FELTP program are also key training activities. In order to assist laboratories through the accreditation process, a program for strengthening laboratory management towards accreditation (SLMTA) is also offered. The above training programs include activities of ACILT and the South Africa National Institute for Communicable Diseases (NICD), described in the previous section.

HIV rapid testing represents an important aspect of HIV/AIDS prevention programs; thus the quality and reliability of HIV testing is critical. As a consequence, activities aimed at strengthening and supporting the health care system with a focus and emphasis on quality of HIV testing are being supported. Furthermore, HIV rapid test kits are subjected to a rigorous quality assurance evaluation before and after being released into the field. In addition, the rollout of external quality assurance (EQA) for molecular diagnosis is also supported

Activities relating to infrastructure improvement are also being supported including: new diagnostic technologies, such as the acquisition and roll out of GeneXpert machines to be initially placed in high

burden sites in all nine provinces; improvement and implementation of specimen tracking systems and cold chain to improve specimen and results movement between facilities; and improvement of the electronic delivery of and access to laboratory results through implementation of netbook and/or mobile solutions at designated facilities, thus significantly reducing the turn-around time for laboratory results. Laboratory-based surveillance activities for opportunistic infections (OIs) are supported financially and through technical and epidemiological expertise to provide strategic public health information pertaining to trends in OIs and the extent and burden of OIs. These measures also provide an indirect measure of the impact of HIV related intervention programs for the NDOH and NHLS. In addition, PEPFAR also supports activities aimed at assisting both the NHLS and the NDOH with the implementation of Point of Care Testing (POCT) to improve the efficiency of specimen collection and lab machine operation.

Health Efficiency and Financing

PEPFAR SA will build capacity at the provincial and district levels to plan and manage financial resources. The NDOH has requested support to improve the district health committees' capacity to develop annual plans with clearly articulated objectives and strategies to reach these objectives. PEPFAR SA has also been asked to strengthen capacity at the provincial level to manage the HIV budgets, including the conditional grants, which have been growing rapidly as South African has allocated larger budgets to provinces. In response to these requests, PEPFAR SA will provide technical assistance and direct support to build the skills needed at the provincial and district levels to develop annual plans and corresponding budgets and to monitor the activities and expenditures.

PEPFAR SA also supports costing studies to analyze the budgetary implications of potential policies, such as the new treatment guidelines and the roll out of GeneXpert machines. These studies are actively used by the SAG in the policy planning process and have helped build the strategic planning capacity of the SAG. An internal PEPFAR Expenditures Analysis was conducted among select PEPFAR SA implementing partners. The objective is to better understand what PEPFAR money is being spent on what in each technical area, at the provincial level. Data analysis is currently underway, and there are plans to make this an annual or semi-annual project. This activity will allow PEPFAR SA to provide appropriate information for future National AIDS Spending Assessments.

The NDOH is in the initial stages of rolling out a new National Health Insurance program with the aim of reaching the country's vast uninsured population. PEPFAR SA is committed to supporting this effort and has been in communication with the DOH during the program's development. Specific activities to support this effort have not been finalized.

In support of the PF and the PEPFAR transition, PEPFAR is considering preparing COP budgets by geographic region, and requesting that implementing partners do the same. This will require technical assistance to many smaller partners, but will better align PEPFAR budgets with the SAG. Additionally, multi-year budgets are being considered in order to facilitate planning for the transition.

Supply Chain and Logistics

Commodity management is weak throughout the health system. Provinces typically overspend budgets, which renders them unable to conduct some planned activities. Overspending also results in high levels of debt to drug suppliers and lack of availability of some medicines. However, in some cases, provinces under spend in the face of enormous unmet needs due to lack of planning and financial management systems. PEPFAR SA supports strengthening management of commodities at the national and local levels. In response to a request from the SAG, PEPFAR SA is funding implementing partners to centralize the national pharmaceutical budget and develop a central procurement authority (CPA) that will provide oversight for all drug products. The CPA will manage pharmaceutical procurement contracts on behalf of the provinces and will assume primary responsibility for coordinating all issues pertaining to selection, procurement, distribution, use, and payment of pharmaceuticals within the public health system.

At the provincial and district levels, the USG will fund training on improved management tools for commodity logistics management resulting in a reduction of stock shortages of all drugs, which has been a perennial problem in South Africa.
Gender

The GHI core principle to focus on women, girls, and gender equality is particularly relevant in the South African context given that interpersonal violence is the leading risk factor, after unsafe sex, for loss of disability adjusted life years. An estimated 55,000 rapes of women and girls are reported to the police each year; however it is estimated that the actual number is nine times higher. Gender-based violence (GBV) and intimate partner violence are important risk factors for many of the country's most prevalent and serious health problems, including HIV and sexually transmitted infections.
PEPFAR has supported and will continue to support a range of programs with GCF funds including the development and implementation of Kwa-Zulu Natal (KZN's) Provincial Strategic Plan on gender, HIV, and sexual reproductive health services for girls and women in KZN province; the adaptation of evidence-based interventions for HIV positive women; an economic empowerment micro-lending program for women; and other programs. Work supported by the GCF furthers the GHI's focus on women, girls, and gender equality by integrating issues of HIV, Sexual and Reproductive Health (SRH), GBV, education, and economic strengthening into new and existing programs. The main anticipated outcomes of PEPFAR SA's GCF work include: 1) increased number of people reached by interventions that address male norms and behaviors; 2) increased number of people reached by GBV services and prevention efforts; 3) improved access to income and productive resources for women and girls; and 4) a clearer understanding of the magnitude of SA's GBV problem through supporting research on GBV prevalence. A PEPFAR Gender Strategy is slated for completion during 2012.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	17,692,707	
Total Technical Area Planned Funding:	**17,692,707**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	76,772,471	0
HVAB	19,482,256	0
HVCT	15,553,401	0
HVOP	31,843,758	0
MTCT	32,683,634	0
Total Technical Area Planned Funding:	**176,335,520**	**0**

Summary:
Overview of the HIV Epidemic in South Africa
South Africa is home to more than 5.6 million people living with HIV, and the rate of new HIV infections is not declining significantly. Preventing new infections in South Africa requires an understanding of the local epidemic. Thus in 2010 the South African National AIDS Council (SANAC) commissioned a review of existing data on the epidemiology of HIV, STIs and TB in South Africa. The Know your HIV Epidemic (KYE) and Know your HIV Response (KYR) reports, published in 2011, provide a comprehensive review of South Africa's HIV epidemic and informed the South Africa National Strategic Plan on HIV, STIs and TB 2012-2016 (NSP). The KYE-KYR is based on published and unpublished data and reports and secondary analysis of biological and behavioral information, data on epidemic drivers, programs, policies, expenditures, and program effectiveness. The interpretation of these findings is informed by global, national, and regional research evidence, knowledge, experiences and evidence of "what works" in HIV prevention. The KYE has identified high incidence populations, "hot-spot" or high transmission areas, and major risk factors for HIV infection that guide PEPFAR SA's prevention priorities and ensure the PEPFAR SA prevention portfolio is aligned with the NSP and SAG prevention priorities.

Modes and Drivers of HIV Transmission: Similar to other generalized, hyper-endemic HIV epidemics, the South African epidemic is largely driven by heterosexual transmission. There are a number of underlying biological, behavioral, socio-cultural, economic, and structural factors that influence risk for HIV transmission. Risk factors include mobility and migration, race, economic and educational status, alcohol and drug use, early sexual debut, sexual violence, and low levels of consistent condom use, especially in longer-term relationships and in pregnancy/post-partum. There are low and/or late marriage rates across all populations and unstable long-term relationships that can foster multiple concurrent partnerships and potentially foster HIV transmission through complex, linked sexual networks, especially where there is high population mobility. Biological vulnerabilities include lack of circumcision for males, acute stage infection, STIs, pregnancy for females, and the greater overall biological vulnerability of females to HIV infection.

Of particular relevance, gender dynamics and unequal power relations between men and women play a significant role in heterosexual HIV transmission. According to a 2011 report by the Desmond Tutu HIV Foundation, an estimated one third of young girls in South Africa indicate their first sexual experience was forced, and nearly 75% have had at least one non-consensual sexual encounter. Gender disparities also contribute toward intergenerational and transactional sex and are evident from an early age. Data from the University of KwaZulu-Natal Centre for the AIDS Programme of Research in South Africa (CAPRISA) showed that among school children in Vulindlela, KwaZulu-Natal, prevalence among girls aged 17-18 was 7.9%, compared to 1.2% among boys of the same age group.

Migration and mobility are an important risk factor that dramatically increases vulnerability to HIV. A study conducted by the International Organization for Migration (IOM) on migrant farm workers found that 39.5% were HIV positive. Most-at-risk populations (MARPs) carry a significant burden of HIV infections in South Africa. Data from the Eastern Cape show men who have sex with men (MSM) were 3.6 times more likely to be HIV positive than men in the general population. Eight studies of South African MSM conducted between 2005 and 2010 revealed HIV prevalence ranged from 10.4 to 43.6%. In the 2008 Human Sciences Research Council (HSRC) Nelson Mandela Household Survey, 3.2% of men self-reported same sex behavior. The South African Centre for Epidemiological Modeling and Analysis (SACEMA) estimated 19.8% of all new HIV infections are related to sex work. National HIV surveillance data does not exist for sex workers, but studies have found HIV prevalence among sex workers in varying geographic locales in South Africa ranges from 34-69%.

PEPFAR in South Africa: The NSP under Sub-Objective 1.2 identifies the following groups for targeted prevention programs: young women between the ages of 15-24, people living or working along national

highways, people living in informal settlements, migrants, out-of school youth, uncircumcised men and other key populations. The PEPFAR SA HIV prevention portfolio aligns with the NSP prevention priorities, the bilateral Partnership Framework, and the new OGAC Guidance for the Prevention of Sexually Transmitted HIV Infections. The USG prevention program focuses on reducing new HIV infections among the key populations in select geographic "hot-spots" through a comprehensive and integrated approach. The prevention program combines evidence-based, mutually reinforcing biomedical, behavioral, and structural interventions. The program is epidemiologically, geographically, and demographically focused and tailored to address the social, economic and cultural context that places individuals at high risk for HIV infection. Since 2009, the PEPFAR SA prevention team has been refocusing its prevention programs to reduce fragmentation and allocate resources strategically for sustainable impact at a population level.

With a foundation of comprehensive prevention programming, PEPFAR SA aims to ensure ART coverage, expand biomedical interventions including voluntary medical male circumcision (VMMC), promote the use and availability of condoms, foster other healthy sexual behaviors, and expand the availability of and demand for HCT, with a strategic use of social and behavior change communications (SBCC). PEPFAR SA supports programs in various settings including urban informal settlements, high population density poor rural areas, farms on border areas, and villages along major transportation routes. In addition, PEPFAR SA continues to play a critical technical assistance and capacity building role in South Africa, participating in joint planning, aligning work with SAG objectives, and providing regular reporting to SAG departments at multiple levels.

Collaboration with other donors: The PEPFAR SA prevention program collaborates with other donors supporting SAG in various areas of HIV prevention. The German Development Bank, KfW Bankengruppe, intends to fund a €1.5 million (approximately $2.1 million) MMC pilot in Mpumalanga province via open tender through the Development Bank of South Africa (DBSA). The Swedish, Canadian, Irish, British, and German governments, among others, are all actively involved in HIV prevention efforts and PEPFAR SA is working closely to strengthen collaboration among donors in order to avoid duplication and maximize impact. Round 10 Global Fund (GF) to Fight AIDS, Tuberculosis, and Malaria provides funding for VMMC activities. PEPFAR worked closely with the GF proposal committee to prevent geographic and tactical duplication of efforts. These agencies will continue to collaborate as activities are rolled out.

Policy Constraints: South Africa's policy framework is generally supportive of expanded HIV prevention efforts, but while policies are strong, their translation into implementation is often weak due to poor coordination between the relevant SAG departments and lack of informed planning, programming, and budgeting. The inadequacy of human, financial, and infrastructural resources, poor multi-sectoral participation in the HIV prevention response, and lack of monitoring, evaluation, and research capacities are critical barriers that must be addressed and are most significant at provincial, district, and local levels. Policy gaps identified in the NSP include policies to strengthen workplace and occupational HIV prevention programs, policies surrounding alcohol and substance use, and HIV policies in schools to address testing and distribution of condoms. There is also a lack of mobilization to address several structural issues that hamper HIV prevention, particularly the existing socio-economic, legal, and cultural norms making women and girls more vulnerable to HIV infection.

Prevention of Mother to Child Transmission (PMTCT): PMTCT is a priority program through which SAG aims to reach the Millennium Development Goals 4, 5, and 6 that address infant and maternal morbidity and mortality resulting from HIV/AIDS and TB. The SAG PMTCT program is aligned with the UNAIDS goals of zero new HIV infections, zero AIDS related deaths, and zero discrimination. This approach strongly advocates for the elimination of HIV mother-to-child transmission (MTCT) by 2015 and aims to keep mothers alive and protect the family from orphanhood. The primary objective of PEPFAR SA is to support the NDOH in devising a plan that incorporates SAG's PMTCT Implementation Plan to reach the

target of elimination of MTCT and improving the quality and coverage of the PMTCT program to achieve less than 2% MTCT rate at 6 weeks and less than 5% MTCT rate at 18 weeks nationally by 2015.

The PEPFAR SA program will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance provision. These include training and technical support to provincial, district, sub-district, and facility management teams. PEPFAR SA will provide ongoing assistance and on-site mentorship of nurse-initiated and management of ART (NIMART); the promotion of provider-initiated HIV counseling and testing (PICT); strategies for follow-up for mother-baby pairs post-delivery; service quality improvement, management and prevention of STIs and TB; community outreach and referral to wellness; and nutrition and treatment programs. PEPFAR SA assistance has helped to improve PMTCT service delivery and increased PMTCT access in most hospitals, public clinics, community health centers, and mobile clinics. However, there is still a challenge with early booking before 14 weeks, retesting at 32 weeks, and later effective tracking of mother and baby pairs post-delivery as well as early infant diagnosis and infant feeding.

PEPFAR SA, in collaboration with UNICEF and the NDOH, supported a national PMTCT impact evaluation that measured the effectiveness and impact of the SA PMTCT program on the MTCT rates at six weeks of age through early infant diagnosis. MTCT at 6 weeks averages at 4% across the 9 provinces in South Africa. In addition, this evaluation provided information on SAG PMTCT coverage and the quality of PMTCT services at the national and provincial levels. The results provide strategic direction for both PEPFAR SA and SAG on PMTCT. PEPFAR SA will continue to provide technical support to the SAG to achieve elimination of mother to child transmission of HIV by 2015 and closely align assistance to NSP Sub-Objective 2.3.

HIV Counseling and Testing (HCT): PEPFAR SA is assisting SAG to increase the number of people screened and tested for HIV and TB and ensure linkages are made to appropriate interventions and services based on HIV status. In addition, PEPFAR SA provides TA and mentoring for SAG to scale up PICT, including PICT training for SAG health facility management teams at district and sub-district levels, as well as implementing task shifting and roll out of targeted population-based HCT campaigns. This will strengthen quality management systems for improved rapid testing. For the next two years, the PEPFAR SA program will reach 4,000,000 people with HCT each year through a combination of technical assistance and population based HCT services. PEPFAR will strengthen the identification of HIV positive individuals through all models of HCT (mobile, couples testing, and home-based), strengthen the quality of rapid HIV testing and implementation of a high-quality management system at all HIV rapid testing sites, and strengthen the linkages from HCT to prevention, care, and treatment services including PICT in hospitals. These models of HCT have the potential to identify those not accessing health care facilities and target hard-to-reach populations including MARPs, farm workers, migrant laborers, and sero-discordant couples.

Acceptance of HIV testing is high when offered by health care providers as part of consultation, and there is a need to improve health care providers' understanding of the importance of testing patients for HIV. The increased uptake of HCT with routine testing needs to be sustained, as over 50% of those tested by PEPFAR SA partners in the past 6 months were tested at health facilities. In addition, focus will be on development and implementation of quality management systems to ensure quality HIV rapid testing and data management. Other areas that require attention are the need to strengthen voluntary HCT integration with school health services and ethical HCT for children, especially reaching OVC, both of which remain a major programmatic challenge.

PEPFAR SA will also continue its support to the SAG to develop evidence-based policies and tools. For example, point-of-care CD4 testing is beneficial in various HCT settings and can improve linkages to care and treatment services. However, guidelines must be developed to ensure expanded access to high quality point-of-care CD4 testing. Although the overall PEPFAR SA budget allocation for HCT has been

decreased for the coming year, activities will be more strategically focused in areas that SAG prioritizes at provincial and district levels. Under the sub-objective 2.1, SAG plans to maximize opportunities for access to HIV and TB testing and screening by scaling up PITC in all health facilities. SAG will also scale up testing and counseling services to accompany the increased uptake of VMMC. The PEPFAR SA investment will complement investments from the private sector to contribute to the SAG's HCT campaign and achieve NSP SO 2.1 through targeted and population-based programs and support to improve HCT monitoring and evaluation services to address re-testing of patients.
Condoms: Consistent condom use is predicated on a reliable, widely available, robustly promoted, and accessible supply of condoms. SAG and PEPFAR SA continue to prioritize increasing the availability of male and female condoms where and when people need them and support continuous promotion efforts. Despite recent advances in biomedical HIV prevention (e.g., medical male circumcision rollout and encouraging studies of pre-exposure prophylaxis and microbicides), male and female condoms remain the most effective prevention technology currently available and the only prevention method capable of preventing both HIV and pregnancy.

The SAG currently procures and distributes an average of 44 million male condoms per month. The NDOH distributes the majority of those condoms through clinics and other public outlets. PEPFAR prevention partners then distribute public sector condoms through their networks in targeted community settings to reach at risk populations. The demand for and reported use of male condoms continues to increase at a steady pace: from 33 million/month distribution in 2007 to 44 million in 2010. Robust condom promotion through PEPFAR SA partners has contributed to a major generational shift in condom use among youth. While there has been a steady growth in supply and demand for condoms, ongoing issues especially related to flaws in the tender process and poor use of logistics information reveal the fragility of the SAG commodity supply chain management system. PEPFAR SAwill continue to strengthen national health commodity systems to help mitigate this concern and support SAG to achieve the NSP SO 2.

The SAG also procures 600,000 female condoms per year and distributes these through health facilities, but the supply often does not reach women at greatest risk and more efforts are needed to educate about and promote the female condom among sexually active women. To address this, several PEPFAR SA implementing partners distribute and promote the SAG-procured female condoms through their outreach workers targeting vulnerable women and sex workers (SWs). FY 2012 MARPs programming will ensure increased access to and acceptability of female condoms.

Voluntary Medical Male Circumcision (VMMC): Scaling up VMMC for adult men is a high priority for the year one operational plan of the NSP under SO 2. PEPFAR SA is assisting the SAG with VMMC planning, coordination, and implementation including advocacy, communication, and social mobilization to meet its five-year "catch-up" strategy target of circumcising 4.3 million adult males (ages 15-49) by 2016 and has increased its funding for VMMC from $23 million in FY 11 to $33 million in FY 12. The PEPFAR VMMC program is focused in three provinces with high HIV burden and low MMC prevalence: KwaZulu-Natal (circumcision rate: 26.8%; HIV prevalence: 21.9%), Gauteng (circumcision rate: 25.2%; HIV prevalence: 15.8%), and Mpumalanga (circumcision rate: 36.3%; HIV prevalence 23.1%) and also supports a public-private partner hospital where VMMCs are performed in the Free State.

All PEPFAR SA partners working in VMMC service delivery establish and maintain high quality, high efficiency, and high volume operations that offer VMMC as part of a comprehensive package of HIV prevention and sexual and reproductive health services. Partners engaged in service delivery prioritize implementation of linkages to and from VMMC for all clients, including those in need of TB and STI treatment and/or ART or HIV care. The SAG has allocated significant resources for VMMC programming needs nationwide and the national VMMC targets are 500,000 for FY 2011-2012, and 600,000 for FY 2012-2013. PEPFAR's FY 2012 funding will support approximately 190,000, approximately one third of the country's overall annual target. However, FY 2012 targets for VMMC are 131,000 as FY 2012

funding will not be fully expended at the time of FY 2012 reporting. The program faces formidable demand creation challenges due to seasonal fluctuations in VMMC and ambivalence about medical circumcision in some traditionally circumcising communities.

PEPFAR SA partners provide substantial technical assistance to NDOH and provinces in designing and implementing communication and demand creation strategies and leverage the education and outreach competencies of non-VMMC partners to support focused demand and awareness for VMMC in the vicinity of VMMC sites. The PEPFAR SA team underscores that given the time-sensitivity of VMMC scale up's potential population-level impact, more resources are necessary to optimally scale-up circumcision coverage. A key component of the new performance based contract is technical assistance to districts to identify, establish, and staff high volume sites with adequate demand creation approaches that will be sustained with provincial funds over the long term.

The PEPFAR-funded VMMC partners use Models to Optimize Volume and Efficiency (MOVE) endorsed by the World Health Organization and emphasizes the forceps-guided surgical method in their service delivery and training. The unit cost of VMMC is higher in South Africa than other countries in the region, due to higher wages, fees, and other economic factors, as well as the continued use of doctors as surgeons. More cost efficiency could be reached through full task shifting to non-surgeon cadres, which requires endorsement from key nursing stakeholder groups and the NDOH. The PEPFAR SA team is working with the SAG to pursue this policy and service delivery change. PEPFAR SA supports full-time static and roving VMMC teams in SAG facilities as well as stand-alone VMMC centers, and in FY 2012 PEPFAR SA intends to launch mobile services. PEPFAR SA also provides VMMC training to service providers nationwide through requests from Provincial Departments of Health and will be working with the Regional Training Centers (RTCs) in support of the VMMC scale-up. PEPFAR SA's VMMC partners engage in related outreach and education through mass media and local radio and through working with traditional leaders and communities. PEPFAR SA and VMMC partners will continue serving on the National VMMC Task Team, provide technical assistance nationally and provincially, second full-time technical assistance staff within NDOH offices, and draft VMMC strategic documents. PEPFAR SA plans to work at multiple levels to create standards for quality assurance and program monitoring and evaluation and also plans to directly fund the NDOH to support the creation of monitoring, evaluation, and quality assurance systems, as well as adverse event surveillance and standardized registers and patient forms. A PEPFAR SA monthly VMMC reporting system has been established and data is shared with National and Provincial Departments of Health.

Prevention with Positives (PWP) – (currently Positive Health Dignity and Prevention (PHDP)): Strengthening interventions for the estimated 5.6 million people living with HIV in South Africa is a critical component of the overall prevention (and care and treatment) portfolio. The overall goal of the PWP program is for all clinic- and community-based programs serving PLHIV (including sero-discordant couples) to offer a comprehensive package of HIV prevention messages and services on an ongoing basis. PEPFAR SA is supporting implementation of PWP activities through training of health care staff, implementation of community-based activities, creating linkages with HIV care and treatment services, and development of national PWP guidelines to support the implementation of the 2012-2016 NSP.

PEPFAR SA in collaboration with the regional training centers is developing training materials for health care workers to equip nurses and other service delivery staff to better address PLHIV in clinical settings. A phased training approach will be initiated in the current year, prioritizing PEPFAR SA-supported partners, health facilities in Gauteng and KwaZulu-Natal (provinces that account for 54% of people living with HIV in South Africa), and district support partners, who directly provide technical assistance to government facilities in every health district to strengthen care and treatment services. Prevention partners will be implementing community-based PWP activities as part of comprehensive HIV prevention services in specific geographic locations. For example, PEPFAR is working closely with the Integrated Access to Care and Treatment (I-ACT) program, which targets those diagnosed with HIV but not yet

eligible for treatment services to ensure that PWP activities in the current curriculum are in line with PEPFAR guidance. Over the next year, PEPFAR SA will support the NDOH's development and dissemination of PWP guidelines.

Most-at-risk populations (MARPs): PEPFAR SA is strengthening its overall MARPs program with the goal of reducing the number of new HIV infections in South Africa among sex workers (SW), persons who inject drugs (PWID), MSM, and their sex partners. PEPFAR SA activities are aligned with the NSP Sub-Objective 2.4 for key populations and activities and will support increased access to comprehensive HIV prevention services incorporating behavioral, biomedical, community, and structural interventions for MARPs, as well as capacity building, evaluation, and related activities directed to these population groups. Prevention, treatment, and care services for MSM and SW are largely implemented in urban centers and along major transportation corridors where these populations tend to concentrate and can more easily access services.

In addition to programs targeting MSM and SW, PEPFAR SA is also strengthening its work on migrant populations. Migrant populations in South Africa were estimated at 2.2 million people in 2010. The NSP acknowledges the vulnerability of mobile and migrant populations and people living in informal settlements but does not set forth specific HIV prevention strategies or policies that meet the unique needs of these groups. The migrant labor system separates couples and families and removes people from their normative, traditional community environment, creating language and legal barriers that can spur discrimination and limit access to health services increasing their vulnerability to discrimination. Activities supporting migrants and farm workers are concentrated along major national transportation routes, commercial farms, and cross-border centers in Limpopo, Mpumalanga, and KwaZulu-Natal provinces and in districts sharing borders with Mozambique, Swaziland, and Zimbabwe. The IOM study conducted on farm workers in Mpumalanga revealed the highest HIV prevalence ever reported for a working population in southern Africa (39.5%). Moreover, the HIV prevalence rate was significantly higher among female employees, with almost half of the women (46.7%) testing positive compared to just under a third (30.9%) of the male workforce. PEPFAR SA works with specific sectors (i.e., mining, transport, correctional services, and farming) to reach groups such as truck drivers and SWs in transport corridors to provide a range of prevention services including HCT.

PEPFAR SA's MARPs program will continue to be guided by the use of epidemiological data to identify specific concentrated geographic areas and sub-populations with the greatest need for HIV prevention interventions. PEPFAR will focus on developing partnerships and linkages with government and the private sector to reduce fragmentation and duplication of efforts and to facilitate the implementation of HIV prevention interventions. This includes linkages to services for STIs, TB, and substance abuse, as well as social services, other medical care and treatment, and legal services. Based on the lack of overall strategic information on MARPs in South Africa, PEPFAR SA will implement various activities including population size estimation and evaluation projects to enhance the current knowledge base regarding these groups and help identify what and where the needs are greatest for HIV prevention services. The MARPs program places a strong emphasis on providing support to the SAG and AIDS councils at national, provincial, district, and sub-district levels to improve access to health services, coordinate activities, strengthen policies, indicators and systems, and sensitize and educate health care workers about the need for non-discriminatory provision of health and other social services for MARPs. Over the next year, PEPFAR SA will support the NDOH's development and dissemination of prevention guidelines for MARPs through technical assistance, consultative meetings and training.

General Population: The primary objective of PEPFAR's overall prevention portfolio is to expand coverage of combination prevention interventions addressing the key drivers of HIV infection, reducing vulnerability to HIV and TB infection, and strengthening systems and capacity to implement programs in concentrated areas. Sexual prevention programs are implemented in all provinces with concentrated efforts in KwaZulu-Natal, Mpumalanga, and Gauteng provinces, and they target adult men and women,

who are highly vulnerable to HIV infection, individuals at high risk of sexual- or gender-based violence, and youth. In addition, activities are also supported to strengthen diagnosis and treatment of STIs, especially focusing on the integration of HIV and STI services.

Activities addressing adults who are at high risk of HIV infection: PEPFAR SA has identified key populations and geographic hot-spots with SAG at national, provincial, district, and local levels based on the KYE/KYR. Activities addressing adults at high risk of HIV infection include technical assistance to the SAG across sectors for policy development, targeted SBCC, community mobilization programs, and biomedical interventions. The SBCC and community programs use data, including social determinants and community involvement to provide culturally appropriate and easily understood messages, while other SBCC programs use mass and social media linked to community outreach programs. SBCC activities promote the use of a range of HIV social and health services, including VMMC, PMTCT, HCT, Post Exposure Prophylaxis (PEP), treatment, and other impact mitigation interventions. Community-based interventions actively engage all sectors of the population including local and traditional leaders, employers, religious groups, schools, PLHIV, and other affected populations. In informal settlements and other hard-to-reach communities, specific door-to-door campaigns are used to reach adults at high risk of HIV infection. Other PEPFAR programs target adults in the workplace, including working with unions and mining and farming enterprises.

Activities addressing in- and out-of-school youth: Since 2009, PEPFAR SA has been refocusing and consolidating its youth activities to be more strategic by targeting at risk youth and strengthening the Department of Basic Education (DBE) systems to implement evidence-based HIV prevention programs for school-going youth aged 10 – 19 that are at risk of infection. The current youth HIV prevention portfolio reflects this transformation and is aligned with the NSP SOs 1.5, and 2.2. Support includes assisting the DBE with implementation of the Integrated HIV Strategy to focus on the sexual and reproductive health education program, including HIV as a subject to be delivered in all schools. The programs have to be age-appropriate and have HIV-related life skills delivered through co-curricular means in all schools. DBE requested that PEPFAR SA assist them in the review, refocusing, and integration of school-based HIV prevention activities, school health, life skills, and peer education programs. Improved coordination among the Departments of Basic Education, Health, and Social Development through PEPFAR SA-funded interventions will result in harmonizing efforts and enhancing the delivery of stronger HIV prevention and more efficient programs. Targeted out-of-school youth programs support unemployed youth working in after-school programs to deliver peer education programs focusing on HIV prevention and addressing risky behavior.

Cross Cutting Areas
HSS/HRH: Current activities that work to sustain the existing volunteer and non-professional cadres of the HIV prevention workforce include training and supportive supervision to promote safe and accurate HIV rapid testing by lay counselors. For example, PEPFAR SA assisted SAG to modify the HCT policy in relation to task shifting to include lay counselors who are now performing rapid HIV tests under supervision and scaling-up PICT. Future task shifting efforts will focus on allowing non-surgical members of VMMC teams to take on increased responsibilities.

Medical Transmission: Data on the role of medical injections and infection control in health care settings are limited. In South Africa, HIV transmission through blood transfusions is practically zero due to the quality of the SAG's blood services and does not require new action; however, the status quo demonstrates the importance of maintaining the high quality of the standards for screening currently in place. No FY 2012 COP funds have been budgeted for Injection or Blood Safety.

Gender: South Africa has one of the highest rates of gender-based violence (GBV) in the world. Studies show that violent and/or controlling male partners often impose risky sexual practices on their female partners, who are not in a position to refuse these practices. Additionally, women who are in abusive

relationships are at particular risk of HIV exposure due to the threat of further violence, abandonment, or loss of economic support if they attempt to negotiate safer sex or refuse sex. Women living with HIV often face an increased risk of GBV because they are often the first in the relationship to test positive through pre-natal testing when they are pregnant. They are then branded as the “spreaders” of the virus. Once their HIV-positive status is revealed or disclosed to their partners, women may face being physically abused, losing access to important economic resources, or the threat of being chased from their homes.

PEPFAR SA’s gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a GBV assessment and also developed a draft strategy to address gender across its activities. PEPFAR SA currently supports several partners working with various SAG departments, civil society, and communities to address GBV and is leveraging the Gender Challenge Fund to support structural and community-based activities in KwaZulu-Natal province– the global epicenter of the HIV epidemic. Lastly, PEPFAR SA is in the process developing an overall strategy for all gender activities. The strategy, expected to be completed by September 2012, will establish recommendations for PEPFAR SA’s future gender-focused activities to complement the NSP Sub-Objectives 1.3 and 2.7.

Strategic Information: PEPFAR SA’s strategic information portfolio for prevention in FY 2012 and FY 2013 supports the NSP Strategic Objectives 6 and 7 and is focused on increasing the availability and quality of the programmatic and epidemiological evidenced base data for health programs in South Africa; increasing the capacity of individuals (especially managers) to understand and use data effectively; fully aligning the PEPFAR-specific indicator and results reporting systems with those of the SAG; and providing strong technical assistance to the SAG data systems. The main areas of technical assistance are to support the ongoing national survey efforts, including the HSRC Nelson Mandela Household Survey. The 4th wave of this crucial survey will include modules adapted from the Demographic and Health Surveys (DHS) in order to increase the evidence base around maternal and neonatal/child health indicators. Support of the National Communication Survey will continue during FY 2012 and FY 2013 with the 3rd wave of that survey, which contributes valuable data to increase understanding about the prevention response and improve programming. In addition, PEPFAR SA supports a number of HIV prevention studies, mainly conducted by the South African Medical Research Council (MRC) assessing HIV/AIDS and alcohol, STIs, and gender. PEPFAR SA is also supporting a surveillance activity for MARPs to better inform prevention activities for key populations.

The Sexual HIV Prevention Project will assist the District and Local AIDS Councils (D/LAC) and municipalities to collect, manage, and utilize data to improve prevention programming in hot-spots using the Local Epidemic Assessment and Response Process (LEAP). The LEAP includes a range of tools including geo-spatial analysis, biomedical and social/behavioral data, and updated inventory of the current response. LEAP will assist LAC and local decision-makers to identify the characteristics of the localized HIV epidemic in order to determine the optimal combination of prevention interventions and the resources needed for the response. The Sexual HIV Prevention Project will provide technical assistance and mentorship to stakeholders to determine prevention priorities for greater population-level impact. Instituting data use for decision-making at the local level is expected to improve the quality and availability of information over time and will help SAG track trends in the epidemic. The LEAP geo-spatial analysis tool developed in 2011 can potentially be used as a model for municipalities and sub-districts with very high HIV prevalence rates to advise on more directed prevention responses in the future.

Capacity Building: PEPFAR SA supports various capacity building activities to strengthen South Africa’s HIV prevention response. PEPFAR SA’s prevention team works closely with the SAG departments to ensure coordination of activities and provide technical expertise in HIV prevention. PEPFAR SA staff work to ensure a coordinated and integrated HIV prevention approach among the Departments of Health, Basic Education, Higher Education, Correctional Services, Social Development, and Women, Children, and Disabilities.

PEPFAR SA supports SAG through a multi-sectoral approach focused in selected provinces, targeted districts, and sub-districts, to ensure coverage of prevention intervention services, and provides TA on HIV prevention, gender, monitoring and evaluation, and other related support, including building capacity in the use of information and research data to inform and improve program planning and implementation. Additionally, PEPFAR SA will continue to provide capacity building and technical support/assistance on migration health to targeted provinces - Mpumalanga and Limpopo - increasing the understanding of policy and legislative frameworks governing migration and health amongst health care providers and policy makers through training and ensuring alignment in district and sub-district development plans. Technical assistance support will be extended to KZN and Gauteng to address specific targeted migration health issues, as these provinces also are experiencing significant migrant-related health challenges.

PEPFAR SA will build DBE capacity through technical assistance to develop appropriate policies, a strategic framework, and design relevant school-based youth programs to respond to HIV and AIDS in the education sector. PEPFAR SA-supported activities will focus at multiple targeted levels: at the national level to strengthen DBE systems to implement, monitor, and evaluate the Integrated HIV and AIDS Strategy, ensure alignment with the NSP SO 2, and implement efficient and effective HIV prevention programs. Further support will focus on strengthening teacher training programs with local universities to integrate sexual and reproductive health into their teacher training programs, institutionalize sexual reproductive health programs in teacher training curricula, and provide cost-effective interventions for school-based HIV prevention programs that can be scaled-up nationally.

Future Directions: PEPFAR SA intends to enhance comprehensive HIV sexual prevention services in the following ways: development, review, and implementation of National HIV prevention policies and guidelines for sexual prevention among targeted population(s); participation in technical working groups; continuing support for the SAG's efforts to integrate sexual HIV prevention and family planning services; strengthening condom supply chain management systems; and supporting the SAG's efforts to introduce new sexual HIV prevention strategies including pre-exposure prophylaxis (PrEP) and microbicides to prevent HIV transmission and assist SAG achieve the NSP Sub-Objective 2.5. As was recently noted by President Obama and Secretary Clinton, now more than ever, the USG has the opportunity to work towards an AIDS-free generation. PEPFAR SA's prevention portfolio will have to work closely with the SAG to support an optimal mix of combination prevention tools, prioritizing combinations of activities based on sound scientific evidence that will have the maximum impact on reducing new HIV infections and saving lives.

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	7,434,016	0
HTXS	133,340,115	0
PDTX	20,810,189	0
Total Technical Area Planned Funding:	**161,584,320**	**0**

Summary:
Overview of HIV in South Africa

South Africa has a population of approximately 50 million people and 5.6 million HIV positive people due

to a generalized HIV epidemic that accounts for 17% of the global burden of HIV & AIDS. The epidemic in South Africa has stabilized over the last four years with a national antenatal prevalence of around 30%. South Africa currently ranks the third highest in the world in terms of TB burden, with an incidence rate that has increased by 400% over the past 15 years. The disease burden for HIV and TB is set on the backdrop of a public health infrastructure and system that faces several challenges including significant human resource needs; poor health outcomes; lack of effective information management at all levels of the public healthcare system; inadequate linkages between community resources and healthcare facilities; and ineffective coordination among national and provincial Departments of Health, and district and local health management teams.

In response to these challenges, the South African government (SAG) renewed its commitment to scale up the national response to HIV and TB through targeted campaigns and new policies and strategies. In 2010, the National Department of Health (NDOH) initiated the National HIV Counseling and Testing campaign that tested 15 million South Africans over 15 months and scaled-up antiretroviral treatment (ART) so that 1.4 million South Africans are now on ART (21% of those on ART globally). In 2011, NDOH initiated Primary Health Care (PHC) Re-Engineering to increase access to quality comprehensive health care services through the approximately 4,000 primary health care facilities. Coupled with this effort, the NDOH has also made decentralization of ART services to the primary healthcare level a priority; thereby increasing access to HIV Care and Treatment and integrating it with other services such as TB and maternal and child health that are delivered at the primary health care level. The Primary Health Care Re-engineering plan focuses on a three stream approach (a) a ward based PHC outreach team for each municipal ward; (b) strengthened school health services; and (c) district based clinical specialist teams with an initial focus on improving maternal and child health. The PHC re-engineering streams (a) and (b) align with PEPFAR SA objectives.

In December 2011, SAG launched the new National Strategic Plan on HIV, STIs, and TB 2012-2016 (NSP) that outlines national strategic multi-sectoral objectives for the next 5 years and reaffirms the country's commitment to preventing and mitigating the impact of the HIV and TB epidemics and scaling up the national prevention and treatment response across all sectors. The NSP defines several priorities for treatment under Strategic Objectives 3 –Sustaining Health and Wellness. These include ensuring access to high-quality drugs to treat HIV, STIs, and TB; ensuring the earliest possible enrolment for and universal access to appropriate treatment for HIV and TB, after screening and diagnosis; ensuring treatment of children, adolescents, and youth; initiating all HIV-positive TB patients on lifelong ART, irrespective of CD4 count; strengthening primary health care, with a focus on the provision of medication at the PHC facilities and support at the household level; and developing a single patient identifier in the health sector.

The SAG has committed approximately $715 million to the expanded NDOH HIV/AIDS program in fiscal year 2011/12 with much of the funding earmarked for procurement of ARVs. The NDOH budget for HIV has increased by 153% over the last few years, to support the expanded access and scale up of antiretroviral services, decentralization of ART and other HIV/TB services, and PHC re-engineering.

The United States government (USG) has partnered with the SAG since 2004 to respond to the HIV/TB epidemic. By the end of FY 2011, of the 1.4 million on antiretroviral treatment (ART) in South Africa (UNAIDS 2011), 1,139,500 were on treatment through PEPFAR support. Of these 104,109 were children under the age of 15, accounting for 9% of those on treatment through PEPFAR support. 2,400,400 individuals (of whom 527,664 are under 18 years of age) received care services through PEPFAR support, 1,814,400 received clinical care, and 73,000 were started on TB treatment.

In December 2010, PEPFAR SA affirmed its support for the SAG's initiatives by signing the five year SA – U.S. Partnership Framework 2012-2017 (PF) to improve the effectiveness and sustainability of the SA national HIV and TB response. The PF lays the foundation for transitioning PEPFAR SA from an

emergency response to a sustainable and country owned response. The PF outlines three goals: (1) prevent new HIV and TB infections; (2) increase life expectancy and improve the quality of life for people living with and affected by HIV and TB; and (3) strengthen the effectiveness of the HIV and TB response system. PEPFAR SA's care and treatment program will continue to work with the SAG to increase life expectancy and improve the quality of life of people living with and affected by HIV and TB.

In 2011 at the request of the SAG and in support of the Primary Health Care Re-engineering and District Health System strengthening, PEPFAR SA undertook an Alignment process of all the implementing partners providing clinical services designating District (or sub-district depending on the size of the district) Support Partners (DSPs) for each of the 52 health districts to ensure uniform coverage and eliminate duplication. One of the key mandates of these DSPs is to build the capacity of District Management Teams (DMTs) through providing technical assistance and training for DMTs for the preparation and monitoring of District Health Plans (DHPs) and the drafting of the District Health Expenditure Reviews (DHERs) that will guide clinical services and PEPFAR SA capacity building to support clinical service delivery in the district. The DSPs will maintain the clinical services they currently provide and coordinate the progressive transition of these services to the primary health care facilities.

The allocation of the District Support Partners has evolved in the current year to include three models that will be evaluated for their effectiveness. Only one DSP is assigned to each of 26 districts. Two DSPs funded by a single agency have been appointed in 16 districts with one focused on health systems strengthening and the second on human resources and capacity strengthening. In the remaining 10 districts, an interagency (CDC and USAID) district-based model has been adopted with one partner working to support capacity building for the District Management Team level and the other supporting capacity building and transition of service delivery at the facility level addressing different aspects of the six WHO pillars of health system strengthening. These models will be evaluated using district health outcomes defined by SAG. A Memorandum of Understanding, joint work plan, monitoring and evaluation plan, and coordinated budgets between CDC, USAID, and their grantees for each district will facilitate effective coordination. More specialized implementing partners are assigned to work at a provincial level to provide technical support in specific areas to the province and districts as needed.

The goals of this Alignment plan are to not only improve efficiencies, reduce duplication, and thus extend coverage, but also to build the capacity of DMTs and facility management teams to deliver better quality healthcare services. Specific capacity building initiatives include enhancing district management leadership and governance capacities, planning, and operations at a central level; improving data collection, reporting, quality, and use by assisting PHCs and other facilities to implement the NDOH Tier 1 and 2 reporting system for antiretroviral treatment; developing a tool to merge data from vertical NDOH data collection systems to facilitate data entry into the District Health Information System (DHIS); strengthening integration of TB, HIV, maternal child health (MCH) services, and other services based on the PHC re-engineering plan; promoting community access to care at the lowest levels; and improving overall health outcomes. In addition, they will assist the districts to implement some of the recommendations of the NDOH District facility assessment. The NDOH has completed an audit of 3,336 of the 4,210 health care facilities to date and the NDOH will work with provincial DOHs to improve financial management, information technology, facility infrastructure and clinical engineering, human resources for health (HRH), pharmacy technician development, and health system management. This project will be rolled out in several pilot districts in the next year.

The SAG has requested that clinical care and treatment services be shifted to the SAG public health system as these are the inherent responsibility of the Department of Health; therefore, a primary goal of the PEPFAR SA team over the next five years will be to transition clinical services and the funding responsibility to the SAG. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the SAG DOH public health system and the shift from direct care and treatment service delivery to technical assistance rooted in identified needs of the SAG for

health system strengthening and capacity building. This transition is likely to occur at a different pace, and may also require different approaches, in each of the 9 provinces. During this transition, both governments will work together to communicate these shifts, emphasize the continual scale-up of the national HIV and TB response, maintain high quality continuum of care, and ensure that all patients continue to receive care and treatment services without interruption.

ADULT TREATMENT

The SAG has revised the antiretroviral treatment (ART) guidelines to raise the CD4 eligibility criteria for adults to a CD4 count < 350 and plan to initiate all HIV-positive TB patients on lifelong ART, irrespective of CD4 count. The pediatric treatment guidelines will also be aligned with the World Health Organization (WHO) pediatric guidelines. The new treatment guidelines have the potential to significantly scale-up the ART program by increasing the number of patients initiated and maintained on ART when coupled with strategies to improve access and increase demand for services through implementation of the Primary Health Care Re-engineering and decentralization of services to Primary Health Care facilities.

PEPFAR SA will support the SAG NSP Strategic Objective 3 by providing support for i) expansion of integrated treatment, care, and support services through the provision of technical and financial resources; ii) strengthening the expansion, integration, and decentralization of HIV/TB services; iii) strengthening surveillance, patient identification, and tracking systems and iv) assisting the SAG with the development and/or implementation of innovative and appropriate policies designed to improve integrated service delivery.

Over the next five years, PEPFAR SA's treatment program will shift from direct treatment service delivery to providing targeted technical assistance based on needs identified by the SAG for health system strengthening and capacity building at the national, provincial, and district level. This transition will include the hiring of many PEPFAR funded clinical staff currently working in public health clinics by the DOH and increasing human resources development through pre- and in-service training. During this transition period, both governments will work together to maintain high quality continuum of care and ensure that all patients continue to receive care and treatment services without interruption.

PEPFAR SA through its implementing partners will support the SAG's Primary Health Care (PHC) Re-Engineering plan that will improve access to treatment services by decentralizing ART from the hospital setting to more accessible primary health care (PHC) clinics and shifting service delivery from doctors to nurses through the nurse initiated management of ART (NIMART). The PHC Re-engineering plan also fosters linkages and integration of HIV/TB with antenatal care (ANC) services and maternal child health (MCH).

The quality and oversight of the treatment program will be led by the district and provincial management teams. PEPFAR SA implementing partners will work with district management teams in the 52 districts to support and provide appropriate technical assistance to ensure improved decision making, better oversight, better use of data, and quality outcomes in South Africa. PEPFAR SA implementing partners will ensure the quality of treatment programs by assisting districts and sub-districts develop and implement clinical quality improvement programs across the HIV/TB response at the district, sub-district, and facility levels. PEPFAR SA implementing partners will also undertake the following technical assistance activities:

- Work with the Regional Training Centers to train all cadres of healthcare workers with a focus on strengthening NIMART, given that most PHCs are nurse managed;
- Support, strengthen, and assist provinces, districts, and sub-districts to roll out guidelines through joint activity plans, technical assistance, and supervision and training support to district management teams, sub-districts, and facilities. PEPFAR SA will also ensure provision of up-to-date SAG guidelines and support material at all clinical sites. Implementing partners will work with the provincial, district and

sub-district management teams when review and updating of these materials is required;
- Work with provincial, district, and facility management to transition PEPFAR SA supported staff working in public health facilities to the DOH. In some cases, this will require a new model for provision of care and treatment and in others this transition will ensure that skilled labor is retained within these facilities. Implementing partners will also assist the district, sub-district and facility management teams to revise HR policies and retention strategies and plans. These activities will assist the SAG to better forecast, plan for contingencies, and develop appropriate human resources budgets;
- Work with the SAG to improve current laboratory monitoring protocols and strengthen laboratory systems. PEPFAR SA implementing partners will train laboratory staff on new algorithms such as HIV/TB integration and TB diagnostics as they are strengthened and upgraded, including the introduction of Gene Xpert and other innovative laboratory technologies. The PEPFAR SA team will also work with the National Health Laboratory Services to reduce laboratory result turn-around times, reduce human errors, and capacitate the system to be more efficient;
- Assistance district management teams to identify bottlenecks in ARV drug supply and other ARV related challenges early and develop management and work plans to address these. Assist the pharmacy depot management with forecasting drug supply needed and strengthen procurement processes and depot storage plans. The PEPFAR SA team is working with SAG to access international drug procurement networks and assisting the SAG to use faster, more efficient, and cheaper drug supply networks and negotiate cheaper supplies. PEPFAR SA implementing partners are also advocating ARV procurement committees for inclusion of fixed dose combination ART and highlighting their potential cost benefit;
- Support monitoring and evaluation of treatment by strengthening the NDOH's Tiered Data management system at the district, sub-district, and facility levels by providing training, mentorship, and supervision. This will be achieved through training on and implementation of quarterly data quality assessments and how to complying with existing monitoring and evaluation tools;
- Conduct treatment cost modeling analyses for the NDOH and develop expenditure tracking models that will inform key SAG and PEFAR decision makers;
- Strengthen systems of pharmacovigilance; and,
- Strengthen surveillance systems for emerging HIV drug resistance.

Due to fact that the technical assistance will extend throughout the DOH system, the SAG national targets and results will be attributed to PEPFAR SA.

Other international donors supporting HIV/AIDS and TB activities include Belgian Technical Corporation, UK Department for International Development, Italian Institute of Health, Japanese International Cooperation Agency, Bill and Melinda Gates Foundation, Swedish Development Cooperation, European Union (EU), Clinton Health Assistance Initiative (CHAI) , UNAIDS and the Global Fund. PEPFAR SA will collaborate with development partners to reduce duplication and ensure efficiency of assistance provided to SAG.

PEDIATRIC HIV TREATMENT
In FY 2011, PEPFAR SA supported 104,109 children under the age of 15 on treatment, of which 29,801 were newly enrolled on ART. Thus, children under 15 represent 9% of the total number of people receiving ART through PEPFAR SA support.

In the past 2 years, SAG has made pediatric treatment a focus by: (1) mandating that all HIV-infected children under the age of 1 must be put on ART; (2) strengthening the PMTCT programs and the effectiveness of programs to follow up HIV-exposed infants; (3) decentralizing ART services to the primary health care level; (4) continuing the implementation of nurse initiated management of ART (NIMART); and 5) evaluating the impact of PMTCT at the Provincial level. Additionally, PEPFAR SA continues to work closely with the NDOH Pediatric Comprehensive Care, Management, and Treatment team (CCMT) to ensure that PEPFAR implementing partners are working towards SAG's priorities of

scaling up pediatric ART services and decentralizing service delivery to the PHC level. PEPFAR SA is currently working with SAG and other development partners in drafting the Pediatric Action Framework.

Key Priorities & Major Goals for Next Two Years: In 2011, PEPFAR SA implementing partners assisted the SAG in conducting a rapid assessment of the Prevention of Mother to Child Transmission and Mother and Child Health implementation plans including pediatric services. This information was presented at the December 2011, UNAIDS-PEPFAR SA meeting on Global Plan towards Elimination of new HIV Infections in Children and Keeping Mothers Alive by 2015. PEPFAR SA will support the SAG implementation plan and recommendations from the rapid assessment by ensuring that pediatric care and treatment is provided as a comprehensive package that includes mothers and other care givers. The roll out of NIMART is also part of the comprehensive strategy to decentralize pediatric care and treatment from specialized hospitals to sub-district and district based facilities.

PEPFAR SA will also focus on strengthening the data management systems, the District Health Information System, and data collection by the facilities and district management teams. This effort will ensure quality assurance and quality improvement of the pediatric treatment program. Documentation of pediatric care and treatment outcomes will be supported by ensuring that the District Health Information System is strengthened and supported by the PEPFAR SA implementing partners. In addition, the program will support activities to strengthen pharmacovigilance for ART in collaboration with the NDOH.

The USG supports sustainable and scalable pediatrics programs that will improve early identification of HIV and TB infection through scale-up of provider initiated counseling and testing (PICT), early initiation of ART for eligible HIV positive pediatric and adolescent patients, and strengthening of comprehensive integrated HIV and TB treatment services in the context of broader maternal, neonatal, child, and adolescent health services. The scale up strategy relies on the PHC re-engineering plan, decentralization, NIMART training, supervision and mentoring of the PHC nurses managing pediatric patients, and overall support to district management teams to optimize pediatric ART programs in the context of child health. PEPFAR SA implementing partners supporting the SAG at the district level will assist the district management teams to implement a minimum package of care for mother-baby pairs, pediatric, and adolescent patients. Linkage with the Community Health Worker program will assist in ensuring that eligible infants, children, and adolescents in the community are identified and linked to the primary health care clinic to support initiation and retention in ART programs. Continued focus on decentralization of pediatric ART services through coordination of NIMART and adapted IMCI training for key staff at the PHC level is a key strategy that will be supported. Finally, echoing the SAG and USG focus on provision of integrated pediatric and adolescent health services, districts will be supported to ensure provision of comprehensive health services through addressing infrastructural challenges and strengthening linkages to key services.

Strengthening of adolescent services will ensure that adolescents are retained in care and treatment services. PEPFAR SA is committed to assisting the SAG make all facilities pediatric and adolescent friendly. A minimum standard package of care for all adolescents will be developed and the PHC nurses will be trained on it along with NIMART. Adolescents need to be supported and guided to use reproductive health services and to easily access family planning services. These services must also be strengthened and link with the primary health care facilities. Psychosocial services will be strengthened by the PEPFAR SA partners and will be made more accessible to adolescents as they are a most-at-risk population due to experimentation tendencies. Training of health care workers to be able to provide counseling sessions will be part of the minimum package of care for adolescents. This training will assist health care workers handle and deal with adolescents' issues.

Alignment with Government Strategy and Priorities: The NSP details specific pediatric HIV scale up plans. The NSP's operational plans will be aligned with the Provincial Strategic plans; as such, SAG will have one National Strategy with nine (9) operational plans. PEPFAR SA will be aligning its plans with the

NSP to strengthen the pediatric scale up and roll out at each district.

PEPFAR SA supports the SAG's pediatric HIV strategy collaborating with NDOH Plenary committees, including the NDOH Pediatric TWG. PEPFAR SA and PEPFAR SA implementing partners collaborate with other donors, such as UNICEF and CHAI, to ensure that there is no duplication of services. Training, mentorship, preceptorships, and supervision are provided by the PEPFAR SA implementing partners

Policy Advances or Challenges: The current pediatric guidelines are only partially in line with WHO Guidelines, as they do not currently recommend ART for all positive infants under 2 years of age nor do they align with the WHO recommendation for cotrimoxazole provision for children 1-5 years of age. The expectation is that SAG will support revision of the current guidelines and continue providing ART to pediatrics based on the current WHO pediatric guidelines.
The expansion of pediatric service and an approach that links pediatric service to caregiver service ensures comprehensive family focused care and entry to social development programs for orphans and vulnerable children.

Efforts to Achieve Efficiencies: The PEPFAR SA alignment of implementing partners to specific districts minimizes duplication of services. The purpose of this effort is to support the SAG District Management Teams in strategic planning to coordinate clinic-based HIV and AIDS and TB care and treatment services in all health care facilities (hospitals, community health centers (CHCs), and PHC clinics), to link with community services and scale-up better practices, expand geographic coverage of PEPFAR SA support, and improve district level coordination between SAG and PEPFAR SA implementing partners.

Health Systems Strengthening efforts to improve HIV programs: PEPFAR SA continues to work with the national and provincial governments as well as key stakeholders (including clinicians and pharmacists groups) to advocate for rational drug usage for improved adherence and greater clinical efficiencies. In addition to strengthening the supply chain management capacity within South Africa, the PEPFAR SA implementing partners are engaged with the Medicines Control Council. With the establishment of a Centralized Procurement Authority within the NDOH, the approval of fixed dose combination ARVs may move forward and overall procurement and oversight of ARVs and related medical commodities will be improved. The USG is working in close coordination with CHAI and Global Fund Round 10 principle recipients to ensure appropriate procurement quantities and to realize efficiencies throughout the medical supply chain.

CROSS CUTTING PRIORITIES
HSS/HRH: PEPFAR SA support for human resources for health (HRH) development includes the implementation of a Human Resource Information System (HRIS) to provide better and up-to-date information on the availability of human resources, or the lack thereof. Pre-service training will be emphasized with the aim of adding new health care workers to the workforce (clinical associates, nurses, pharmacy assistants, and laboratory personnel). In-service training, focused on strengthening existing workforce capacity, will be achieved through the revitalization of the Regional Training Centers (RTCs) and expansion of existing curricula. PEPFAR SA implementing partners provide in-service training to health workers as part of their workplans to improve local management and health service delivery capacity.
PEPFAR SA implementing partners provide mentoring for NIMART trained PHC nurses and provide in-service training programs for health workers for HIV and TB management and infection control. PEPFAR SA is also assisting with the training of Community Health Workers (CHWs), as requested by the NDOH, to support implementation of the PHC re-engineering strategy. PEPFAR SA is heavily involved in the CHW curriculum development and PEPFAR SA implementing partners will assist with training as soon as the curriculum is finalized.
Strategic Information: PEPFAR SA's strategic information portfolio for FY 2012 is focused on increasing the availability and quality of the programmatic and epidemiological evidence base for health programs in

South Africa; increasing the capacity of individuals (especially managers) to understand and use data effectively; fully aligning the PEPFAR SA-specific indicator and results reporting systems with those of the SAG; and providing technical assistance to the SAG data systems.
In FY 2012, PEPFAR SA will be among the first countries to propose/start an Impact Evaluation project under the recently released OGAC guidance on development and implementation of Impact Evaluations and will increase its considerable contribution to Implementation Science by delivering relevant and quality evaluations of important public health strategies and approaches. In addition, PEPFAR SA will also step up its overall effort to encourage PEPFAR SA implementing partners to evaluate their programs and to document and disseminate their best practices.
Laboratory: Laboratory services and diagnostics for HIV and TB are central to the initiation of ART and TB treatment and subsequent HIV and TB monitoring. Key criteria used to determine ART initiation include CD4 T-cell levels, liver function tests, and assessment of hemoglobin levels. Early infant diagnostic testing is required to identify and treat children exposed to HIV during pregnancy. HIV viral load and drug resistance testing is used to monitor treatment failure and identify alternative ART drug combinations for continued treatment.

The National Health Laboratory Service (NHLS) is the primary provider of laboratory services to the public sector. Technical assistance and laboratory systems strengthening to NHLS is provided by the PEPFAR SA. On-going programming includes national, provincial and district support for quality assurance programs, pre- and post-service training for laboratory technicians, and populations based studies that intricately weave epidemiology and laboratory-based methodologies to inform treatment programs and policy. Significant future programs being initiated in support of treatment programs include 1) monitoring of community and clinic level viral load to assist in the monitoring and evaluation treatment at the population level, 2) support of CD4 Point-of-Care technology aimed at decreasing loss-to-follow up and test-to-treatment time, 3) training programs to support and enhance laboratory human resource capacity, and 4) HIV drug resistance studies.

MARPs: According to a South African Centre for Epidemiological Modeling and Analysis (SACEMA) draft report (as provided in the June 1 2010 Discussion Draft of “South African HIV epidemic, policy and response synthesis”), almost 1/3 of new HIV infections in South Africa are related to Community Sex Workers) (CSW), Men having Sex with other Men (MSM), and People who inject drugs (PWID). PEPFAR SA is strengthening its overall MARPs program with the goal of reducing the number of new HIV infections in South Africa among sex workers (SW), persons who inject drugs (PWID), MSM, and their sex partners. PEPFAR SA activities are aligned with the NSP Sub-Objective 2.4 for key populations and activities and will support increased access to comprehensive HIV prevention services incorporating behavioral, biomedical, community, and structural interventions for MARPs, as well as capacity building, evaluation, and related activities directed to these population groups. Prevention, treatment, and care services for MSM and SW are largely implemented in urban centers and along major transportation corridors where these populations tend to concentrate and can more easily access services.

In addition to programs targeting MSM and SW, PEPFAR SA is also strengthening its work on migrant populations. Migrant populations in South Africa were estimated at 2.2 million people in 2010. The NSP acknowledges the vulnerability of mobile and migrant populations and people living in informal settlements, but does not set forth specific HIV prevention strategies or policies that meet the unique needs of these groups. The NSP further recognizes that key populations experience barriers that limit their access to health and social services. Likewise, the PEPFAR SA country program supports the minimum package of prevention, care and treatment services for MARPs, including linkages to services for STIs, TB and substance abuse, Prevention with Positives (PwP), post-exposure prophylaxis (PEP) as well as social services and other medical and legal services for MSM, SW and mobile populations. However, limited attention is being paid to the HIV needs of PWIDs, and prevention, care, treatment and psychosocial services for PWID are limited. To ensure that treatment programs for MARPs are linked to appropriate, accessible, and friendly HIV prevention, care, and support services for MARPs, PEPFAR SA

supports sensitization trainings, which provide healthcare workers with the necessary skills and knowledge to provide the sensitive services that support and adequately cater for the unique needs of MARPs, ensuring successful referral from outreach and HCT programs targeting MARPs.
Nutrition: Malnutrition among people living with HIV (PLHIV) remains a major challenge to achieving the full impact of HIV interventions in South Africa. As many as 1 in 3 HIV+ adults entering care and treatment have a Body Mass Index (BMI) of less than 18.5 which means they require clinical nutrition support. Nutrition assessment, counseling and support (NACS) has demonstrated benefits towards improving adherence to treatment and potentially prolonging the pre-ART stage. The NSP emphasizes the importance of nutrition as part of comprehensive care package for people living with HIV/AIDS. In South Africa PEPFAR partners have provided nutritional support to malnourished HIV-positive adults, pregnant and postpartum (P/PP) women, and OVC, with DOH providing fortified blended flours for clinically malnourished individuals.
PEPFAR will continue to support DOH in the adoption, formulation, implementation and dissemination of food and nutrition polices through a lead participation in a multi sectorial nutrition working group. In response to the DOH request to build human capacity for nutrition services, PEPFAR will support incorporation of nutrition support into various in and pre service curriculum for frontline health workers. To ensure sustainability PEPFAR will work with District Health Management Teams (DHMT) to incorporate nutrition support for PLHIV and TB into their work plans and budgets. Training on NACS for PHC teams is underway and in particular incorporation of NACS into the CHW curriculum.
PEPFAR partners will support the implementation of the Tshwane Declaration passed by the Minister of Health in August 2010 on promotion, protection and support of breastfeeding. This policy includes South Africa amongst countries which have adopted the 2010 WHO Guidelines on Infant and Young Child Feeding. In addition partners will be required to strengthen linkages between health facilities and community-based Infant and Young Child Nutrition (IYCN), support Behavior Change Communication activities, and influence positive behaviors that support safe and appropriate infant feeding. Lastly, partners will continue to strengthen complementary feeding support for infants older than six months of age along with adequate counseling.
PPP: The SAG government has established partnerships with the private sector in the implementation of the TB program. As TB services are mainly provided at the public health care facilities, TB patients seen at the private health care facilities are referred to the government facilities for treatment. For ART program, PEPFAR partners will be encouraged to procure drugs through Supply Chain Management Services (SCMS) which provides a reliable, cost-effective and secure supply of products for HIV/AIDS programs in PEPFAR-supported countries. The SCMS is the partnership between private sector, non-governmental organization and Faith-based organizations.
Gender: South Africa has one of the highest rates of gender-based violence (GBV) in the world. Studies show that violent and/or controlling male partners often impose risky sexual practices on their female partners, who are not in a position to refuse these practices. Additionally, women who are in abusive relationships are at particular risk of HIV exposure due to the threat of further violence, abandonment, or loss of economic support if they attempt to negotiate safer sex or refuse sex. Women living with HIV often face an increased risk of GBV, because they are often first in the relationship to test positive through pre-natal testing when they are pregnant. They are then branded as the “spreaders” of the virus. Once their HIV-positive status is revealed or disclosed to their partners, women may face being physically abused, losing access to important economic resources, or the threat of being chased from their homes.

PEPFAR SA’s gender activities have been strengthened over the last year. In February 2011, PEPFAR conducted a GBV assessment and also developed a draft strategy to address gender across its activities. PEPFAR SA currently supports several partners working with various SAG departments, civil society, and communities to address GBV, and is leveraging the Gender Challenge Fund to support structural and community-based activities in KwaZulu-Natal province– the global epicenter of the HIV epidemic. Lastly, PEPFAR SA is in the process developing an overall strategy for all gender activities. The strategy, expected to be completed by September 2012, will establish recommendations for PEPFAR SA’s future gender-focused activities to complement the NSP Sub-Objectives 1.3 and 2.7.


PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2012	Justification
P1.1.D	P1.1.D Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women who were tested for HIV and know their results	990,000	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	85 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	252,450	
	Number of HIV-positive pregnant women identified in	297,000	

	the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	118,800	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)		
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)		
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	0	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	133,650	
	Single-dose nevirapine (with or without tail)	0	
P4.1.D	P4.1.D Number of injecting drug users (IDUs) on opioid substitution therapy	n/a	Redacted
	Number of injecting	0	

	drug users (IDUs) on opioid substitution therapy		
P5.1.D	Number of males circumcised as part of the minimum package of MC for HIV prevention services per national standards and in accordance with the WHO/UNAIDS/Jhpiego Manual for Male Circumcision Under Local Anesthesia	131,000	Redacted
	By Age: <1	0	
	By Age: 1-9		
	By Age: 10-14		
	By Age: 15-19		
	By Age: 20-24		
	By Age: 25-49		
	By Age: 50+		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	68,000	Redacted
	By Exposure Type: Occupational	30,000	
	By Exposure Type: Other	3,000	

	non-occupational		
	By Exposure Type: Rape/sexual assault victims	35,000	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	1,000,000	
P8.1.D	P8.1.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are	2,500,000	

	based on evidence and/or meet the minimum standards required		
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	2,000,000	
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive	n/a	Redacted

	interventions that are based on evidence and/or meet the minimum standards required		
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	66,942	
	By MARP Type: CSW	11,500	
	By MARP Type: IDU	50	
	By MARP Type: MSM	10,000	
	Other Vulnerable Populations	45,392	
P11.1.D	Number of individuals who received T&C services for HIV and received their test results during the past 12 months	4,000,000	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	800,000	
	By Age/Sex: 15+ Female		
	By Age: 15+	3,200,000	
	By Age/Sex: 15+ Male		
	By Sex: Female	2,400,000	
	By Sex: Male	1,600,000	

	By Test Result: Negative		
	By Test Result: Positive		
P12.2.D	Number of adults and children reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion related to HIV/AIDS	25,340	Redacted
	By Age: <15	0	
	By Age: 15-24	0	
	By Age: 25+	0	
	By Sex: Female	9,340	
	By Sex: Male	16,000	
C1.1.D	Number of adults and children provided with a minimum of one care service	3,000,000	Redacted
	By Age/Sex: <18 Female		
	By Age/Sex: <18 Male		
	By Age: <18	750,000	
	By Age/Sex: 18+ Female		
	By Age: 18+	2,250,000	
	By Age/Sex: 18+ Male		
	By Sex: Female	1,950,000	
	By Sex: Male	1,050,000	

C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	2,550,000	Redacted
	By Age/Sex: <15 Female		
	By Age/Sex: <15 Male		
	By Age: <15	637,500	
	By Age/Sex: 15+ Female		
	By Age: 15+	1,912,500	
	By Age/Sex: 15+ Male		
	By Sex: Female	1,657,500	
	By Sex: Male	892,500	
C2.2.D	C2.2.D Percent of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	18 %	Redacted
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	450,000	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,550,000	
C2.3.D	C2.3.D Number of HIV-positive clinically malnourished clients who received therapeutic or	n/a	Redacted

	supplementary food		
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	165,000	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.		
	By Age: <18		
	By Age: 18+		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	90 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	2,295,000	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,550,000	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or	8 %	Redacted

	treatment (pre-ART or ART) who started TB treatment		
	Number of HIV-positive patients in HIV care who started TB treatment	204,000	
	Number of HIV-positive individuals receiving a minimum of one clinical service	2,550,000	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women who received an HIV test within 12 months of birth	95 %	Redacted
	Number of infants who received an HIV test within 12 months of birth during the reporting period	282,100	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	297,000	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	56,400	
	By timing and type of	225,700	

	test: virological testing in the first 2 months		
C5.1.D	By Age: <18	450,000	Redacted
	By Age: 18+	300,000	
	Number of adults and children who received food and/or nutrition services during the reporting period	750,000	
	By: Pregnant Women or Lactating Women	100,000	
T1.1.D	By Age/Sex: <15 Female	28,800	Redacted
	By Age/Sex: <15 Male	19,200	
	By Age/Sex: 15+ Female	259,200	
	By Age/Sex: 15+ Male	148,800	
	By Age: <1	6,720	
	By: Pregnant Women	125,050	
	Number of adults and children with advanced HIV infection newly enrolled on ART	480,000	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	1,425,000	Redacted
	By Age/Sex: <15 Female	49,875	
	By Age/Sex: <15 Male	49,875	
	By Age/Sex: 15+ Female	806,970	

	By Age/Sex: 15+ Male	518,300	
	By Age: <1	16,000	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral therapy	84 %	Redacted
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	403,200	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	480,000	
	By Age: <15	32,256	
	By Age: 15+	370,944	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	0	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national	0	Redacted

	or international standards		
H2.1.D	Number of new health care workers who graduated from a pre-service training institution or program	19,822	Redacted
	By Cadre: Doctors	50	
	By Cadre: Midwives	230	
	By Cadre: Nurses	110	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	2,000	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	40,000	Redacted
	By Type of Training: Male Circumcision	230	
	By Type of Training: Pediatric Treatment	1,050	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7221	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	5,275,641
7222	Education Labour Relations Council	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
7223	South Africa Military Health Service	Host Country Government Agency	U.S. Department of Defense	GHP-State	1,313,540
7224	Tshepang Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
7225	South African Democratic Teachers Union	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
7227	Salesian Mission Inc	FBO	U.S. Department of Health and Human	GHP-State	0

			Services/Centers for Disease Control and Prevention		
7228	Montefiore Hospital	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
7306	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHP-State	2,029,617
9458	Kheth'Impilo	NGO	U.S. Agency for International Development	GHP-State	0
9461	Africa Center for Health and Population Studies	NGO	U.S. Agency for International Development	GHP-State	0
9462	African Medical and Research Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9464	Africare	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	6,256,908
9465	AgriAIDS	NGO	U.S. Agency for	GHP-State	316,936

			International Development		
9467	American Center for International Labor Solidarity	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	400,000
9469	Anglican AIDS & Healthcare Trust	FBO	U.S. Agency for International Development	GHP-USAID	0
9471	Aurum Health Research	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9472	Boston University	University	U.S. Agency for International Development	GHP-State	431,752
9473	Broadreach	NGO	U.S. Agency for International Development	GHP-State	0
9474	Care International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,837,058
9475	Care International	NGO	U.S. Agency for International Development	GHP-State	0
9477	Catholic Medical	FBO	U.S. Department	GHP-State	450,000

	Mission Board		of Health and Human Services/Centers for Disease Control and Prevention		
9481	University of the Western Cape	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	712,499
9490	University of Pretoria, South Africa	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	255,025
9491	Walter Sisulu University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
9493	World Vision South Africa	FBO	U.S. Agency for International Development	GHP-State	0
9496	Xstrata Coal SA & Re-Action!	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	0

			Prevention		
9497	UNIVERSITY OF KWAZULU-NATAL INNOVATIONS	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,760,368
9499	Childline Mpumalanga	NGO	U.S. Agency for International Development	GHP-State	0
9500	Children in Distress	NGO	U.S. Agency for International Development	GHP-State	0
9502	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State, Central GHP-State	0
9506	Elizabeth Glaser Pediatric AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State, Central GHP-State	0
9508	Youth for Christ South Africa (YfC)	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9509	St. Mary's	FBO	U.S. Department	GHP-State	1,300,000

	Hospital		of Health and Human Services/Centers for Disease Control and Prevention		
9510	Ubuntu Education Fund	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9511	Starfish	NGO	U.S. Agency for International Development	GHP-State	0
9515	Toga Laboratories	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9519	South African Clothing & Textile Workers' Union	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9521	SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and	GHP-State	9,257,255

			Prevention		
9522	National Health Laboratory Services	Parastatal	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,506,676
9524	Nurturing Orphans of AIDS for Humanity, South Africa	NGO	U.S. Agency for International Development	GHP-State	0
9525	Pact, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	0
9526	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHP-State	11,432,678
9527	Program for Appropriate Technology in Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9531	Soul City	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,400,000
9535	Save the Children UK	NGO	U.S. Agency for International Development	GHP-State	0
9540	Medical Research	Parastatal	U.S. Department	GHP-State	11,188,329

	Council of South Africa		of Health and Human Services/Centers for Disease Control and Prevention		
9543	Right To Care, South Africa	NGO	U.S. Agency for International Development	GHP-State	718,969
9544	Right To Care, South Africa	NGO	U.S. Agency for International Development	GHP-State	0
9547	FHI 360	NGO	U.S. Agency for International Development	GHP-State	1,511,034
9549	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	0
9553	GRIP Intervention	NGO	U.S. Agency for International Development	GHP-State	500,000
9555	Medunsa University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	200,000
9557	Mothers 2 Mothers	NGO	U.S. Agency for International Development	GHP-State	0
9562	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHP-State	1,200,000

			Control and Prevention		
9569	TBD	TBD	Redacted	Redacted	Redacted
9572	Population Council	NGO	U.S. Agency for International Development	GHP-State	0
9575	Project Concern International	NGO	U.S. Agency for International Development	GHP-State	700,000
9579	Health and Development Africa	NGO	U.S. Agency for International Development	GHP-State	0
9582	Heartbeat	NGO	U.S. Agency for International Development	GHP-State	0
9584	Johns Hopkins University Bloomberg School of Public Health	University	U.S. Agency for International Development	GHP-State	10,572,960
9590	Lifeline Mafikeng	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	325,000
9591	LifeLine North West - Rustenburg Centre	NGO	U.S. Agency for International Development	GHP-State	200,000
9592	Living Hope	FBO	U.S. Agency for International Development	GHP-State	0
9594	Management Sciences for	NGO	U.S. Agency for International	GHP-State	0

	Health		Development		
9602	Hope Educational Foundation International, Inc	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,202,077
9605	Hospice and Palliative Care Assn. Of South Africa	NGO	U.S. Agency for International Development	GHP-State	0
9607	Humana People to People in South Africa	NGO	U.S. Agency for International Development	GHP-State	3,500,000
9609	Institute for Youth Development SA (IYDSA)	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,215,665
9610	International Organization for Migration	Multi-lateral Agency	U.S. Agency for International Development	GHP-State	1,985,605
9613	McCord Hospital	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,367,086
9816	Program for Appropriate Technology in Health	NGO	U.S. Agency for International Development	GHP-State	2,000,000

9817	Anova Health Institute	NGO	U.S. Agency for International Development	GHP-State	0
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	GHP-State	3,205,190
9827	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	0
9832	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	875,000
9865	National Department of Health	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	7,950,000
9866	South Africa National Defense	Host Country Government	U.S. Department of Health and	GHP-State	2,163,145

	Force, Military Health Service	Agency	Human Services/National Institutes of Health		
9887	CompreCare	NGO	U.S. Agency for International Development	Central GHP-State	0
9957	TB/HIV Care	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	0
9995	Woz'obona	NGO	U.S. Agency for International Development	GHP-State	0
11498	U.S. Peace Corps	Other USG Agency	U.S. Peace Corps	GHP-State	425,000
11500	U.S. Department of State	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHP-State	1,490,000
12509	WamTechnology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	900,000
12510	South Africa Partners	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,400,000

12512	Childline South Africa	NGO	U.S. Agency for International Development	GHP-State	0
12840	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	618,145
12887	AIDS Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	730,000
13000	COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,012,500
13129	Foundation for Innovative New Diagnostics	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,000,000
13389	National Institutes of Health- Fogarty International Center	Other USG Agency	U.S. Department of Health and Human Services/National Institutes of	GHP-State	750,000

			Health		
13504	The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)	Private Contractor	U.S. Agency for International Development	GHP-State	2,049,695
13558	Human Science Research Council of South Africa	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	225,000
13567	University of California at San Francisco	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,260,000
13570	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	6,900,000
13577	HIV Managed Care Solutions	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,175,000

13585	Shout It Now	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	900,000
13608	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,220,000
13618	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,410,000
13619	JHPIEGO	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,320,000
13634	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	100,000
13644	University of Cape	University	U.S. Department	GHP-State	476,281

	Town		of Health and Human Services/Centers for Disease Control and Prevention		
13682	Health Information Systems Program	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,000,000
13688	Health and Development Africa	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	810,000
13695	Epicentre AIDS Risk Management	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,063,943
13709	University of Washington	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	6,025,377
13750	University of Stellenbosch,	University	U.S. Department of Health and	GHP-State	898,161

	South Africa		Human Services/Centers for Disease Control and Prevention		
13761	Aurum Health Research	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State, Central GHP-State	16,231,132
13767	Re-Action!	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	720,000
13771	Howard University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
13789	South African Clothing & Textile Workers' Union	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	11,405,000
13793	TB/HIV Care	Implementing Agency	U.S. Department of Health and Human	GHP-State	7,750,000

			Services/Centers for Disease Control and Prevention		
13797	Health Systems Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Central GHP-State, GHP-State	23,256,037
13798	Soul City	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	2,100,000
13800	Columbia University Mailman School of Public Health	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	850,000
13888	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	3,025,000
13902	Human Sciences Research Council	Private Contractor	U.S. Department of Health and Human Services/Centers	GHP-State	1,700,000

			for Disease Control and Prevention		
13903	Community Media Trust	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	700,000
13904	TB/HIV Care	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,800,000
13915	TBD	TBD	Redacted	Redacted	Redacted
13916	TBD	TBD	Redacted	Redacted	Redacted
13917	TBD	TBD	Redacted	Redacted	Redacted
13920	TBD	TBD	Redacted	Redacted	Redacted
13923	International Center for AIDS Care and Treatment Programs, Columbia University	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHP-State	1,162,707
13938	Catholic Medical Mission Board	FBO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	1,700,000
14046	Child Welfare	NGO	U.S. Agency for	GHP-State	0

	South Africa		International Development		
14125	National Association of Childcare Workers	NGO	U.S. Agency for International Development	GHP-State	0
14126	South Africa Partners	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	225,000
14273	Social Sector Development Strategies, Zambia	Private Contractor	U.S. Agency for International Development	GHP-State	1,223,078
14278	John Snow, Inc.	Private Contractor	U.S. Agency for International Development	GHP-State	3,000,000
14284	TBD	TBD	Redacted	Redacted	Redacted
14286	TBD	TBD	Redacted	Redacted	Redacted
14288	TBD	TBD	Redacted	Redacted	Redacted
14291	TBD	TBD	Redacted	Redacted	Redacted
14292	TBD	TBD	Redacted	Redacted	Redacted
14293	Right To Care, South Africa	NGO	U.S. Agency for International Development	GHP-State	22,568,467
14294	TBD	TBD	Redacted	Redacted	Redacted
14295	TBD	TBD	Redacted	Redacted	Redacted
14319	FHI 360	NGO	U.S. Agency for International Development	GHP-State	0
14320	Wits Health Consortium, Reproductive	University	U.S. Agency for International Development	GHP-State	0

	Health Research Unit				
14450	Society for Family Health - South Africa	NGO	U.S. Department of Defense	GHP-State	1,100,000
14498	TBD	TBD	Redacted	Redacted	Redacted
14616	Futures Group	Private Contractor	U.S. Agency for International Development	GHP-State	8,771,014
14617	Management Sciences for Health	NGO	U.S. Agency for International Development	GHP-State	3,135,931
14621	Hands at Work in Africa	FBO	U.S. Agency for International Development	GHP-State	0
14622	Grassroots Soccer	NGO	U.S. Agency for International Development	GHP-State	0
14623	Foundation for Professional Development	NGO	U.S. Agency for International Development	GHP-State	919,436
14628	National Association of Childcare Workers	NGO	U.S. Agency for International Development	GHP-State	4,040,000
14630	TBD	TBD	Redacted	Redacted	Redacted
14631	TBD	TBD	Redacted	Redacted	Redacted
14633	Mpilonhle	NGO	U.S. Agency for International Development	GHP-State	0
14634	South African Department of Social Development	Host Country Government Agency	U.S. Agency for International Development	GHP-State	300,000
14636	TBD	TBD	Redacted	Redacted	Redacted
14637	FHI 360	NGO	U.S. Agency for	GHP-State	1,300,000

			International Development		
14638	TBD	TBD	Redacted	Redacted	Redacted
14667	Tulane University	University	U.S. Agency for International Development	GHP-State	960,000
14844	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
14845	Cheikh Anta Diop University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	500,000
14846	TBD	TBD	Redacted	Redacted	Redacted
14847	TBD	TBD	Redacted	Redacted	Redacted
16372	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7221	**Mechanism Name: TB Project**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 5,275,641	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	5,275,641

Sub Partner Name(s)

Health Systems Trust	International Union Against TB and Lung Disease	Johns Hophins Health and Education South Africa (JHHESA)

Overview Narrative

The URC TB Project is a provincial support partner working in Northwest, Limpopo, Northern Cape, Free State, Eastern Cape, KwaZulu Natal, and Mpumalanga. The target population includes PLHIV. The project's objective is to strengthen TB/HIV collaboration and provide PLHIV with continuum of care. The activities for FY 2012- 2014 have been amended in line with the functions of a PEPFAR provincial partner as per the Partnerships Framework between the USG and SAG and the NSP. Activities include: 1: Health systems strengthening in public and private sectors: together with NDoH, URC will strengthen TB/HIV M&E through review of TB/HIV policies and monitoring of referral systems for TB/HIV services between NDOH facilities and private sector. 2. Prevention of new TB, HIV and STI infections through the adaptation and dissemination of TB/HIV IEC material with messages of prevention, early presentation, and treatment adherence. URC will monitor the scale-up of IPT to all PLHIV. 3: Adult Care and treatment: Together with DOH, URC will monitor implementation of the 5I's. PLHIV will be screened to exclude TB, and will be started on IPT and ART as per guidelines. Co-infected patients will be monitored

for CD4 counts, CPT, and ART initiation. Local NGOs will be engaged to improve adherence to treatment and reduce treatment default. 4: Reduce stigma and discrimination: URC will support grassroots advocacy to counter stigma and promote a supportive environment for co-infected people. 5: Monitoring and evaluation and surveillance: Jointly with DOH, URC will conduct district TB/HIV review exercises and provide technical support supervision. 6: Training: Together with RTC, URC will coordinate and trainings and post training mentoring.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	700,000
Human Resources for Health	800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Safe Motherhood
TB

Budget Code Information

Mechanism ID:	**7221**		
Mechanism Name:	**TB Project**		
Prime Partner Name:	**University Research Corporation, LLC**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	5,275,641	0

Narrative:

The University Research Co. (URC) is now a provincial partner, following the PEPFAR realignment process. With the realignment, URC supports seven provinces: Northwest, Limpopo, Northern Cape, Free State, Eastern Cape, KwaZulu Natal, and Mpumalanga
With a view toward sustainability and the overall transition, 10 nurse mentors will be employed on a temporary contract basis to support new districts allocated in the seven provinces. These nurses will be capacitated to provide mentoring for NIMART trained nurses. Construction: infection control implementation remains a challenge in facilities which have infrastructure challenges. The project will provide additional park homes to improve infection control in facilities which have infrastructure that compromise implementation of infection control. Park homes will also be utilized to serve as TB focal points in Kwazulu Natal. TB focal points will 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.

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 Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Education Labour Relations Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

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

Overview Narrative

none

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Workplace Programs

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

Prevention	HVAB	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,313,540	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,313,540

Sub Partner Name(s)

(No data provided.)

Overview Narrative

HIV and AIDS is a strategic risk to the SA military human resources and therefore to mission readiness and operational capability. The US DOD in collaboration with the SA National Defense Force (SANDF),

the DOD HIV Prevention Program (DHAPP) and PEPFAR supports the SANDF's Masibambisane HIV/AIDS Program to optimize the implementation of HIV Prevention, Treatment, Care and Support programs targeting approximately 74,000 military personnel and about 350,000 dependants.
Areas of particular focus include:
-Improving quality of health services
-Revitalization of infrastructure, a number of pharmacies and clinics have been upgraded and mobile health services added through provision of mobile clinics in rural and deployment areas
-Increasing access to Prevention, HIV Testing and Counseling (HTC) and improving access to HIV Treatment and Care services
To date:
-Approximately 136 service outlets provide HIV related health services
-Approximately 35 000 military health workers trained in various aspects of HIV care over the years
-About 1300 members enrolled on ART at military health's roll out sites while about 6000 more previously enrolled on the Phidisa research project are on ART supported by US NIH and PEPFAR
-Ongoing construction and renovation of clinics, pharmacies and hospices
Going forward:
-Conduct a sero-prevalence survey to strategically inform future programming
-Strengthen HIV prevention activities through collaboration and partnering with Population Services International/Society for Family Health.
-Provide Voluntary MMC as part of overall prevention program accessible to all male military members - focus on new recruits
-Strengthen HIV prevention activities at both internal and external deployment areas including border patrol areas
-Transition

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Workplace Programs

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	0	0

Narrative:

The goal of this program is to provide quality HIV treatment and care to military personnel, their partners and families. The basic care package includes clinical staging and baseline CD4 counts for all HIV positive patients, CD4 cell monitoring and cotrimoxazole prophylaxis as per national guidelines, diagnosis and treatment of opportunistic infections and psychosocial support. In order to improve the quality of care provided at clinics, hospitals and at hospices, military health care providers will be trained in palliative care, all nurses and doctors will undergo the annul ARV management refresher which includes diagnosis and management of STI's/OI's and psychological effects of HIV infection. In order to increase access to these services the SAMHS aims to 1) utilize the mobile clinics which will be linked to the clinics to reach troops in the border and internal deployment areas to conduct HTC, HIV staging and CD4 monitoring and follow up; nutrition counselling, reproductive health counselling to prevent unintended pregnancies, prevention with positives and spiritual care 2) Strengthen and expand the support group structure that is working well in one province to other provinces in order to improve on 'loss to follow up' and ensure adherence to treatment 3) train counsellors who are primarily social workers in treatment adherence, safe HIV status disclosure procedures, improve post-test counselling procedures, increase acceptance of diagnosis and improve on the retention in pre-ART care 4) To assist in the expected increase of follow-up and counselling, the Director Psychology plans to select approximately 60 Military Skills Development members (young recruits) in 2012, and provide them with pre-service training on

Counselling, Support and Home Based Care. Each of them will be provided with a toolkit to enable them to communicate effectively and assist them in their function. These members will also be utilised to provide community based care to members and their dependants that utilize Mobile Clinic Services provided to rural areas and communities far from established military health care facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	0

Narrative:

The provision of safe voluntary male medical circumcision (VMMC) as part of the comprehensive Masibambisane prevention program is the primary objective the SANDF VMMC program. The service will be available to military men and male dependants aged 18 – 49 years. In December 2011, a decision was taken by the SAMHS Command Council to introduce VMMC in the military. Since then, approximately 100 circumcisions were performed in Mpumalanga through collaboration with a local provincial hospital. Three sites have been identified, KwaZulu Natal, Mpumalanga and the Western Cape. It is anticipated that approximately 7000 circumcisions will be performed in year 1. There is no MMC prevalence data in the military, estimates were set based on available trained workforce to provide high volume safe MMC services and the operations of the military. Although the number of anticipated MMC's for year one is a modest figure, it is anticipated that figure will increase as the service becomes available in other sites. Considerations to ensure that the battalions are not destabilized by the necessary down time for healing have to be taken into account.

The partner NGO (SFH) will work with the SAMHS on the following focus areas of VMMC implementation:

- Refurbishment of facilities, procurement of equipment and supplies
- Production and distribution of militarized IEC material as part of demand creation through the existing Masibambisane program
- Use the 'Commander's hour' and targeted campaigns to further increase demand
- Training of the SAMHS doctors, nurses and counselors on the MOVE model following NDoH guidelines and provision of VMMC package which includes:

o VMMC education and counseling on risk reduction and safer sex,
o PITC and appropriate referral
o Promotion and provision of male and female condoms
o Comprehensive medical examination including STI management
o VMMC surgical procedure and follow up care

- Documenting key VMMC information such as numbers circumcised, testing, adverse events

surveillance and counseling. In addition SFH will work with the SAMHS to monitor and evaluate acceptance, safety and impact of VMMC.
- Provide support for both internal and external quality assurance

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	50,000	0

Narrative:

The overall goal of the activity is to reduce new infections in the military. The main mechanism of delivery is through behavior change communication. The focus is on abstinence and fidelity targeting military personnel and their families, paying particular attention to factors that place them at risk of infection such as separation from families and regular sexual partners, mobility and age. Key prevention strategies include: 1) appealing to the ethical and moral and spiritual conduct of soldiers 2) capacity building by integrating Combating HIV and AIDS through Spiritual and Ethical Conduct (CHATSEC) prevention messaging into peer education programs and interpersonal communication sessions 3) promotion of counseling and testing services. The CHATSEC program has been conducted by the Chaplains and is an important part of the Masibambisane HIV prevention program. Although the impact of CHATSEC is yet to be evaluated, the program continues to reach thousands of troops particularly young recruits with prevention messages. The chaplains will work closely with NGO partner- Society for Family Health (SFH) to update training and communication materials to reflect best practices and to ensure that the material is in line with current prevention strategies such as couple's counseling and testing, integration of family planning into HIV and AIDS programming, gender based violence and prevention of alcohol abuse. The activity is related to and is integrated into all health service areas such as HPOV, HVCT and CIRC activities.
The Social Work driven life skills program is an empowerment program aimed at the Military skills Development Program members. These are thousands of young recruits who remain in the military for at least 2years and undergo intensive training in the first six months. The program complements all other HIV prevention interventions as it provides youth with life skills such as decision making and self competency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	48,540	0

Narrative:

The overall goal of this activity is to increase the number of military members and their families who know their HIV status and are linked to care and support services. This will be achieved through scaling up Testing and Counseling and providing integrated treatment care and prevention services to high risk

groups. There are approximately 93 health service points' at all military bases and 3 military hospitals which currently provide testing and counseling services. In addition HIV Testing and Counseling is offered routinely in the South African military as part of the Comprehensive Health Assessment (CHA) process. The political environment in the military is now conducive to HIV testing as the working opportunities for those who are infected with HIV are no longer affected by their HIV status. The military therefore plans to take advantage of this environment by intensifying efforts and increase demand for HTC through:

- Training of health workers in Provider-initiated Testing and Counseling, Couples testing and counseling and prevention counseling.
- Facility based HCT services will collaborate with mobile clinics to increase access to border areas and internal deploying areas to ensure geographic reach. The 3 mobile vans are located in KwaZulu-Natal, Mpumalanga and Limpopo
- Reviewing of the current HTC Module to include links to care and treatment and VMMC services.
- Strengthen counseling skills of both social workers and nurses to include counseling for gender based violence and substance abuse.
- The partner NGO (SFH) will develop IEC material for HCT linking with other prevention interventions. There will be a concerted effort to ensure that the material reaches the SA Navy, SA Air Force and the SA Army through the peer educator program and other military distribution mechanisms.
- Improve monitoring and evaluation and quality assurance through NGO technical assistance support

The SA DoD will procure HIV test kits as per national guidelines. 3 CD4 machines were procured with PEPFAR support to increase point of care services and timely referral to pre-ART and treatment and care services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

The armed forces are considered one of the most susceptible populations to HIV infection and transmission. When the military is weakened by the impact of HIV and AIDS, the state's ability to stabilize, defend or protect the citizens weakens. HIV is thus recognized by the South African military as a strategic … The overall goal of this activity is to reduce new HIV infections in the military through behavior change communication (BCC), edutainment events at bases coordinated by trained peer educators including drama and a focus on correct and consistent use of the 'soldier's ' condom. The NGO partner, Society for Family (SFH) will work with the Directorate HIV and AIDS and other implementing directorates to aggressively mobilize high risk military communities with increased efforts to reach soldiers on internal and external deployment with prevention interventions. Key to this will be the

development and implementation of a targeted pre and post deployment packages. The package includes testing and counseling, packaged ‘soldier’s condoms that can be carried in specially designed military pouches, strategies for dealing with difficult deployment issues such as boredom and alcohol abuse. These interventions will be delivered by a multidisciplinary team of nurses, social workers, psychologists and a peer educator per platoon. SFH will also provide technical assistance in reviewing all military training materials, review and update IEC material and provide technical assistance in the management and distribution of both male and female condoms. Other key activities which will be undertaken during FY12 include:

- Conducting a KAP survey whose results will inform the development of peer education material, other HIV prevention training material and IEC
- Strengthening interventions for youth and new recruits. Approximately 8000 recruits enlist in the SADF annually
- Conducting a situation analysis of current gender based violence prevention and management programs with subsequent of training of all involved cadres such as the military police, social workers, doctors and nurses. Prevention of GBV and reviewing the Gender Equity Program will be the focus for FY12

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

There are currently 3 military hospitals which provide antenatal and prevention of mother to child services in the SANDF. Access to these services is limited particularly in hard to reach rural and border areas. Women who require PMTCT and ANC services in these areas are currently referred to nearby National Department of Health facilities or the private sector with the military bearing the cost. Although nurses in the 93 plus base clinics and health centers are trained to provide ANC services, it has not been the practice for them to take up this responsibility due to small numbers of pregnant women in the military. The number of women recruits has over the past few years increased necessitating the increase of facilities providing the service. There is now a military instruction to have all sickbays and clinics to provide ANC services with clear referral criteria for tertiary care in line with the PHC approach. Funding in this FY will be used to increase training and reorienting nurses and other health care providers to ANC and PMTCT service provision and ensure access to a network of services for PMTCT and their families, link MTCT services to other HIV and MCH services. The SAMHS aims to use as much as possible the existing capacity and technical expertise currently available at Phidisa to strengthen PMTCT services including quality assurance and M&E skills at local level.

- Pregnant women will be offered testing and counseling – aim for 80% of such women, provision of male partner and family centered testing; family planning; safer pregnancy counseling and nutritional

counseling and services for gender based violence.
- Provision of ARV prophylaxis and ART for eligible women per national guidelines
- Strategies to follow up on HIV exposed infants; early infant diagnosis and cotrimoxazole prophylaxis
- The training of both hospital and local level service providers on the new service delivery guidelines and promotion of exclusive breastfeeding.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	1,000,000	0

Narrative:

In terms of ART, the SANDF aligns its policies to that of the National Department of Health. With the support of the PEPFAR program and the US National Institutes of Health (NIH), over 4 500 military members and their families are currently on ART through Phidisa and the SAMHS rollout sites. Currently there are ten treatment sites throughout the military including three military hospitals. In order to increase access and to implement national government vision of bringing care closer to where people live, all sick bays and local clinics are in the process of preparing for provision of ART services as part of a PHC package. Some of the preparation includes the training of nurses in NIMART and training of doctors for mentoring and support; provision of necessary equipment, laboratory and referral systems. In addition, three mobile clinics are posted in three provinces to provide prevention, treatment and care services to troops around the borders and those on internal deployment. Treatment has been made available to troops on external deployment as well in areas such as Burundi and the Sudan. The progressive increase in numbers of clinics and sick bays offering ART services is of paramount importance as Phidisa winds down the standard of care aspect of their operations to now focus on research. The SAMHS is working aggressively to ensure a timely and smooth transition both from Phidisa, to transitioning funding support and strengthening own procurement and supply chain systems. During this process of transition, there will be increased efforts to ensure facility level capacity for data collection, reporting and use with a focus on ARV drugs management, HIV and AIDS case management and improved quality implementation and evaluation.
It is envisaged that the change in policy as it relates to treatment initiation, and the conducive environment within the military that encourages members and families to test for HIV without fear of work related repercussions, will result in an increase of about 10-20% in patients requiring treatment in the next financial year.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	115,000	0

Narrative:

The key objective of this program area is to strengthen the provision of ARV's at facility level. Currently

only designated ‘roll-out’ sites, Phidisa clinics and the three military hospitals are providing ART services. However, in line with the PHC approach and the required increases in access to treatment, every sick bay or health centre will progressively provide ART services. To this end, all health service points are currently conducting site appreciatiations in order to inform planning and implementation. Focus therefore for FY12 going forward will be: - Ensuring that the SAMHS roll-out sites are equipped to deal with the scale up in terms of equipment and human resources - Conducting at least two NIMART training courses for approximately 60 nurse, conducting two clinical mentoring workshops aimed at provision of continuous and consistent support to the NIMART trained nurses - Conduct two Master training course on NIMART in collaboration with the NDoH NIMART facilitators to ensure continuity and sustainability of the program - Provide ART support services for military members who are deploying to the Sudan and Burundi on peacekeeping missions whilst on ART. - The SAMHS has been working collaboratively with the University of Pretoria to provide ARV training and refresher courses for the multidisciplinary team which comprises of nurses, doctors, social workers, dietitians and psychologists. Approximately 120 members were trained in the last year. The SAMHS aims to continue to provide this training in next FY 12 in order to support the provision of ART services to military members and their families.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving FY12 funds son only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	HVTB	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 7225	**Mechanism Name: South African Democratic Teachers 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 Democratic Teachers Union	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving FY12 funds so only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**7225**
Mechanism Name:	**South African Democratic Teachers Union**

Prime Partner Name:	South African Democratic Teachers Union		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 7227	**Mechanism Name: Salesian Mission**
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 Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving any FY12 funds so only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7227		
Mechanism Name:	Salesian Mission		
Prime Partner Name:	Salesian Mission Inc		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0

Narrative:
None

Implementing Mechanism Details

Mechanism ID: 7228	Mechanism Name: Montefiore Hospital
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This partner is not receiving an FY 12 budget. They are included here to report FY 12 targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	7228		
Mechanism Name:	Montefiore Hospital		
Prime Partner Name:	Montefiore Hospital		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,029,617	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,029,617

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FY2012 funds will support adult & pediatric basic health care, adult ART treatment, HIV counseling and testing, and health system strengthening activities at national, provincial and district levels. URC-HCI will provide technical assistance and work closely with provincial and district managers to support implementation and scale-up of HIV services at all DOH sites in 31 districts in Limpopo, Mpumalanga, North West, Eastern Cape, and KwaZulu Natal. URC-HCI will assist districts to facilitate further scale-up of HCT, adult & pediatric HIV care and treatment services, improving retention, and the quality of services provided to PLHIV and their families. Working within the district framework, URC-HCI will focus on supporting development of integrated referral systems between different levels of care and health programs. In line with the NSDA and PEPFAR priorities, URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, while also strengthening the capacity of District Management teams to develop accurate district health plans and district health expenditure reviews in all 31 districts. URC-HCI staff will also assist the SAG with preparations for implementation of the NHI, through ongoing work with the National Core Standards. URC-HCI will capacitate DOH staff to use DHIS data to track and evaluate clinical outcomes. Support will also be provided to improve the DHIS especially the HIV care data management, analysis and data quality assessments at all levels. URC-HCI will also strengthen and support the implementation of the ART Tier.Net in supported areas. Target populations include: PLHIV, Healthcare providers, Program Managers, PEPFAR partners, NGO/CBO/volunteers. Two vehicles have been purchased during the life of this activity.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

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	600,967	0

Narrative:

In FY2012 URC-HCI will support five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) to ensure high quality facility and home/community-based services are provided to all HIV-infected adults and their families.

Working closely with provincial and district managers, URC-HCI will provide technical assistance to support implementation and scale-up of HIV care and support services at all DOH sites in 31 districts in the 5 provinces. In line with the NSDA and PEPFAR priorities URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, through training and capacitation of DOH health workers, specifically community health workers, lay counselors and medical staff; provision of supportive supervision; development of educational materials and SOPs; monitoring compliance with HIV guidelines, norms and standards; and ongoing clinical mentoring and coaching. URC-HCI staff will also assist with implementation of various quality initiatives, especially as these pertain to improvement in HBHC services, including infection prevention and control, patient safety and the National Core Standards for Health Establishments in all provinces.

Working within the district framework, URC-HCI will focus on supporting development of integrated networks/referral systems between different levels of care and different health programs to aid retention of patients in care. The project will also strengthen and support any existing systems (e.g. outreach, HBC, etc.) to maximize retention rates in HIV care. In line with overall capacity development, URC-HCI will train all stakeholders on QA/QI methodology and use of programmatic data for QI.

Support will also be provided to improve the DHIS especially the HIV care data management, analysis and data quality assessment at all levels. Provision of TA and capacity building at district and provincial level fits with SAG and PEPFAR priorities, as these are in line with development of overall sustainability of the program.

The population targeted for these interventions include PLHIV, Healthcare providers, Program Managers, PEPFAR partners, and NGOs/CBOs/volunteers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	131,309	0

Narrative:

In FY2012 URC-HCI will support five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) to ensure high quality facility and home/community-based services are provided to all HIV-infected children and their families.
Working closely with provincial and district managers, URC-HCI will provide technical assistance to support implementation and scale-up of HIV care and support services at all DOH sites in 31 districts in the 5 provinces. In line with the NSDA and PEPFAR priorities URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, through training and capacitation of DOH health workers, provision of supportive supervision; monitoring compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-HCI staff will also assist with implementation of various quality initiatives, especially as these pertain to improvement in PDCS services, including infection prevention and control, patient safety, and integration of PDCS with routine pediatric care, nutrition services and maternal health services.
Working within the district framework, URC-HCI will focus on supporting development of integrated networks/referral systems between different levels of care and different health programs to aid retention of children in care. The project will also strengthen and support existing systems (e.g. outreach, home-based care, etc.) to maximize retention rates in HIV care. Issues such as disclosure, adherence, and psychosocial counseling for HIV-infected children and adolescents will also be addressed. In line with overall capacity development, URC-HCI will support the DOH to train all stakeholders to improve early identification of HIV exposed/infected babies at 6 weeks and advocate for regular IMCI training. Support will also be provided to improve the DHIS especially the HIV care data management, analysis and data quality assessment at all levels.
The population targeted for these interventions includes HIV exposed children, healthcare providers, program managers, PEPFAR partners, and NGOs/CBOs/volunteers.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	630,000	0

Narrative:

In FY2012 URC-HCI will support health system strengthening activities at a national, provincial and district levels. Working closely with provincial and district managers in five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) URC-HCI will provide technical assistance to support implementation and scale-up of health services at all DOH sites in 31 districts in the 5

provinces.

In line with the NSDA and PEPFAR priorities URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, through provision of in-service training, including NIMART, and development of preceptor programs specifically for community health workers, lay counselors and medical staff; provision of supportive supervision; development of educational materials and SOPs; monitoring implementation of work by PHC teams, compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-HCI will also start to develop competency based assessments for all cadres of PHC team members.

URC-HCI will also strengthen and support the capacity of District Management teams through provision of assistance with development of district health plans (DHPs) and district health expenditure reviews (DHERs) in all 31 districts.

Building on previous experience, URC-HCI will capacitate DOH staff to utilize data to track and evaluate clinical outcomes, utilizing ART cohort data where available. In addition, URC-HCI will also strengthen and support the implementation of the ART Tier.Net data management system to support M&E. Support will also be provided on ART data management, analysis and data quality assessment during the implementation of the 3 –tiered system.

In preparation for the rollout of NHI, URC-HCI staff are already assisting all 5 provinces with implementation of various quality initiatives, especially the 6 Ministerial priorities and the National Core Standards for Health Establishments. This work will be scaled up.

The population targeted for these interventions include DOH (National, Provincial, District, Facility), health workers, PEPFAR partners, other stakeholders, and NGOs / CBOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	139,553	0

Narrative:

In FY2012 URC-HCI will support five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) to expand both provider-initiated and client-initiated HCT services within health facilities and the community to avoid missed opportunities.
Working closely with provincial and district managers, URC-HCI will provide technical assistance to support implementation and scale-up of provider initiated HCT (PICT) services at all DOH sites in 31 districts in the 5 provinces. The high HIV prevalence figures (2008) amongst the 15-49 year age group

in these provinces indicate the need to scale up high quality HCT services. HIV prevalence rates range from 13.7% in Limpopo to 25.8% in KwaZuluNatal. As provincial support partner, URC-HCI will work closely with DOH managers, stakeholders and partners at all levels to achieve universal HIV testing through enhanced provision of PICT. URC-HCI will support the expansion to access to and uptake of HCT while monitoring the quality of services provided through supportive supervision with emphasis on networking/linkages/referral to other care systems. URC-HCI will also support the use of the collaborative approach to integrating HIV testing with programs such as ANC, STI, TB, FP and others towards expanding HCT services.

In line with the NSDA and PEPFAR priorities URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, through provision of in-service training; provision of supportive supervision; monitoring compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-HCI will also strengthen and support any existing systems to maximize retention rates of those not enrolling into HIV care and treatment programs.

URC-HCI will capacitate DOH staff to utilize data to track and evaluate clinical outcomes, utilizing HCT register and DHIS data, for quality improvement at the facility level. Support will also be provided to improve DHIS especially HCT data management, analysis and quality assessment at all levels.

The population targeted for these interventions include adults and children, pregnant women, Healthcare providers, Program Managers, PEPFAR partners, and NGOs / CBOs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	527,788	0

Narrative:

In FY2012 URC-HCI will support five provinces (Limpopo, Mpumalanga, North West, Eastern Cape and Kwa-Zulu Natal) to expand the SA Comprehensive HIV and AIDS Care, Management and Treatment plan, which seeks to increase access to and improve retention in ART care and treatment.

Working closely with provincial and district managers, URC-HCI will provide technical assistance to support implementation and scale-up of ART services at all DOH sites in 31 districts in the 5 provinces.

In line with the NSDA and PEPFAR priorities, URC-HCI will play an integral role in the implementation of the PHC re-engineering initiative, through provision of in-service training, including NIMART, development of preceptor programs specifically for community health workers, lay counselors and medical staff; provision of supportive supervision; development of educational materials and standard operating procedures (SOPs); monitoring compliance with HIV guidelines, norms and standards; and ongoing mentoring and coaching. URC-HCI will also strengthen and support any existing systems to maximize retention rates in HIV treatment.

Building on previous experience, URC-HCI will capacitate DOH staff to utilize data to track and evaluate clinical outcomes, utilizing ART cohort data where available. Other performance data and current

clinical outcomes will also be utilized for quality improvement at the facility level. In addition, URC-HCI will also strengthen and support the implementation of the ART Tier.Net data management system to support M&E. Support will also be provided on ART data management, analysis and data quality assessment during the implementation of the 3–tiered system. In addition, URC-HCI staff will assist with implementation of various quality initiatives, especially as these pertain to improvement in ART services, including infection prevention and control, patient safety, waiting times, access to medicines and the National Core Standards for Health Establishments in all provinces. The population targeted for these interventions include adult HIV patients, healthcare providers, Program Managers, PEPFAR partners, and organizations/volunteers.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism in ending in FY12 , narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9458**		
Mechanism Name:			
Prime Partner Name:	**Kheth'Impilo**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This is an ending mechanism.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Mobile Population
Workplace Programs

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	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Treatment	PDTX	0	0
Narrative:			
None			

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	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

N.A		

Overview Narrative

This mechanism is not receiving FY 12 funding but will continue with previous COP funding. It is included here to provide FY 12 targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9462 Mechanism Name: VCT Project Prime Partner Name: African Medical and Research Foundation			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,256,908	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,256,908

Sub Partner Name(s)

Adelaide Advice Centre	Adelaide Child Welfare	CSOS-IT
Health Information Systems Program	Ikhwezi Support Group	Isolomzi Community Health Organization
Jabez AIDS Health Centre	Sikhanyisile Home Based Care Group	Sinako Wellness and Development Organization
Sinethemba Organization	Siyanceda Home Based Care	Sunshine Coast Hospice
Tswaranang Northern Region Resource Centre	Tyhilulwazi Multi-purpose Centre	

Overview Narrative

Integrated HBHC services will be provided to 186,121 PLHIV in Lukhanji, Intsika Yethu, Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe, Makana and Nkonkobe sub districts of the EC Province. Services will include; screening, diagnosis and treatment for active TB, STIs, and other OIs; CTX; IPT; NACS, pain assessment and management and linkage to the HBHC community component. Referral networks between the community and the 200 facilities will be established to enhance pre-ART follow-up and timely ART initiation. The “I ACT” support groups will be established in all the 200 facilities to empower the PLHIV and minimize the LTFU of pre-ART/ART clients as well as to serve as a link between facilities and the community. At home/community level comprehensive, family-centered holistic services will be implemented including integrated prevention services, clinical/physical, psychological, spiritual and social care. Community systems will be strengthened to enable self-sufficiency and self-sustenance among the 48 CBOs. A total of 480 CHWs from the CBOs and 1000 from facilities will be trained and mentored. A minimum package of services will be adapted and implemented for pre-ART and ART patients. Caregiver support programs will be adapted to each community structure to address burn out, retreat and respite issues. Capacity of other local entities will also be built: youth; religious institutions; and traditional leaders and healers - to promote behavior change; increase the demand/uptake of HIV services; address culturally sensitive issues; reduce risky behavior and facilitate social change. For sustainability, the sub district, district and provincial health management teams and leadership will be engaged to advocate for HBHC services and policy issues.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	75,000
Education	125,000
Food and Nutrition: Policy, Tools, and Service Delivery	60,000
Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	375,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**9464**		
Mechanism Name:	**Africare**		
Prime Partner Name:	**Africare**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	355,233	0

Narrative:

Integrated HBHC services will be provided to 186,121 PLHIV in Lukhanji, Intsika Yethu, Emalahleni, Engcobo, Inxuba Yethemba and Sakhisizwe (Chris Hani District), Makana (Cacadu District) and Nkonkobe (Amathole District) sub districts of the EC Province. Services will include; screening, diagnosis and treatment for active TB, STIs, and other OIs; CTX; IPT; NACS, pain assessment and management

and linkage to the HBHC community component. Referral networks between the community and the 200 facilities will be established to enhance pre-ART follow-up and timely ART initiation. The “I ACT” support groups will be established in all the 200 facilities to empower the PLHIV and minimize the LTFU of pre-ART/ART clients as well as to serve as a link between facilities and the community. At home/community level comprehensive, family-centered holistic services will be implemented including integrated prevention services, clinical/physical, psychological, spiritual and social care. Community systems will be strengthened to enable self-sufficiency and self-sustenance among the 48 CBOs. A total of 480 CHWs from the CBOs and 1000 from facilities will be trained and mentored. A minimum package of services will be adapted and implemented for pre-ART and ART patients. Caregiver support programs will be adapted to each community structure to address burn out, retreat and respite issues. Capacity of other local entities will also be built: youth; religious institutions; and traditional leaders and healers - to promote behavior change; increase the demand/uptake of HIV services; address culturally sensitive issues; reduce risky behavior and facilitate social change. For sustainability, the sub district, district and provincial health management teams and leadership will be engaged to advocate for HBHC services and policy issues.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	800,000	0

Narrative:

TA for implementation of care and support programs for 8600 OVCs aged 0-18 years by mitigating the impact of HIV and reducing risk and vulnerability to HIV. Contribute to PEPFAR goal of care for 5 million infected and affected OVCs. Support the SAG National Action Plan for OVCs. Create a supportive social environment. Help children and adolescents meet their own needs, improve the lives of children and families affected by AIDS. Reduce psychosocial, health and socioeconomic impacts. Strengthen and expand delivery of community-based OVC and HIV prevention, care and support services.
Support every facet of a healthy child’s development and family life through formalization/ strengthening identification and registration at all levels. Create, strengthen and mobilize 200 multi-sectoral Child Care Forums (CCFs) - linked to the 200 HF to ensure a coordinated community response and capacity building for 48 CBOs. Engage all relevant community structures including Local AIDS Council, LACCA, SAG departments: of Social Development , Health and Education. Create a two-way referral system between ART facilities and community structures (48 CBOs and 200 CCFs). Establish peer support groups for children on ART; strengthen advocacy and community mobilization towards protection of children’s rights.Train 60 Social Workers to facilitate the development, maintenance and sustenance of the CCFs. Revise existing OVC identification and registration tools and align with PEPFAR OVC and SAG indicators implemented through the 48 CBOs. Strengthen the electronic database to strengthen

reporting and tracking of OVCs services. Use child Status Index for case management. Select capable and competent CBOs for the management of community based HIV services. Strengthen CBOs to become centers of excellence for provision of TA to mushrooming CBOs. Train Caregivers to provide essential clinical nutritional support, child protection interventions, general healthcare referral, HIV prevention education, psychological care and household economic strengthening. Facilitate formation of 48 support groups for caregivers. Establish a 2-way functional referral system between the 200 HF and the community structures for continuum of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,325,000	0

Narrative:

All PLHIV seen at the 214 health facilities (HF) are screened for TB at the initial and follow up visits; at least 90% of TB/HIV co-infected patients who qualify are on cotrimoxazole preventive therapy (CPT), all asymptomatic HIV infected clients are initiated on Isoniazid Preventive Therapy (IPT), All TB patients are offered provider initiated counseling and testing services (PICT); 9870 PLHIV with active TB are on treatment, 80% clients on TB treatment complete their treatment, and, TB infection control and prevention is implemented in all the 214 facilities.

Facilitate integration of TB-HIV Services at the community level to improve the coordination of TB management and increase case detection at community level through support groups and partnership with CBOs. Conduct advocacy, community mobilization and sensitization to raise awareness on TB and HIV services. Train CHW on conducting TB symptom screening and on safe sputum collection.

Ensure that 9870 patients found with active TB are started on treatment and at least 80% complete the treatment. Engage the DOH to ensure that TB/HIV co-infected patients are provided services by a single clinician, while utilizing one clinical record in order to facilitate functional linkages/integration between TB diagnosis and HIV and TB treatment programs.

Offer IPT to all TB asymptomatic HIV infected individuals. Ensure regular availability of INH at all HF through appropriate pharmacy technical support.

Promote rapid identification of TB disease, rapid initiation of TB treatment and ensure adherence to treatment. All HF will undergo annual TBIC assessments and environment controls.

Work with ECRTC to train and mentor 400 HCW on TB/HIV in accordance with NDOH guidelines. Procure, adapt and disseminate TB tools, guidelines, SOPs and manuals. Regular chart and register reviews will be conducted to monitor TB services. Strengthen Surveillance on TB/HIV co-morbidity. Data quality improvement and assessments. Indicator reporting and feedback to monitor and evaluate clinical

outcomes, and standard of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	125,000	0

Narrative:

The program will strenghten PMTCT delivery through early infant diagnosis and follow-up, to robust, adolescent-friendly care. Interventions will focus on HIV-exposed children, HIV-infected children, HIV-affected children, adolescents together with their families. Emphasis will be placed on integration of PMTCT, ART, pediatric outpatients department and primary health care (PHC) as well as TB clinics, to identify children that are HIV exposed, infected or affected. Major interventions will include training, mentorship, technical assistance, supportive supervision, community education and quality assurance. Integration of services as well as step up of counseling of caregivers to bring children to the health facilities will be prioritized. Functional linkages between related programs, including PMTCT, ART, MCH, IMCI, TB and community-based activities (psychological, social, spiritual and prevention services), will be established and strengthened at the health facilities. These linkages will be regularly monitored and their efficacy evaluated by Africare Clinical Advisors.Facility specific systems for early diagnosis (EID) of the HIV exposed and infected infant (HEI) to increase the uptake at 6 weeks and ensure testing using rapid tests at 12-18 months will be assessed and strengthened based on the SAG guidelines. All infants will have their HIV exposure status established and documented at their first contact with the health system. Testing algorithms will include recommendations for repeat testing of children who test HIV-negative but have on-going HIV exposure through breastfeeding, and children who test HIV-positive on antibody tests performed before 18 months of age. Infants who are found PCR positive will be fast tracked to start ART. This will be facilitated by ensuring HEI registers and mentoring of the health care workers on the management of HEI. Africare will train data capturers on the use of the PedTrack software, health care workers will be trained to identify HIV exposed infants and to ensure follow-up. Particular attention will be given to establish functional linkages between the MCH health care workers with the care and treatment sites for follow-up of HIV infected women and HIV-exposed infants.. LTFU cases will be analyzed and interventions planned and implemented for consistency of messages and effectiveness of delivery messages. Health care workers will be trained to provide counseling and support for infant feeding options and to establish functional appointment systems for regular health assessment and promotion visits for the HEI. HIV pregnant women will be encouraged to disclose their status during their ANC visits to promote adherence to infant feeding choices made. Africare will build capacity at the sub district and facility level for assessment of anthropometric status, nutrition-related symptoms and diet. Children whose diets are unlikely to meet vitamin and mineral requirements will be referred for daily

multi-micronutrient supplement. Clinically malnourished children will also be referred for therapeutic or supplementary feeding support.Technical assistance and support will be provided to ensure CTX prophylaxis, and linkages to child survival interventions including immunizations; growth and development monitoring; diarrheal disease management, and, TB screening. Health care providers will be trained and mentored to ensure CTX prophylaxis for HEI, growth monitoring, developmental and TB screening.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	800,000	0

Narrative:

To support the NDOH scale-up of PMTCT towards the elimination of MTCT (eMTCT) by 2015 through capacity building at all levels of care and provide training/mentorship to 400 health staff. Strengthen community systems to expand PMTCT coverage from three to eight sub districts (79 to 200 health facilities; 12 to 48 CBOs) while at least 6000 eligible women in reproductive age are reached with the four prongs of PMTCT services. PICT to all pregnant women seeking care; access to CD4 testing for HIV+ women; prophylaxis (ARV, CTX, INH); counseling and support for infant feeding. Women living with HIV will receive treatment, care and support services as well as care for their children and families. Activities will ensure identification and early and enrollment into high-quality PMTCT services.
Retention and adherence of mother infant pair PNC will be revitalized through establishment of functional linkages between the MOU with respective PHCs. PedTrack scheduling software and PMTCT spread sheet will be expanded to cover 8 sub districts. Use Customized diaries in all the ANC clinics and track defaulters.Promote use of partners and family members as infant feeding supporters to enable HIV+ pregnant women to disclose their status. This will increase adherence to infant feeding choices. Establish PMTCT support groups throughout the program. PMTCT will be integrated with TB, Integrated Management of Childhood Illnesses, Pediatrics and Maternal Newborn Child Health (MNCH) programs. Staff training and mentoring on appropriate HIV Exposed Infants (HEI) management. Implement a model to improve partner and couples HIV testing counseling services within the MCH platform, early linkage to care improved access to HIV prevention services throughout the continuum of care. Implementation of health facility specific interventions to ensure that PMTCT clinics are “men friendly”. Establish formal links with 48 CBOs supported by Africare and other community resources to ensure leverage to help women cope with the impact of a HIV diagnosis. The 48 CBOs and the health system in the seven sub districts supported by Africare are complementary and have synergies within their catchment areas. Africare will assess, identify gaps and implement interventions to strengthen specific essential elements within the CBOs. This elements include a) context specific planning and monitoring & evaluation; b) personnel, technical & organizational capacity building; c) financial and material resources such as HCBC/OVC essential commodities; d) home and community based care and OVC services based on evidence &

standards, implemented ethically and sustainably; e) community networks, linkages & partnerships; f) management, accountability and leadership; and, g) communication and outreach. These elements will ensure increased access, use and quality of HCBC/OVC interventions, effective use of prevention, care, treatment and support services and improved support for PLHIV their families, community and health workers in the seven sub districts.
Engage DOH and stakeholders, including other PEPFAR partners within the catchment area in PMTCT through regular management and technical meetings, workshops and feedback for monitoring and QA. Institutionalized requlars feedback to promote data use and continual education and motivation of staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,551,675	0

Narrative:

Provision of ART services in 200 health facilities, 8 sub districts in the EC Province. The goal is to provide technical assistance (TA) to SAG to deliver a comprehensive treatment package including cotrimoxazole and Isoniazid prophylaxis, ART and TB screening, diagnosis and treatment to reduce to at least 80% HIV/AIDS morbidity and mortality among PLHIV. The objective is to provide TA for delivery of ART services to 31,531 PLHIV and ensure regular availability of ARV, TB, STI and other OI Drugs in all facilities.
To ensure local ownership and sustainability, Africare will implement the Clinical Systems Mentorship (CSM) for health system strengthening and capacity development. Facilities will be move from regular external support to implement a model with a higher standard of care and independence. This strategy will improve efficiency and effectiveness and facilitate rapid expansion in the 3 districts.

The program will further support the PHC re-engineering strategy, HF assessments based on the model and standards of care elements, training of 400 professional nurses, follow-up onsite clinical systems mentoring, and to address barriers to NIMART. ART outreach teams from the 16 hospitals will be established in collaboration with the sub district teams. These teams will monitor quality of services and supervision of NIMART through the sub district multidisciplinary teams.

Comprehensive and integrated approach to care and treatment will ensure compliance to the WHO 3-I's approach and the South Africa specific 2-I's: integration of HIV and TB services, and initiation of early treatment. Support will be provided to pharmaceutical management to ensure regular drug availability, training and mentorship on drug supply management, and support to the Pharmacist Assistant training program. The support will also ensure appropriate Pharmacovigilance (PV) reporting and management at

the 16 hospitals through training and mentorship and establishment of PV committees at the referral hospitals to ensure compliance with Good Pharmacy Practice.
Program performance measurement will be based on basic program evaluations and routine HMIS in line with the NDOH 3 Tier M&E System.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	300,000	0

Narrative:

Africare will further support the expansion of Paediatric HIV Treatment to increase the proportion of paediatric clients initiated on ART from 8% to 15%. The program will strengthen case identification and patient management, including linkages between health services and referral mechanisms; improve follow-up of HIV-exposed Infants; enhance Early Infant Diagnosis (EID); and support training in paediatric HIV care and treatment for the current NIMART implementing staff.

Nurse Mentors and Clinical Advisors will train and refresh all providers in HIV Treatment, and will monitor progress of providers in appropriately starting ART in eligible children while focussing on the NIMART nurses. In addition, Africare will regularly review paediatric standards of care tools.

Treatment failure will be monitored among children taking ART. Africare will train healthcare providers to recognize treatment failure, by regular mentoring and in-service trainings. The team will ensure service providers understand that poor adherence is the commonest reason for failure, and adherence strengthening should be explored. Referral and supervisory systems to manage and monitor patients on ART will be developed and or adapted.
Emphasis will also be placed on cross referral between TB and HIV services, and between immunization/well baby clinics and ART clinics. Efforts will be made to include PICT providers and representatives of referral endpoints in multidisciplinary team meeting at the health facilities.

All health facility staff will be trained on PICT, and regular supply of rapid test kits from the government depots will be supported. Facilities will be systematically assessed in each sub district to determine gaps in PICT training and test kit availability.

The expansion of Tier.net ART will be supported for the capturing and collating of paediatric HIV treatment data. These data will facilitate paediatric patient management while identifying gaps in services, tracing and tracking, and targeting intervention efforts for special groups of children.

Africare multidisciplinary teams will provide systematic on-site mentorship to clinicians, pharmacists, and data capturers. These mentorship efforts will focus on competency of on-site staff on paediatric treatment.

Regular refresher in-service trainings in paediatric care and treatment will be coordinated by the Nurse Mentors and Clinical Advisors. Referral hospital clinicians will be facilitated to develop facility-based training programs for their colleagues and other members in the PHC. This type of in-service training, will minimize disruption of service delivery. In areas where local expertise is lacking, Africare will assist in the provision of sessional doctors for service delivery.
Tools to improve adherence to ART will be developed/adapted. Care providers will be trained in the establishment of adherence programs aimed at the patient and the family, drug issues such formulation and toxicity, and healthcare system strengthening which will encourage the establishment of long-term relationships among children, their families, and the clinic staff. All members of the MDT will provide counselling, tracking and follow-up of children. Disclosure of the child's illness will form an essential part of regular follow-up - Africare will assist clinicians to be appropriately trained and sensitized to the process.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 316,936	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	316,936

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objective of AgriAids is to reduce HIV incidence among underserved farm working populations which is a priority of the NSP. AgriAids organizes and implements HIV prevention, HIV counseling and testing (HCT), care, treatment & support programs, targeting permanent, seasonal and migrant farm workers (FW) on farms in four provinces. The Minister of Health has requested that AgriAids become service provider for farming communities. The LDOH provides AgriAids support with testing equipment.
With FY 2011 funds, approximately 10,000 FWs and families will have undergone HCT services. With an average HIV prevalence rate of 25% in farming communities, it is expected that out of this total (10,000) 2,500 people will be HIV+. Follow-up services will continue to be provided to the 7,500 HIV- people. The 2010 HCT Policy (SAG) has enabled AgriAids together with the local primary healthcare clinics to contribute to these targets and provide more workplace-delivered services together. With FY 2012 funds, an additional 6,000 farm workers will be tested.

(a) Inventory (purchased)
Purchased from the start of mechanism through COP FY 2011: 4
COP FY2012 request: 3
Total = 7

(b) New request justification – COP FY 2012
AgriAids is providing HCT services in 4 provinces in different districts Mobiles have to move around between the different Districts and Province where AgriAids is implementing HCT. To provide more efficient and less time consuming service delivery another mobile is needed to assist in performing HCT services and to give us a better coverage. This could increase the uptake of HCT for farm worker and beneficiaries.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	15,847
Human Resources for Health	15,847

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

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	166,936	0

Narrative:

AgriAids focuses on hard-to-reach-population groups (farm workers and their relatives). The NSP recognizes this as one of the key populations for HIV/AIDS interventions. Farm workers are geographically living and working in remote locations, thus denying them access to health/wellness facilities and related information services. These factors contribute to increased vulnerability to HIV infection. The programmatic interventions to farm workers by AgriAids are in alignment with the NSP. With FY 2011 funds, approximately 10,000 farm worker and family will have undergone HCT services. With an average HIV prevalence rate of 25% in farming communities, 2,500 people will test HIV positive, thus qualifying for care and support services. AgriAids HBHC services are geared towards improving the health of HIV positive farm workers and their family members. This includes education and support on disclosure, coping with being HIV positive, treatment adherence, condom use, gender equality and human rights. Different communication methodologies will be applied(e.g. individual counseling and

homogeneous group sessions/discussions). In addition, HIV positive farm workers are supported by an AgriAids District Coordinator (DC) to get access to the local clinic for care and treatment. Prevention messages, use of condoms, healthy lifestyle (good nutrition) and disclosure to partners and family members are part of the support program.
An M&E system is in place which monitors the HBHC activity progress and target achievements. In addition to informing the project on achievements, this system enables the DCs to provide follow-up support to individuals tested positive to get access to care and treatment. This will assist in avoiding lost to follow-up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

The second programmatic pillar of the AgriAids projects is HCT. The 2010 SAG HCT policy enables organizations like AgriAids to increase their targets and provide more workplace-delivered services in cooperation with the primary healthcare (PHC) system. With FY 2011 funds, 10,000 farm workers and family members will have received HCT services. With FY 2012 funds, AgriAids, by using its two mobile units, plans to make HCT accessible to an additional 6,000 farm workers. AgriAids's HCT is aligned to the SAG requirement that HCT is part of the continuum of prevention, care, treatment and support. In addition wellness-related activities are provided on site as part of the HCT activities.
The general HIV prevalence is 25% and higher among women. AgriAids implements a client-initiated approach by implementing a comprehensive outreach HCT package including HIV testing, TB screening, distribution of condoms, glucose testing, blood pressure testing and weight measurements. CD4 testing is done on site as well as sputum from TB suspects by a professional nurse. Referral notes that have been developed in FY 2011 will be used for pap smear, and screening of opportunistic infections services. In-service training will be provided to the field staff. Key to the model of AgriAids is to conduct a continuum of care especially after HCT activities. AgriAids has employed the services of motivational staff (i.e. district coordinators and counselors) to facilitate that farm workers will not be "lost to initiation" and "lost to follow-up." This model encourages farm workers to increase uptake of health care services. An M&E system is in place which monitors the progress and target achievements. In addition to informing the project on achievements, this system provides the district coordinators with information for follow-up support to individuals and groups.

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: American Center for International Labor Solidarity	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

ACILS aims to build the capacity of HIV/AIDS workplace programs in selected auto, engineering and manufacturing workplaces represented by the National Union of Metalworkers of South Africa. ACILS will provide technical assistance and mentoring to peer educators, AIDS champions, and HIV/AIDS committees previously trained. Additionally, ACILS will help foster linkages between targeted workplaces and community HIV-related services as well as promote uptake for such services among workers. Target population is adult male-dominated workforces from selected auto, engineering and manufacturing workplaces represented by the National Union of Metalworkers of South Africa in Gauteng. The majority are aged 24-45. By building HIV/AIDS workplace capacity ACILS will support the USG-SAG Partnership Framework and National Strategic Plan for HIV and AIDS, STIs and TB. The NSP put more emphasis on organizational effectiveness through capacity development as one of the strategic enablers. ACILS, through technical assistance and mentoring to HIV/AIDS workplace programs will promote local capacity and sustainability as well as strengthening linkages between workplaces and community HIV-relates services. Additionally, ACILS's efforts will increase demand among workers for such services. ACILS anticipates that the mentored workplace programs will be self-sufficient by the grant's end with both worker representatives and management competent in HIV/AIDS workplace programming and monitoring. An assessment of target workplaces will be conducted to determinethe strength of HIV/AIDS workplace programming and compliance with PEPFARtechnical considerations for workplace programs. During the grant's initial years,ACILS purchasd 3 vehicles. No additional vehicles will be purchased.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9467**
Mechanism Name:	**American Center for International Labor Solidarity (ACILS)**
Prime Partner Name:	**American Center for International Labor Solidarity**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	0

Narrative:

Target population is adult male-dominated workforces from selected auto, engineering and manufacturing workplaces represented by the National Union of Metalworkers of South Africa in Gauteng. The majority are aged 24-45. Multiple and concurrent partnerships are common. Approximately 30 percent live a far distance from their families (mobile population).

The Solidarity Center will provide HIV/AIDS workplace capacity-building technical assistance and mentoring to all peer educators, AIDS champions, and HIV/AIDS Committees from targeted workplaces. 500 workers will be reached through mentoring and through workplace HIV/AIDS education sessions held by peer educators previously trained by the Solidarity Center with messages focusing on abstinance and be faithful. Small group preventive sessions that meet minimum standards will emphasize faithfulness and reducing concurrent sexual partnerships. Mentoring and peer education also will focus on male gender norms associated with HIV risk.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	0

Narrative:

Target population is adult male-dominated workforces from selected auto, engineering and manufacturing workplaces represented by the National Union of Metalworkers of South Africa in Gauteng. The majority are aged 24-45. Multiple and concurrent partnerships are common. Approximately 30 percent live a far distance from their families (mobile population).

The Solidarity Center will provide HIV/AIDS workplace capacity-building technical assistance and mentoring to all peer educators, AIDS champions, and HIV/AIDS Committees from targeted workplaces. 500 workers will be reached through mentoring and through workplace HIV/AIDS education sessions held by peer educators previously trained by the Solidarity Center. Small group preventive sessions that meet minimum standards will emphasize promotion of condoms. Mentoring and peer education also will focus on male gender norms associated with HIV risk.

Technical assistance and mentoring will focus on capacity-building for HIV/AIDS workplace programs that model PEPFAR technical considerations. Uptake of HIV-related services and linkages with workplace and community-based HIV-related services will be promoted. Quality assurance will be maintained through the Solidarity Center's HWSETA-certified staff. Peer educators, AIDS champions, and HIV/AIDS Committees were trained previously by the Solidarity Center using HWSETA-certified HIV/AIDS curriculum.

A final assessment of target workplaces will be conducted in FY 2012 to determine the strength of HIV/AIDS workplace programming and compliance with PEPFAR technical considerations for workplace

programs.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-USAID	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism in ending in FY12 , narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Shout It Now		

Overview Narrative

none

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**9471**
Mechanism Name:	**Aurum Health Research**
Prime Partner Name:	**Aurum Health Research**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 431,752	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	431,752

Sub Partner Name(s)

Wits Health Consortium, Health Economics and Epidemiology Research Office		

Overview Narrative

Boston University, with its local partner Health Economics and Epidemiology Research Office (HE2RO) of

the University of the Witwatersrand, generate accurate, current, program-relevant information about the outcomes, costs, cost-effectiveness, and benefits of HIV/AIDS and TB prevention, care, and treatment interventions. The project includes evaluations in five main areas: 1. Estimating the costs and cost-effectiveness of adult and pediatric HIV treatment delivery2. National modeling of the costs of HIV care and treatment and PMTCT
3. Reducing loss to pre-ART care and promoting earlier treatment initiation
4. Improving treatment outcomes through epidemiological analysis of PEPFAR partner data
5. Economic evaluation and modeling of TB and HIV/TB integration (case finding, diagnosis, treatment)
Each of these areas is a priority under Pillars 1 and 2 of the NSP and the Partnership Framework principles of sustainability, innovation, and responsiveness, as they focus on generating the knowledge base needed to identify efficient ways to deliver services, achieve health targets at the lowest cost, and ensure value for money. The project directly supports the SAG in improving budgeting and resource allocation. The project also strengthens decentralization and integration of health services by evaluating the outcomes and costs of different models of service delivery (e.g. nurse-managed HIV treatment and use of point-of-care TB diagnostics and CD4 tests).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	64,762

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

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**
Treatment	HTXS	431,752	0

Narrative:

The budget will be divided among the five technical areas of work described in the Overview Narrative as follows:

1. Cost and cost-effectiveness of HIV treatment delivery: $107,938
2. Modeling of treatment costs: $43,175
3. Loss to pre-ART care/earlier treatment initiation: $107,938
4. Improving treatment outcomes: $43,175
5. Economics of TB: $129,527

All of these activities involve tracking and evaluating clinical outcomes, improving program performance, and increasing efficiency of service delivery. Area 3 specifically addresses efforts to improve the transition to care and retention of patients in pre-ART care, while Area 4 generates information about retention and adherence after ART initiation. Area 5 pertains to the development of a comprehensive package of care that includes TB screening, diagnosis, and treatment. Areas 1 and 2 are aimed at generating site-level and national data to improve access to services and the sustainability of service delivery and to strengthen local ownership.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	0

Sub Partner Name(s)

Siyakhana Health Trust (EC)		

Overview Narrative

This mechnism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9473**
Mechanism Name:	

Prime Partner Name:	Broadreach		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	0	0

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
Planned Amount: $12,530,692			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 9474	**Mechanism Name: Care International**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,837,058	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,837,058

Sub Partner Name(s)

Balwantwa	Beacon of Hope	Bophelo
Bophelong	Choice	Community AIDS Response
Gethsemane	Golden Gateway	Goldfields Hospice

Hokomela wa Heno	Khauhelo	Khothalang
Lechabile	Live and let Live	Marquard
Mohlanatsi	Nhlahiso	Petsana
Ramotshinyadi	Thembalethu	Thembelihle
YOFCA		

Overview Narrative

The Integrated HIV and AIDS Prevention and Care Project (IHAPC) seeks to support and deliver HIV/AIDS-related palliative care services (care and support), TB HIV, HIV Counseling and Testing (HCT) and Integrated Access to Care and Treatment programme (I-Act) through indigenous community based organizations (CBOs) in Mpumalanga, Limpopo, Free State and Gauteng Provinces. The Project Goal is improved and sustained access to care, support, and treatment for PLHA, ultimately resulting in a decrease in HIV- and AIDS related morbidity and mortality in key districts as agreed with the Department of Health. Objectives and activities will include:• Improved management of 24 CBOs that will also receive sub-grants through training and mentoring of management and administrative staff• Improved access to quality HCT services through capacity development of CBO staff and HRH • Integrated TB services into HIV/AIDS management through scaling up of TB screening among PLHIV and referring suspects for clinical diagnosis• And Strengthened referral systems between health facilities and CBOs to ensure continuum of care and support of PLHIV through Home Based Care and support groups such as the I ACT programme and provision of services such as Nutrition Assessment Care and Support (NACS) and PwP programmes.

M&ER remains a key focal point in all the above objectives for better understanding of indicators and better management of impact within organizations. To this end, M&E officers have been recruited to mentor and support CBO's in developing strong monitoring and evaluation systems. Vehicles: TOYOTA HILUX, 2,7-YYW 452 GP Vehicle CDC $40,806.59 11-Feb-10.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Mobile Population

TB

Budget Code Information

Mechanism ID:	**9474**		
Mechanism Name:	**Care International**		
Prime Partner Name:	**Care International**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	2,137,058	0

Narrative:

CARE will facilitate improved and sustained client's care and support from the health facility to the home and community

in the following geographical areas:

Province and district (Population per district) HIV prevalence

Mpumalanga -Ehlanzeni district (1,526.236) 37.7%

Free State -Thabo Mofutsanyane district (725.700) 31.3%

Limpopo -Mopani District (1,068.569) 25%

Gauteng -City of Johannesburg (11, 191 700) 30.4%

The project targets HIV positive individuals for linkage and retention into care and support programme. To realise this, efforts are being made to improve both access to and quality of pre-ART care and support. It enhances HBC services by regular in-service training of Community Care Workers (CCW) in new policies and guidelines in addition to the accredited 69 days HBC training. Strategies for expansion of services include community mobilisation and re-defining the role and responsibilities of the CCW within the ongoing PHC re-engineering as key liaisons between communities and facilities. People Living With HIV (PLHIV) are given knowledge and skills to handle issues around HIV/AIDS and to advocate for their own health through the Integrated Access to Care and Treatment (I-ACT) programme which also links

them to other social networks for further support and care both in facilities and communities.
Continued provision of food supplements to mitigate the vicious cycle of poverty, malnutrition and disease progression.
Newly diagnosed HIV positive patients through HCT and HIV TB suspects will be referred to health facilities for HIV clinical staging, entering clients in pre-ART register and for TB diagnostic work-up. This will help to maintain PLHIV on database and to deal with HIV/TB co-infections simultaneously. .
The project intends to utilise software, Soweto Care Systems, to streamline data collection and collation processes. This will further improve and strengthen the programme.
Should funding allow, workshops for all Care and Support partners will be hosted for learning and sharing lessons learnt in collaboration with DoH and SANAC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	400,000	0

Narrative:

CARE will support the scale up of community TB screening for all people diagnosed HIV positiveThe project integrates TB screening in all HCT programmes. This approach aims to combat HIV/TB co-infections, TB being the commonest and deadliest opportunistic infection in HIV positive individuals. All people diagnosed sero-positive at community level are symptom screened for TB using simple procedures such as presence of chronic cough, unwarranted weight loss etc. TB suspects identified in the community are referred for facility-based diagnostic work-up. All HIV positive clients who test TB negative are encouraged to be on IPT for the duration indicated by the health professional. Treatment Support is given by CCW to those who are on TB treatment through medication supervision. A total of 109 CCW have been trained in clinical TB/HIV, the collation of data and patient tracking and support. And an extra 100 are currently been trained.
The project will be aligned to the National Strategic Plan for HIV/AIDS and TB, 2012-2016 (NSP) and the Provincial Operations Plans (POP) in focus provinces. The project has and will continue to conduct sub-districts HCT campaigns in three provinces that will also cover TB screening and other non –communicable deceases, in support of the PHC re-engineering.The project will also continue to screen family members of TB positive patients during the HCT campaigns.
The project will continue to organize community dialogues to educate communities on matters relating to TB prevention, diagnosis and treatment. This intervention will also target high risk population areas such as informal settlements and farming communities in accordance with the current NSP.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

Although the project focus is on adult care and support, the project provides appropriate counselling and referral support to pregnant mothers and children orphaned or made vulnerable by HIV and AIDS. CARE will therefore endeavour to promote increased linkages to relevant child survival and development programmes – including vitamin A supplementation; immunization; counselling and support on optimal, safe infant and young child feeding practices, especially in the context of HIV and AIDS; oral rehydration therapy for diarrhoea; antibiotic treatment for pneumonia; and insecticide treated mosquito nets in malaria endemic areas.

Mothers who are pregnant will be directed to PMTCT programmes in their local facilities and followed up as part of support from community based organisations.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	200,000	0

Narrative:

CARE will work to expand access to Quality HCT Services.The area of operation is in three provinces of Mpumalanga (Ehlanzeni district), Free State (Thabo Mofutsanyane district), Limpopo (Mopani District) and Gauteng (City of Johannesburg) The project will ensure that CBO's have increased capacity to carry out HCT to enable communities to access high quality testing services. The project will train CCW/Lay Counsellors in HCT in terms of the norms and standards set by the NDoH, which currently allow CCW to administer the HIV test under the supervision of a professional nurse.Currently all CBOs under the project are being prepared for accreditation as non medical HCT centres that will be linked to local health facilities. This will expand access to quality community based HIV testing services to individual, couples (especially providing further referrals to sero-discordant couples), seasonal farm workers and migrants. TB screening is currently integrated with pre-test counselling.The project will facilitate major HCT campaigns per province in collaboration with sub-grantees and primary health care facilities linked to them. Emphasis will be made on Couple HCT campaigns which may take the form of door-to-door campaign targeting Households. Community dialogues are also under way to further mobilise and create health seeking behaviour particularly for HIV/AIDS related services.
The above strategies will greatly contribute to the overall NDoH target and foster earlier enrolment into care and support services as per Strategic Objective # 3 of the National Strategic Plan (2012-16).

Clients reached 9000(Target) 10912 (Reached in 2011)
Individuals HIV tested 15000(Target) 16770 (Reached in 2011)

The project also intends to evaluate the effectiveness of referral systems between communities and

facilities and will make recommendations to strengthen referral systems further and reduce loss-to-follow-up.

Implementing Mechanism Details

Mechanism ID: 9475	**Mechanism Name:**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Care International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This Mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9475 Mechanism Name: Prime Partner Name: Care International			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 9477	**Mechanism Name: Catholic Medical Mission Board (CMMB)**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 450,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	450,000

Sub Partner Name(s)

Diocese of Port Elizabeth		

Overview Narrative

The objective of Men Taking Action (MTA) is to increase access & acceptability of HCT services to adult men (15-49), couples & children using Home Based HCT model in rural areas of Eastern Cape Province in Amathole, Cacadu & NMM districts. The program uses 1) Community & household mapping in preparation for the door-to-door HCT strategy to reach out to men and their families using available resources. 2) Campaign style community CT where tents are set up in the community such as bus stop, taxi ranks, malls & other public places using non-HIV labeled tents or private areas for CT to reduce the associated stigma. 3) Parish-based CT of men by making HCT available during regular programs. The parish group pre-testing events are carried out by trained male educators, incorporating the benefits of HIV-testing into general health topics, men's responsibilities & faith. Men are encouraged to form support groups & are invited to actively participate in long-term programs that engage them as household leaders linking families to care & prevention services. There will be an increase in the field workers for community mobilization & expansion. Mobilisers will recruit clients, offer information on HCT & on availability of home testing. Counselors offer the individual pre-test counseling and facilitate testing in the homes. MTA nurses draw blood for CD4-count testing from all clients that test HIV positive to ensure prompt access to treatment. The samples are then sent to the nearest health facility for regular laboratory collection of samples for testing. The clients are then referred for the results of CD4 count, further management, HAART, treatment for STI and OI's.A mid-term evaluation of the program will be carried out before the end of the year & no vehicles will be purchased.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	35,700

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	450,000	0

Narrative:

In this fourth year of the program, CMMB will maintain the same category of staff. There will be an increase in the field workers staff profile and expansion into other districts in the Eastern Cape. The target group will still be men between the ages of 15yrs to 49yrs, and their families, not excluding any outside the bracket. The targeted districts have the following HIV prevalence rates (2008): Amathole: 26, 7%; Cacadu: 14, 5%; NMM: 27, 9%. In MTA's counseling and testing model men are approached in their homes or area of comfort, including workplaces, churches, shebeens & taxi ranks, and offered CT. Mobilisers will recruit clients and offer them information on HIV testing and inform them of availability of CMMB home testing, counselors offer the individual pre-test counseling and facilitate testing in the home. Where testing is offered in a public area, a non-HIV labeled tent or a private area is secured for CT to reduce the associated stigma. MTA nurses will draw blood for CD4-count testing from all clients that test HIV positive in order to ensure prompt access to treatment and care. We refer clients for further management including CD4 count testing, HIV treatment and treatment of opportunistic infections. Confidentiality and informed consent will still be maintained in line with national guidelines. In these past 3 years, CMMB's CT activities have extended reached 9 005 individuals. In the 4th year we will be extending the activities into NMM, looking at a total target of 17 688. We will place teams in different communities, close their residences. Aside from the quality assurance of test kits, the MTA Project Manager and Project Supervisor will randomly select previously visited households to interview members on the services they received. These interviews will include client satisfaction surveys, and will be carried out on a regular basis. Training of the counselors and nurses will continue throughout the period of the program. The training will be provided by certified qualified trainers recommended by the department of health and PEPFAR. A mid-term evaluation of the program will be carried out before the end of the year.

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 the Western Cape	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 712,499	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	712,499

Sub Partner Name(s)

TB/HIV Care		

Overview Narrative

The project is comprised of a number of activities which directly align with both the 2007-2011 and the draft 2012-2016 NSP, and with important initiatives by the NDOH.The project works with the health sector at several levels (national and provincial policy, nurses, community health workers, linking lab and clinical services); the education sector; local government; information systems, and traditional healers and communities in their interface with government services. It focuses primarily on technical assistance to develop capacities at institutional and systems levels as outlined in the objectives and interventions of the pillars of the new NSP, through systems development, materials development, training of trainers, fostering of community/intersectoral dialogues, and more limited direct training of individuals. The geographic focus is Western and Eastern Cape, KwaZulu Natal, and National government. The activities strengthen capacity at individual, organizational, and systems levels. They go beyond “training” to enhance capacities to identify, analyse, and address complex problems in a rapidly changing policy and

epidemiological environment. The emphasis now shifts from development and implementation to documenting and comparing models of change across activities, sectors, and levels.

Cross-Cutting Budget Attribution(s)

Education	190,939
Human Resources for Health	448,005

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Workplace Programs

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	184,516	0

Narrative:

UWC will support district and sub-district level capacity development enabling the use of human resource information from various data sources for informed decision-making and planning of the district public

health workforce is the main focus of the project. This project works with the full array of partners, most of whom are involved in direct service provision and not in the development and eventual mainstreaming of systems; human resources information systems are severely underdeveloped in South Africa. The project focus on driving activities for standardization and improvement of data quality in health information and human resource information with the support of the project by requesting capacity building through identifying and specifying problematic areas in the use of information and sharing the cost of the workshops. KZN M&E Care Association (TB/HIV Care) is implemented by TB/HIV Care and it involves direct support to developing and implementing stronger TB and HIV systems in Sisonke, and thus contributing to systems-level rather than only project-level and district-level capacity strengthening. The project is also building capacity for M&E at provincial and district levels in KZN in that the M&E officers conduct training on using data to identify strengths and weaknesses in program performance and to inform plans to improve service delivery.

Molecular surveillance project supports training and ongoing support to physicians and HIV treatment programmes in monitoring and managing the increasingly important challenge of ARV drug resistance and refinement for the eventual integration into routine laboratory and surveillance systems of the two international open access databases of viral resistance. These databases complement each other and are considered to be the two best HIV drug resistance databases in the world. The transfer of these public, open access databases to southern Africa was supported by many of the top drug resistance physicians, policy makers and researchers in the region, as described in a short publication in Nature. The South African HIV drug resistance guideline committee also endorses it.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	350,000	0

Narrative:

UWC's program for Management And Leadership Training: attempts to educate local government officials that the approach towards the management of HIV AIDS is not confined to the local government sphere but that they should rather adopt a more holistic approach to fighting the pandemic. Within the confines of the local government sphere, the programme has broadened its target audience from initially concentrating on HIV AIDS Programme/Project Manager and Human Resources Managers, to now include a broader spectrum of municipal staff and about 50-60 elected counselors (who volunteer through the South African Local Government Association for training). The above has resulted in training being provided a much broader functional area within municipalities. The preparation of the Country Guideline on HIV AIDS for Local Government was sponsored by the Norwegian government. There is at present no other donor supporting the existing PEPFAR work currently being done at the local government sphere.

Activity 2 Improving quality of community health worker (CHW) programs for delivery of HIV/AIDS services: This project seeks to address the lack of coherence on the various aspects of CCW such as the scope of practice, recruitment, training, remuneration and conditions of service and sustainability of work provided by non-profit organization (NPOs) already involved in health care delivery. One of the strategies includes providing technical and advisory support to national and provincial structures involved in the revitalization of Primary Health Services. Specific activities include: 1) Development of M&E systems for community based services as part of our participation in the national PHC re-engineering process. This will include a) support for design of the M&E system b) investigating roles of technology in M&E systems c) active engagement with DOH at national and provincial (especially W Cape) in formulating policy. 2) Support for civil society engagement and representation in national policy development and implementation a) civil society summit and follow-up activities; and 3) Development of evaluation protocols and sites for assessing implementation and impact.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

UWC will support the training of HealthCare Providers and Traditional Health Care Practitioners on collaboration for HIV & AIDS Prevention and Care. This is a critical part of the national health system as it strengthens human capacity of practitioners directly through offering short courses to traditional practitioners on biomedical approaches to HIV, including referral mechanisms to the formal health system. Prevention Through Sports Participation project is in its final phase, now completing the manual and evaluating the effectiveness of the intervention. The project developed a workshop training manual on preventing HIV/AIDS through sports participation that used sports metaphors and sports messages interwoven with established scientific knowledge of HIV/AIDS prevention to constitute unique messages that can be integrated into sports programs. The Program for Health Promotion in Schools and An Interactive TB, HIV/AIDS resource for South African School Learners address both the curriculum content and the skills and competencies support to school principals, teachers, learners, and parents, and learner-led community mobilization, called for in the new NSP. The projects are directly aligned with several objectives and interventions of the new NSP, including: Implement integrated wellness education as part of life skills education in schools and 7.7 Pillar 3: Increase safety and reduce vulnerability

The Health Promoting Schools project targets adolescent youth who are at risk of HIV, but uses a settings approach which includes policy and interventions with duty bearers and rights holders and includes the capacity development of individuals, including school students who are at risk of early unprotected sexual behaviour, teachers and parents as well as organisational capacity development of the school. An Interactive TB, HIV/AIDS resource for South African School Learners uses the

development of new Life Orientation curriculum and an interactive mode of delivery to foster capacities and experience in dialogue and application of knowledge. This project works in direct partnership with teachers and learners and the Department of Education (Western Cape and National).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	77,983	0

Narrative:

UWC supports the training of Nurse-Midwives In Community Based PMTCT, HIV Prevention and Management Skills And Competencies. The project aims to expand the PMTCT skills development beyond Western Cape by training nurse educators and clinical tutors in both Western Cape and Eastern Cape provinces on integration of PMTCT competencies into the pre-service nursing curriculum, and how to teach those competencies to the nurses on training, ongoing supervision and monitoring quality of PMTCT services rendered at clinical sites. The settings for training in Western Cape Province are: University of Stellenbosch. The overall aim is to scale up and roll out training using the PMTCT training manual developed in COP 2010. In the manual, the content is divided into four PMTCT competencies, in line with the DoH National PMTCT policy. This supports the 2012-2016 National Strategic Plans' objective to strengthen the management, leadership and coordination of the prevention of mother to child HIV transmission (PMTCT) programme. The Community VCT project is developing a handbook to assist with implementation and integration of PMTCT into PHC improving routine information.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 255,025	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	255,025

Sub Partner Name(s)

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

Overview Narrative

The Child Healthcare Problem Identification Programme (ChIP) is a University of Pretoria mortality review program for monitoring the quality of PMTCT service delivery, quality of care for children in hospitals, and the impact of HIV, TB, malnutrition, diarrhoea and pneumonia. It includes the following activities: 1: Sustaining ChIP sites (in partnership with SAG NDOH/PDOH); 2: Saving Children Reports (reported to healthcare workers and DOH); 3: Strengthening Linkages between ChIP and PPIP (perinatal program); 4: ChiP Technical Task Team (provincial training and liaising with MCWH); 5: Provincial ChIP Workshops (training and data analysis). ChIP contributes to the goals and objectives of the PF, the NSP and NSDA, through monitoring, analysis and review of child deaths, to reduce child mortality, and strengthening the use of data to inform planning, policy and decision making for improved quality of care strategies. In the long term, institutionalizing child and perinatal death review will make a significant contribution toward reduced childhood mortality from HIV, TB and other causes, as well as providing feedback for PMTCT and ART roll out programs. Currently ChIP is used in about one-third of SA hospitals, covering all nine provinces, and in 32 of the 51 districts with hospitals. ChIP trains healthcare workers and increasingly the cost of training is being covered by the provincial DOH. The NDOH is strongly supportive of the program and recommends that ChIP become the mortality audit tool used in all hospitals, as there is currently no other tool in general use. In this way, full transitioning and institutional ownership is assured. No vehicles are funded by PEPFAR.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	150,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Governance and Systems	HVSI	255,025	0

Narrative:

UP will focuson sustaining current 114 Child PIP sites across South Africa. . The ChIP scale-up has surpassed the original target of 80 functioning sites. The target for 2012 is to have 114 ChIP sites submitting complete data to the National Database. New equipment such as computers will need to be purchased to replace the aging ones. All sites will be evaluated annually to assess quality and sustainability, and to ensure that ChIP improves quality. The project works closely with the NDOH and PDOH In addition, UP supports Saving Children Reports. Since 2004, an annual Saving Children Report has been produced. The target audience for the report is healthcare workers and policy makers. In FY12 the seventh report will be produced and will highlight gaps and challenges of child health service delivery. The reports have been disseminated at national and provincial levels and to the NDOH. UP alsofocuses on strengthening linkages between ChIP and PPIP sites to provide information on improving quality of PMTCT service delivery. PMTCT compliance data from the PPIP will be analyzed and the impact of PMTCT will be assessed. Improved PMTCT service delivery will be achieved through feedback of this information to the DOHs at all levels. During 2007 a ChIP Technical Task Team (TTT) was established. The team is comprised of the ChIP Executive Committee (Exco), at least one representative from each province, as well as specialist members. The roles of the TTT are to provide provincial leadership, training, and coordination. Three TTT meetings will be held in FY2012.Finally, ChIP Provincial

Workshops will be conducted in all nine provinces. Data will be presented and training offered to strengthen sites and expand ChIP. These workshops will also provide healthcare workers with the opportunity to share QI projects that were implemented as a result of the site specific and provincial data from ChIP. These provincial meetings will guide the development of provincial recommendations and implementation plans.

Implementing Mechanism Details

Mechanism ID: 9491	**Mechanism Name: Walter Sisulu University**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Regional Training Centre (RTC) is a project by Walter Sisulu University to support the Eastern Cape Department of Health (ECDOH).The goals and objectives are to provide Institutional and human capacity development to achieve quality HIV, AIDS and related co-morbidities prevention; care and treatment; through training as per the NSP and USG-SAG Partnership Framework.The ECRTC will collaborate with NDOH and other provincial DOH to impart experience and best practices in RTC operations to others. COP12 funds will be used for systems strengthening to support the ECRTC; assessing skill needs, develop accredited training modules and care protocols for different categories and in-service training with on-going on-site mentoring of health care workers based on NDOH guidelines to strengthen HAART expansion, NIMART, PMTCT services; MMC; HIV & TB; Strengthen data quality and systematize data

collection and reporting; IMCI training and early initiation of children on ART at PHC level. The have also been mandated to coordinate and eliminate duplicative training curricula.ECRTC activities are based at the Mthatha, Port Elizabeth, and East London satellites with each of the three sites established learning network in the area enabling clinical training and performance improvement providing a wide cover reaching HCW including in PHC facilities for the whole of the Eastern Cape Province. RTC has a strategy of outreach learning support to clustered facilities to minimize cost of travel and accommodation of participants. PEPFAR funding compliments SAG conditional grant with plans to increase the proportion of SAG grant. M&E is based on provincial and district plans and training indicator targets.Purchased vehicles = 9; No new vehicles for FY 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9491**
Mechanism Name:	**Walter Sisulu University**
Prime Partner Name:	**Walter Sisulu University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	OHSS	1,000,000	0

Narrative:

ECRTC will be increasing human capacity through targeted centralized didactic sessions, demonstration of optimal Highly-Active Antiretroviral Treatment (HAART) and care for adults and regular facilitation of 15 learning network sites throughout the Eastern Cape Province. Each network site will be a learning hub for a cluster of about 20 health facilities who will meet at least two days every month for mentoring. 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 service case review and care evaluation identifying needs and providing targeted didactic training, ongoing mentoring support and coaching using standardized HAART guidelines and application of improvement methodologies. ECRTC objectives will be to support primary care sites and capacitating all levels of care to prepare for initiation and management of HAART patients through training on guidelines, skills development and systems strengthening. A total of 2880 Health Care Workers (HCW) [1200 will be attributed to PEPFAR funding] from at least 200 health facilities will be trained through 26 didactic training sessions administered by the three ECRTC training sites to provide HAART services in 2012.A total of 570 healthcare professionals (240 attributed to PEPFAR funding) will be trained by the three ECRTC training sites to provide PMTCT services in 2012.

A total of 1380 (a total of 900 will be attributed to PEPFAR funding) healthcare professionals will be trained by the three ECRTC training sites to provide Palliative Care in 2012.A total of 720 healthcare professionals will be trained by the ECRTC to provide TB/HIV Integrated Care.More than 500 nurses and mentors from at least 200 facilities will be trained and provided with ongoing learning support which includes monthly case analysis and routine telephone consultation.

Protocol in development to conduct Basic Care Package program evaluation to assess program for patient education and retention in wellness programs pre-HAART initiation, will conduct evaluation during 2012.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	HKID	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Partner will receive no funding in FY12. For reporting purposes only.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 9497	**Mechanism Name: University of KwaZulu-Natal Innovations**

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 INNOVATIONS	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,760,368	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,760,368

Sub Partner Name(s)

Institute for Healthcare Improvement (IHI)		

Overview Narrative

The primary aim of UKZN's 20,000 + project was achievement of the elimination of PMTCT- a goal of the NSP. A health system strengthening approach, using Continuous Quality Improvement is used to achieve this goal. The project will be supporting the Office of Standards Compliance to assess facilities, and use the Quality Improvement approach to address gaps identified. This is the first step in working towards the implementation of the National Health Insurance model. UKZN is also developing leadership skills in the usage of data, and improving monitoring and evaluation of programmes. They are also evaluating the usage of QI methodology to improve the supervision of community care givers in collaboration with WHO. They are working in all districts in the Kwa Zulu Natal province. At 3 of the districts, UKZN works at facility level. They are integrating the TB and HIV programs in the PMTCT program, as TB has been found to be one of the leading causes of maternal deaths in HIV-infected mothers. Although they are primarily focusing on maternal and child health, they are also developing overall skills of information officers in data management. Training has also been held for monitoring and evaluation of programs. Using task- shifting and improving process flow in facilities is contributing to improved efficiency of service delivery within existing resources. Health systems are also strengthened by the project staff that bring together skills from clinics and hospitals. They have purchased 4 vehicles, and plan to purchase 2 more to extend the scope and geographic coverage.

Cross-Cutting Budget Attribution(s)

Food and Nutrition: Policy, Tools, and Service Delivery	100,000
Human Resources for Health	700,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Child Survival Activities
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9497**
Mechanism Name:	**University of KwaZulu-Natal Innovations**
Prime Partner Name:	**UNIVERSITY OF KWAZULU-NATAL INNOVATIONS**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	500,000	0

Narrative:

Attention will be given to the training of health care workers in improving data management systems. This is in keeping with the PHC re-engineering process which seeks to improve monitoring and evaluation

activities across the country. The 20 000+ partnership project has been requested by the Department of Health to extend its work across the province. In addition, the project is leading a process of developing a monitoring framework for the new infant and young children feeding policy that was launched in KZN in January 2011.The province has pioneered the implementation of the 2010 WHO guidelines on the topic of infant feeding in the context of HIV. The project is also testing data elements and reporting to the province regularly on barriers and facilitators of policy implementation.A data-focused approach is being used, which is the building block that has to be in place to achieve good data quality. To this end, the focus will be on training facility and district information officers, and monitoring and evaluation managers in the use of data and information to guide improvement and identify gaps in programme performance. District leadership teams will be trained in this area. The National Department of Health will also use a 'dashboard' of measures for every district to focus on. The 20 000+ partnership project will build capacity in district leadership to monitor this dashboard particularly in the area of maternal, child, and women's health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,260,368	0

Narrative:

This strategic programme has been the building block of 20 000+ partnership project's work. The methodology used by the programme was subsequently used in the National Accelerated PMTCT programme in 2009. The improvement noted in the performance of the PMTCT programme across KwaZulu Natal province has been noted nationally, and best practices are being scaled up. As result of the project's work, there has been additional attention paid to data quality nationally, as a data-focused approach to quality improvement is being used. Capacity is being built in facility and district information officers across the province. District leadership teams are also using routine health information to improve programme performance by identifying gaps. Targets set for HIV counseling and testing have been set at 95%, and this target is being achieved in KZN by task -shifting, process changes in facilities and data usage at facility level. The target for access to ART was set at 80%, and in some districts e.g. Ugu, 100% has been achieved. The target for PCR testing at 6 weeks was set at 90% and already close to 80% of infants is being tested. The recent impact evaluation done by MRC has indicated that the transmission rate in KZN has decreased from 20% to 2.8%. The challenge is now to sustain this improvement. Capacity is being built in health care workers to sustain this improvement by strengthening links with the district programme managers and the referral hospitals, as they share data on programme performance. Managers are being trained in quality improvement, and are leading meetings in the 3 districts in which the 20 000+ project works, thereby ensuring sustained improvement. Best practices are shared and scaled up at collaborative meetings. Work is being done with community care givers to increase early booking and post natal visits. The project is also working closely with other partners and

programmes e.g. nutrition testing the implementation of the new infant and young child feeding policy, and informs the department on its progress. The National Department of Health is taking its lead from the lessons learnt in KZN. The project aims to improve the 18 month HIV testing of infants from the existing 30% to 80% in the next year, as well as improve on child survival.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9499 Mechanism Name: Prime Partner Name: Childline Mpumalanga			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Community Care Project	Lifeline & Rape Crisis Pietermaritzburg	Sinani Survivors of Violence programme
Youth for Christ - KwaZulu-Natal		

Overview Narrative

This mechanism is ending in FY 2012, narrative wqas submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	0	0

Narrative:

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	0
GHP-State	0

Sub Partner Name(s)

Institute of Health Programs and Systems (IHPS)	Nelson Mandela Bay Metropolitan	University of Fort Hare
Yale University: Church of Scotland		

Overview Narrative

This mechanism is not receiving FY12 funds so only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	0	0

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	0
GHP-State	0

Sub Partner Name(s)

AIDS Healthcare Foundation		

Overview Narrative

This mechanism is not receiving FY12 funds so only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXD	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			
None			

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 (YfC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving FY 12 funds. It is only included here to report FY 12 targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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 (YfC)		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVOP	0	0
Narrative:			
None			

Implementing Mechanism Details

Mechanism ID: 9509	**Mechanism Name: St. Mary''s Hospital (St Mary''s)**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,300,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

St Mary’s Hospital (SMH) is a district hospital and serves a population of approximately 750,000. SMH

has been funded by PEPFAR since 2007 and their project period will end on May 31, 2012.The estimated prevalence of people who are HIV-infected is on average 22% with an 80% potentially that are AIDS defined. SMH provides comprehensive HIV/TB care and treatment services and has a good working relationship with Kwazulu-Natal Department of Health (KZN) which in turn provides SMH with Antiretroviral drugs. SMH has managed to put 12 000 patients on ART using PEPFAR funds and 900 of this are paediatric cases.St Marys will continue providing on site mentoring and in service training through their roving teams of specialists. Currently SMH has approximately 3000 patients on ART of which 2500 still have to be transitioned to local clinics. A request has been made to KZN department to fund the remaining 500 patients that reside in the surrounding area.(page 5 and 6)

At the end of the project period in May 2012, 1250 patients on ART will be remaining. These patients could not be transitioned as the clinic could only accommodate a certain number per month. The 900 pediatric patients could not be transitioned as the public clinics are not capacitated to manage children on ART. The proposed funding will assits in transitioning adult and Paeds patients on ART

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**9509**
Mechanism Name:	**St. Mary''s Hospital (St Mary''s)**
Prime Partner Name:	**St. Mary's Hospital**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	25,000	0

Narrative:

Care services are provided for inpatients and outpatients for the adults.All female adult patients on ART have been screened for cervical cancer .All patients are provide with cotrimoxazole,STI management ,nutriotional supplements and psychosocial support .Patients in Care are registered in an pre-ART register for a cohort follow up on all services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	25,000	0

Narrative:

The primary objective of this programmatic area is to identify TB patients at all entries in the hospital and the community and effective up and down referral between the hospital and the broader community.TB services are integrated with HIV services .A dedicated nurse does TB screening ,testing and provide treatement in the hospital. 100% of TB patients will be screened for HIV.IPT is provided to all HIV infected patients with no history of TB.There has been an improvement in the turn around time and diagnosis of TB with the GeneXpert machine.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	25,000	0

Narrative:

Primary objective of this programmatic area is to provide in hospital care to HIV positive paediatric patients.Many patients are admitted with opportunistic treatement and are not yet on ART.All patients are screened for TB and initiated on INH prophylaxis.Targets is 600 patients per annum for CTX and 300 for nutritional assessment and 250 for pallitive treatment . TB screening for all paediatric patients per annum is 800 .

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	800,000	0

Narrative:

St Marys is committed to the scaling up of MMC services in Ethekwinin Municipality.St Marys has established a fully equiped facility that would contribute to the provincial targets for MMC.In 2010 an offsite fcility was officicially opened and to date 6250 patients have been circumncised with no serious events.St Marys embarked on advertising campaigns as well as linking in with Soul City to increase the demand of MMC.With the amount for the cost extension St Marys will embark on media campaign .To date 50 nurses and 17 doctors have been trained in MMC procedures

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	250,000	0

Narrative:

The PMTCT goal is to prevent and reduce the transmission of the HIV virus from the mother to the unborn baby,ensure that all pregnant mothers know their HIV status as early as possible and definitely prior to delivery, and that all mothers and HIV exposed babies are fully supported and babies receive all immunizations up to 18 months .PMTCT adheres to the Ministry of Health guidelines and is integrated into the ANC services within the hospital.All mothers are re -tested for HIV at 32 weeks and CD4 counts provided to all those who are HIV positive, screened for TB and initiated on INH propylaxis and commence ART treatment as per national guidelines .On going counselling is proviced to the patient post dellivery.To date the HIV transmission rate is below 3%.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	125,000	0

Narrative:

ST Marys hospital has managed to scale-up ART services and to date 12 000 patients were initiated on ART treatment.Currently St Marys has 3000 patients on ART of which 2500 has to be transferred to both municipal and provincial sites.St Marys need to scale down ART services and transition all this patients to the public sector.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	50,000	0

Narrative:

Primary objecitve of this progrmmatic area is to provide continued treatment and care to the paediatric patients,initiation of new pediatric patients and technical support to local municipal clinics.St Marys is unable to transition 900 children on treatement to the public sector because nurses afraid to initiate children.St Marys hospital will provide technical support and mentorship through a roving team of doctors ,dieticiian, social workder and nurse mentor.This will assists in capacity building in those PHC facillities.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving FY12 funds so only FY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0

Narrative:
None

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Agape Support Group Association	Ikhwezi Support Group	Isipho HIV/AIDS Project
Isolomzi community Health Organisation	Keiskamma Trust	Masimanyane Soup Kitchen
Masivuke Education & Training Center	Masizakhe Community Project	Nceduluntu Support Group
Ubomi Obutsha Centre		

Overview Narrative

This mechanism in ending in FY12 , narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 9515	**Mechanism Name: Toga Laboratories**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving any FY12 funds so onlyFY12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9515		
Mechanism Name:	Toga Laboratories		
Prime Partner Name:	Toga Laboratories		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and	HLAB	0	0

Systems			
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is not receiving FY12 funds so only Fy12 targets are included.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Workplace Programs

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	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
None			

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: SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 9,257,255	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	9,257,255

Sub Partner Name(s)

Catholic Relief Services		

Overview Narrative

Through its network of community-based volunteers and health care workers working through the 13 ART clinics and 34 OVC sites, SACBC will contribute towards the objectives of the PF and NSP by reducing vulnerability to HIV and TB infection, focusing on the needs of girls and women, through ARV treatment and OVC program activities. Further, SACBC will contribute towards the increase of number of persons who know their HIV and TB status, through intensified case finding, and increasing access to HIV testing, and linking them to appropriate services. SACBC provides treatment, care and support in areas where the government is unable to provide treatment to all who need it. Some form of services (OVC or ART) is

provided in more than 30 Districts (10 out of the 15 Districts with the highest rates of HIV) of the country, specifically targeting indigent residents and migrant or mobile populations. SACBC successfully transitioned to become the prime partner after the track 1 transition. Increased partnerships with the DoH were pursued from 2007 with the view of ensuring long term sustainability and cost effectiveness of the program by obtaining financial and in-kind support from DoH at various levels. Most recently, a total of 5 (out of 13) ART sites are receiving ARV drugs (40% of the total) and laboratory tests from DOH, which shows the commitment to ensuring sustainability and cost-effectiveness in the long term. SACBC will also support PHC reengineering in partnership with the districts and provinces M&E systems have been implemented at all the sites. Centralized data quality and verification will continue with monthly reporting to the DOH and the DSD. No vehicles were purchased with the current award, with no vehicles to be purchased in the near future.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	166,144
Education	132,965
Food and Nutrition: Commodities	411,249
Human Resources for Health	4,567,782

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB

Budget Code Information

Mechanism ID:	**9521**
Mechanism Name:	**Southern African Catholic Bishops'' Conference (SACBC)**
Prime Partner Name:	**SOUTHERN AFRICAN CATHOLIC BISHOP'S CONFERENCE (SACBC)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	784,580	0

Narrative:

All SACBC treatment sites have extensive community based home based care networks that provide care and support to persons with HIV. These community-based projects are used to screen patients for HIV, TB and conduct nutritional assessments, and link them to care providers in their communities. Testing and counseling is provided in non-medical facilities throughout the network of decentralized ART provision points, which increases adherence, uptake and cost-efficiency. Once patients test HIV positive, they are enrolled in the program and registered in the existing M&E system to ensure follow-up and retention in care. Part of standard package of care for patients include prevention and treatment of opportunistic infections, including the provision of Cotrimoxazole, and management of pain and diarrhea as appropriate. All patients are encouraged to join support groups. Nutrition assessment, counselling and support will continue to be provided for all patient on the ART program including patients who are under 18, pregnant women and lactating mothers. patients with a BMI lower than 18 will be provided with nutritional supplements. Where appropriate, patients are assisted to access government disability and other support grants. In an attempt to ensure patient treatment adherence once started, all care patients are included in adherence counseling which focuses on information on ART, HIV prevention and importance of adhering to the prescribed treatment. Patients are also encouraged to identify and make use of a treatment buddy, and to join and attend adherence support groups. Discordant couples and HIV infected persons in particular are given counseling and support to prevent the spread of HIV(PwP). SACBC will work with DOH to roll out care services in line I ACT model. M&E support will be provided and the use of the Pre ART register will be stregthened.

The following SACBC ARV treatment sites have residential, in-patient hospices: Holy Cross, Tapologo, Nazareth House, St Francis and Blessed Gerard. At all these facilities palliative care is provided to terminal patients. Patients in these hospices are also initiated on ART – most make a full recovery and return to their homes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,225,000	0

Narrative:

SACBC will continue close collaboration with the Department of Social Development (DSD) in the provision of care and support to OVCs in 30 districts. SACBC will become part of District coordination teams tasked to assess the quality and geographic distribution of services so as to prevent duplication. All SACBC sites are members of local child care forums and will maintain linkages with the local police services to address cases of abuse, giving special attention to gender-based violence in HIV prevention education activities. Nationally, the SACBC works with the National Action Committee for Children Affected by AIDS (NACCA) under the DSD. The SACBC has submitted a MOU to National DSD to formalize the partnership. Once signed, the SACBC will then work toward signing agreements at the Provincial level through the Provincial Action Committee for Children Affected by AIDS (PACCA). This is already in process in the Free State and North West. Six SACBC implementing sites provide Early Childhood Development Program targeting 0-6 in cooperation with Provincial DSD. Other sites work with local ECD programs. Currently 90% of children registered in SACBC sites have obtained birth registration and SACBC will continue to make this a priority. All sites will be encouraged to apply for NPO status and to link with provincial structures so the caregivers will be eligible for stipends from government. The SACBC will report to the DSD using the national Monitoring and Evaluation system. Nutritional assessment will continue to be conducted and qualifying children provided with supplements.
Child-headed households will be given psychosocial support and training in livelihood skills, such as parenting, budgeting, etc. Support groups for children living with sick and elderly guardians will be established. Through collaboration with government and private sector partnerships, economic strengthening and income generating networks will be established.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	750,000	0

Narrative:

Except for St. Apollinaris Hospital, which is a District public hospital, SACBC does not provide TB treatment to patients. The focus is rather on intensified case finding. All patients, regardless of a setting, are screened for TB through standardized screening tools at every encounter. Three of the site facilities have access to on-site chest x-ray machines for TB diagnosis. All patients with positive TB screening have a clinical workup and are referred to a TB clinic where needed. Infection control plans are in place at all ART facilities, with the dedicated TB point person at each site.
TB infection control measures at all sites include open waiting areas, fast-tracking of coughing patients, and mechanical ventilation, as well as patient education which includes recognizing symptoms of TB, the importance of washing hands etc. Several sites support their local TB clinic with DOTS through its community-based outreach.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	PDCS	618,560	0

Narrative:

Identifying and enrolling pediatrics into the care program has been a continuous focus of the program presenting challenges. These included reluctance of guardians to test children, inability of guardians, especially grandparents, to administer medication due to literacy problems, movement of OVCs where the guardians change, as well as the fear of health care workers working on the program to draw blood from children and prescribe treatment. In the coming period, renewed effort will be made to follow the family-centered approach by going out to the communities and testing families, as it has been found that the likelihood of the child being tested is if the entire family gets tested at the same time as the primary caregiver. In the previous program year, the project was able to test 1,181 male and 1,616 female children. Pregnant females in care will continue to be followed-up after giving birth and will be encouraged to bring their babies for testing between 4-6 weeks of age. Programs will consciously form linkages with ANC and PHC facilities in order to ensure better cooperation with these institutions in identifying children in need of care and support. If a child younger than 2 is identified as HIV positive, they will be initiated on treatment immediately. After the age of 24 months, they will be enrolled based on their CD4 percentage. The basic care package for children will include, but not be limited to, provision of prevention and treatment for opportunistic infections, including provision of Cotrimoxazole and treatment of diarrhea. Specific emphasis will be placed on TB screening, nutritional assessment and pain management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0

Narrative:

ARV drugs will be procured through a centralized procurement mechanism (SCMS).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	3,879,115	0

Narrative:

Much emphasis is placed on training of staff at treatment sites. In the past year treatment for medical staff has included IMCI and NIMART with staff from all sites participating, enabling task shifting which will relieve human resource shortages in country and improve access to treatment. Nurse mentors have been identified and will receive advanced training to mentor fellow nurses. M&E capacity is utilized to respond to strategic priorities; electronic databases are established at 17 points at all treatment sites, which enable sites to schedule ART patients, track retention, measure progress and provide overall program management to treatment sites. A centralized M&E unit receives weekly data backup from the field treatment sites, and uses the data to conduct data control through quarterly data reviews, and verification

of all ARV drug orders with the pharmaceutical supplier. A query module enables the treatment sites and the central unit to collate data and use it for measuring program success, decision-making and improvement of services where applicable. Centralized reporting is conducted on monthly basis through the DHIS. All patients undergo six-monthly CD4, FBC and Viral Load tests. Every patient at every encounter has a TB screen and all eligible patients are put on Cotrimoxazole. Annual program evaluation is conducted by the Desmond Tutu HIV Foundation based at the University of Cape Town. Throughout the program, an overwhelming majority (two thirds) of ART patients have been female. It has been noted that, after the age of 33, males constitute an increasing proportion of ART patients, reflecting an older age of male HIV disease and possible late presentation. In 2004, 80% of the patients had severe immune suppression, which by 2011 was reduced to 20%, demonstrating a marked population benefit of the program. Overall retention through the program (7 years) is 54.8% of patients, with the death rate of 11.6%.

Increased partnerships with the DoH were pursued from 2007 with the view of ensuring long term sustainability and cost effectiveness of the program by obtaining financial and in-kind support from DoH at various levels. At present, SAG provides nearly 40% of all ARV drugs to the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,000,000	0

Narrative:

Once a child younger than 2 years of age is identified as HIV positive, the child will be put on ARV treatment. Children older than 2 will be put on treatment once eligible based on their CD4 percentage. As small children cannot take ARVs on their own, special emphasis will be placed on providing support to caregivers (guardians) in treatment adherence. Advantage will be taken of the available linkages with OVC programs to increase the uptake and retention of children, and the knowledge and experience of staff at these programs will be leveraged to conduct support groups for adolescents and provide HIV prevention education and counseling to older children. Nutritional support is provided to eligible children on ART, with additional support provided through linking them with community-based activities rendered through the program. Capacity building of staff to test and treat children will continue to receive attention, in order to increase uptake of children on ART in the future. Under the program, there were 1,560 children ever enrolled on ART.

Implementing Mechanism Details

Mechanism ID: 9522	Mechanism Name: National Health Laboratory Services
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: National Health Laboratory Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,506,676	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,506,676

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The NHLS aims to:- 1. Strengthen the CDC strategic leadership and scarce skills with the expansion of training programs such as Africas Center for International Laboratory Training (ACILT), Field Epidemiology and Laboratory Training Program (FELTP) and establishment the NHLS Learning Academy. 2. Develop strategies to compliment the roll out of the new National Health Insurance:- Introduction of the Tiered laboratory service delivery model and determine appropriate costing models to ensure sustainability. 3. Continuous improvement and strengthening of laboratory service quality and monitoring and evaluation programs. 4. Improvement of the physical infrastructure including laboratory equipment and IT infrastructure:- Increase the coverage of GeneXpert to cover all NHLS laboratories. Information and communications technology infrastructure will be strengthened to facilitate monitoring and evaluation 5. Accelerate implementation of the NSP. 6. Health systems strengthening: Identify and implement changes in policy and practice within South Africa's health system that improve the functions of the health system and lead to better health for all. Since the inception of this cooperative agreement, NHLS has procured 2 vehicle: 1- training bus and 2- bus to transport FELTP residents to outbreak sites.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVTB		6000000	To increase HIV and TB finding and linkages to care at the community level thru HCT

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

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

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	2,506,676	0

Narrative:

1. Strengthening of strategic leadership and scarce skills:- Expansion of training programs such as

ACILT, FELTP, and establish the NHLS learning academy, to consolidate training programs. i) Improve and expand laboratory technician training, in the laboratory and non-laboratory settings. ii) Management and leadership programs. iii) Scarce skills to be developed are health economists, biostatisticians and specialist in various pathology disciplines. iv) Establish training facilities across the country and centrally. 2. Developing strategies to compliment the role out of the National Health Insurance:-i) Introduction of the Tiered laboratory service delivery model. ii) Determine appropriate costing models to ensure sustainability. 3. Continuous improvement and strenghtening of laboratory test results of priority disease indicators. i) Improve turn around times for laboratory test results of priority disease indicators. ii) Develop an EQA assessment program to support the GeneXpert roll out and ensure quality testing for patients and accurate costing. iii) Improve the performance of TB diagnostic microscopy, by improving automated systems, and algorithms for testing to verify test result accuracy.iv) Quality management and training of staff, using HIV Rapid testing kits in non-laboratory settings. v) Health technology assessment process to be implemented to evaluate diagnostic medical devices. 4. Improvement of the physical infrastructure including laboratory equipment and IT infrastructure:- i)Increase the coverage of GeneXpert to cover all NHLS laboratories.

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, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9524**		
Mechanism Name:			
Prime Partner Name:	**Nurturing Orphans of AIDS for Humanity, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 9526	**Mechanism Name: Partnership for Supply Chain Management**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 11,432,678	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	11,432,678

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In the FY12 period, SCMS will scope, plan and implement an effective pooled procurement and distribution mechanism for quality ARVs to be delivered to select PEPFAR Implementing Partners (IPs). Efficiency, availability, quality management and reduced stock obsolescence for ARVs will be the key program components. SCMS will assist the IPs in developing a pooled procurement model which enables ARVs to be efficiently procured and distributed while complying with the regulations and governance requirements of both PEPFAR and the GSA. The program will provide assistance in strengthening the IPs capacity and capability to develop efficient, sustainable long term healthcare supply

chains which are sustainable. SCMS will leverage partnerships and private sector capacity, driving supply chain efficiencies, executing appropriate commodity consolidation and/or rapid response to distribution of ARVs.IP collaboration will be essential in developing this procurement and distribution approach, with clearly defined roles and responsibilities to establish the expected outcomes, timelines and deliverables for all the stakeholders.SCMS will receive $6,000,000 of the one-time VMMC funding for RSA to do a pooled procurement of disposable MMC kits. Kits will be distributed to USAID, DOD, and CDC IPs. This will optimize bulk discounts and simplify kit procurement and distribution. SCMS provides procurement, forecasting, distribution, inventory management, and quality assurance on the kits. While the VMMC target for one-time funding is 260,000, additive kits are required to accommodate training, errors, and potential exceeding of performance targets. It is estimated that at a price of $16.5 - $17 per kit, this procurement should render 352,000 – 363,000 single-use kits.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9526**
Mechanism Name:	**Partnership for Supply Chain Management**
Prime Partner Name:	**Partnership for Supply Chain Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	CIRC	6,000,000	0

Narrative:

SCMS will receive $6,000,000 of the one-time VMMC funding for South Africa to do a pooled procurement of disposable MMC kits. Kits will be distributed to USAID, DOD, and CDC implementing partners. This will optimize bulk discounts and simplify kit procurement and distribution. SCMS provides procurement, forecasting, distribution, inventory management, and quality assurance on the kits. While the VMMC target for one-time funding is 260,000, additive kits are required to accommodate training, errors, and potential exceeding of performance targets. It is estimated that at a price of $16.5 - $17 per kit, this procurement should render 352,000 – 363,000 single-use kits.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	5,432,678	0

Narrative:

The initial technical support phase will design the ARV supply chain management system in conjunction with the IP's and regulatory requirements. While the USG ARV Bridging Fund program experience will provide the foundation, there are some significant differences in the procurement and distribution under the IP program which will require consideration.

Key principles which require planning with the IPs include 1) implementing pooled procurement and distribution methods, to consolidate procurement orders and increasing volumes with which to negotiate lead times and freighting options to enable cost savings while supporting availability of ARVs, 2) developing well-planned quantification, procurement and distribution mechanisms to avert stock outs, overstocks, and emergency purchases through shared data, 3) developing an agreed IP's ARV list to pool procurement optimizing cost benefits, supporting harmonization with current guidelines, patient clinical requirements and the ultimate transition of patients to mainstream public sector service facilities.

SCMS will provide technical assistance support, determine and obtain necessary regulation/governance approvals, completing an analysis with IPs to determine supply chain requirements, collating an approved or tentatively approved FDA and MCC list of ARVs, identifying the options to obtain SEP exemption, agreeing a pooled procurement consolidated distribution model to plan warehousing and ordering procedures, determining quality assurance procedures and establishing M&E systems.

Once the technical approach is agreed, the SCMS operational support team will manage the forecasting, procurement, logistical requirements and provide M&E tracking for the selected ARV's from the regulated manufacturers to the IP healthcare facility sites. Aside from building supply chain management efficiencies for the ARVs shared SCMS expertise and knowledge across the partnerships will support the development of supply chain best practices for IP's to implement across their practices.

Implementing Mechanism Details

Mechanism ID: 9527	Mechanism Name: Program for Appropriate Technology in Health
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Partner ending in FY12. No additional funding.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9527		
Mechanism Name:	Program for Appropriate Technology in Health		
Prime Partner Name:	Program for Appropriate Technology in Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	PDCS	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,400,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Soul City Institute's (SCI) goal is to reduce the number of new HIV infections through social change communication and social mobilization for HIV prevention interventions. The first objective of the program is to ensure that the majority of South Africans are informed about HIV prevention particularly MMC, PMTCT and sexual HIV prevention. SCI's second objective is to empower children through the Soul Buddyz Club to not only have the knowledge but the ability to integrate that knowledge into their lives thus enabling them to become peer educators and a positive peer pressure in their school and communities. The third objective is to mobilise communities to support medical male circumcision and thus driving young men to the available services through community mobilisation using tools such as community radio and community dialogues. These objectives fit with the NSP prevention priorities. The NDOH is involved in the development of the SCI series and see drafts of scripts. The DBE (and provincial DOE's) are partners with SCI in the Soul Buddyz Club program and are increasingly becoming involved in funding this at a provincial level. SCI is a national program with Soul Buddyz Club in every education district, and the SCI media has national reach, reaching over 60% of the population. SCI has a clear monitoring process and aims to partially evaluate impact through the national communication survey (in partnership with JHESSA, and LoveLife). Other smaller studies are undertaken to gauge the impact of the on-the-ground interventions. A longitudinal study following up children who were in Soul Buddyz Club is planned. SCI has a multipronged funding strategy, with SAG, private and international donor funding.

Cross-Cutting Budget Attribution(s)

Education	866,000
Gender: Reducing Violence and Coercion	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB
Family Planning

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	CIRC	400,000	0

Narrative:

In South Africa most men are not circumcised and if they are traditionally circumcised they are often not fully circumcised (and thus have no protection). As an HIV prevention intervention medical male circumcision requires a number of additional interventions in order to ensure it is effective. Firstly people have to know about MMC and young men have to present themselves to the appropriate services. Post circumcision they have to remain abstinent until the wound is completely healed and then they have to continue to have safer sex for the rest of their lives. The Soul City site-specific social mobilisation intervention and the Soul City series will provide education about MMC for the general public (both men and women) it will deal with the difference between medical and traditional circumcision and the need for safe healing and safer sex post circumcision. Through the activities of Television, Community Radio, Booklet distribution, holding of community training in HIV prevention and community dialogues a demand for MMC services will be generated thus assisting the SAG achieve their target of 5,6 million circumcisions by 2016.The MMC activities on the ground include training members of CBOs and NGOs

to do social mobilization and community dialogues and are targeted at areas which have high volume facilities. The National Media will support these activities. The National television series will reach 6 million people per episode, the radio will reach 1 million people (more localised) and the MMC booklets will reach aroudnd 4 million people. In each identified community Soul City will organise and facilitate community dialogues focusing on MMC and HIV prevention in order to support MMC services and shift social norms relating to MMC. Print booklets will be distributed. Talk show hosts and community radio personalities will be trained to understand medical male circumcision issues and then will run talk shows and competitions in key areas identified by Soul City and PEPFAR partners in order to support services. (15 community radio stations each hosting 10 weekly talk shows). This activity is entirely PEPFAR funded.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	0

Narrative:

SCI's intervention for Sexual HIV prevention is based a health promotion approach. Health Promotion Theory and Social Change Theory inform the interventions. This addresses determinants of health such as alcohol misuse, violence and gender inequality, and social change in the broad and community environments that facilitate individual change. Social Learning Theory: positive role-modeling, audience identification with characters and enhancing self-efficacy informs the media. SCI has has identified: encouraging critical debate and discussion; assisting with creating vision and hope; creating space for practicing behaviors and building communities of practice as critical for sustained change. SCI uses an entertainment education integrating researched messaging into entertainment mass-media programs to maximize learning and audiences. The intervention is the development, testing, production and flighting of a prime time television drama series dealing with sexual behavior aimed at youth 16-35 years old. Young women 15-25 are identified as a most at risk population thus the intervention will focus on young women of this age. Young men (15-35) are the target for medical male circumcision and they will be targeted with this messaging, and gender messaging. 13 episodes will be produced and flighted on television, 1 million copies of an easy to read booklet will be distributed. Concurrently a series of community based interventions: community radio talk shows (12 stations running 10 weekly talk shows each) with local experts and community dialogues to address social norms and engage communities in conversation (a major step in the social change process). A marketing campaign will be instituted to keep the issues top of mind and reinforce the social change actions and messages. The intervention is monitored through following audience ratings, qualitative research, keeping of registers, analyzing content of dialogue and marking of portfolios of evidence. External independent evaluation is conducted and exposed people compared to non-exposed to measure impact. (see attached word document for description of Soul Buddyz Club).

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 11,188,329	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	11,188,329

Sub Partner Name(s)

Foundation for Professional Development	Lifeline	National Health and Laboratory Services
National Institute for	OUT LGBT	SANCA Durban

Communicable Diseases (NICD)		
SANCA Western Cape	University of the Western Cape	

Overview Narrative

The South African Medical Research Council (MRC) operates as a statutory Science Council and reports to the National Department of Health, and as such, its activities are aligned with the health priorities of government. In particular, MRC's 3 year strategic plan 2011-2013 strives to combat HIV and AIDS and decrease the burden of TB; and (iv) strengthen health system effectiveness. The MRC was a key player in drafting the first National Strategic Plan (NSP) and embraces the objectives and goals of both the current NSP and the Partnership Framework in Support of South Africa's National HIV & AIDS and TB Response 2012/13 - 2016/17 between the Government of the Republic of South Africa and the Government of the United States of America (December 2010) through a partnership with national, provincial and local government, as well as other stakeholders, e.g. NGOsMRC's portfolio of proposed activities for this year is diverse and falls under the following budget codes: MTCT, HVOP, HVTB, HVCT, HBHC, HTXS & HVSI. In many instances activities are undertaken on a national basis eg. the MTCT survey. Cost efficiency is achieved through improved budgeting mechanisms, technological innovations and optimal use of labour. The transition of activities to local organizations and monitoring and evaluation is done in consultation with the CDC field office. VEHICLES: Inventory (purchased/leased): - Purchased/leased under this mechanism from the start of the mechanism through COP FY2011 = 5; New requests in COP FY 2012 = 0 (until further notice);Total planned/purchased/leased vehicles for the life of this mechanism= 26.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	9,688,329

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
Mobile Population
Safe Motherhood
TB

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	80,596	0

Narrative:

The That'sIt (Tuberculosis, HIV & AIDS Treatment Support and Integrated Therapy) project, a collaborative initiative between the Department of Health (DoH), the CDC, MRC and FPD, has as overall objective; the integration of TB and HIV services and care. It involves activities from counseling and testing, wellness care, ART services and all aligned TB/HIV activities to ensure that patients have better access to TB and HIV care. Hence the cross cutting of services and budgetary obligations. Several activities will be undertaken under the prophylactic treatment. Firstly, TB screening which is done at least bi-annually on all patients attending ART and pre-ART clinics by TB symptom screen as well as sputum analysis of identified TB suspects following a positive symptom screening questionnaire. Secondly, isoniazid preventive therapy (IPT) will be actively implemented using provincial IPT guidelines. Thirdly, co-trimoxazole prophylaxis (CPT) may prevent morbidity in patients infected with HIV. Currently 80% of all eligible patients in the That'sIt program are on CPT. This activity will be continued with the additional funding. Fourthly, nutritional counseling to ensure that all PLWHA are enrolled in Wellness programs and eating healthy foods to boost their immune system, is important. At the same time activities will include nutritional assessments of patients, food counseling, the development of nutritional gardens, nutritional education of all persons and support of nutritional security programs that are offered by the Department of Health in the relevant that'sit supported districts. Lastly, infection control activities

will be pursued by the training of community health workers in TB symptom screening, in basic infection control principles, in TB/HIV care and in PMTCT to protect unborn babies and ensure that mothers enroll in early ante-natal care. Patient tracers will continue to visit homes to ensure a diminished defaulter rate and to ensure that HIV positive persons are kept in care. Community outreach activities will continue to increase HCT uptake, to decrease stigma and to improve awareness of both HIV and TB in the community. Both HCT and outreach activities will continue with additional funding.

The That's It programme utilizes a data spreadsheet, developed during the initial and community roll-out phases of the project, as a best-practice M+E tool, with relevant patient information for both reporting and patient management purposes. After counseling and testing, all positive HIV patients as well as positive TB patients are entered into the tDS (that'sit Data Spreadsheet). This ensures that patients are retained in the continuum of care. Utilizing this tool ensures that the group of that'sit community health workers /patient tracers do regular follow up of all patients in care. Retention in pre-ART care will be further maintained by the formation of various support groups, including musical and other prevention with positives support groups and linkages with other NGOs and the existing health structures.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	2,000,000	0

Narrative:

In the comprehensive integrated approach to TB and HIV services, the focus is on regular screening for all HIV positive patients, offering counseling and testing to all TB patients (where possible PICT), augmented clinical care to all patients, supplementing key personnel where indicated and providing community outreach initiatives to increase awareness of TB and HIV, utilizing community patient tracers to identify pregnant women for PMTCT referrals and to decrease the stigmatization of the dual epidemic. Patients in this activity are those that have been counseled and tested and have received their CD4 count and thus been enrolled in a wellness program. All HIV positive and TB patients receive nutritional support by nutritional assessments of all patients and various models on nutrition interventions were explored and are currently implemented. Regular nutritional assessments are done on all patients with a low BMI (<18.5 on initial assessment). Nutrition education and the running of nutrition gardens in the various sites have been a priority, especially in KZN in the Uthukela district but also in the Western Cape and in Bray in the far North West. These activities will continue in current sites. A specific objective of this activity is to enroll all HIV positive patients in Wellness programs to ensure that they are educated regarding good nutrition, the disease progress, adverse drug interactions and protection against opportunistic infections as well as infection control to protect those close to them. CPT prophylaxis was endorsed in all supported sites. Human resources support will continue in identified sites. To promote

integrated care taking into account infection control principles, minimal refurbishment will take place at identified sites in newly supported sites.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	1,950,000	0

Narrative:

MRC places to do two sub activities to strengthen monitoring and evaluation (M&E) : 1.1 Western Cape M & E capacity building and strengthening and 1.2 M&E capacity building and strengthening project (KZN) - TB and HIV/AIDS as probes. These activities aim to empower health management teams to use health and management information for strategic and operational decision making. Project activities for the Western Cape are well aligned with Epidemiology & Strategic Information (ESI) activities as ESI is already involved in M&E training. The PI met the KZN provincial leadership about the project and discussed the need to ensure that the activities of this project complement those of other existing M&E projects in the province. A priority list of potential activities was developed which needed to be prioritized and approved by the HOD Health. To date the project has focused on supporting an on-going project on decentralization of management of MDR-TB through training, supervision and on-site training in four sites. The training focused on recording, reporting, monitoring and evaluation. There is currently no collaboration on this project with UWC or other partners but the plan is to meet colleagues from UWC soon to share our plans, get a better understanding of their activities and explore how to complement one another to avoid duplication of efforts. The project does not seek to evaluate the entire re-engineered PHC but to use specific probes, in this case, TB and HIV/AIDS as ways of strengthening the health information system at district level.

MRC also plans to use respondent-driven sampling (RDS) to do HIV and/or risk behavior surveillance among high risk populations. South Africa has a large foreign migrant population, and it is estimated that 1-3 million Zimbabwean migrants alone are currently living in the county. Foreign migrants are able to self-settle in any area of their choosing in South Africa and are thus diversely distributed throughout the general population making them hard-to-reach by conventional HIV surveillance methods such as household surveys and/or sentinel surveillance systems that are designed to track infection in the general population. RDS is a sampling approach that gains access to hard-to-reach, vulnerable groups and is used to obtain unbiased HIV prevalence rates and risk behaviors among these sub-groups. In the budget year the activity aims to conduct a RDS study on approximately 300 high school dropouts in 2-3 sites in the Cape Town area.

Finally, MRC plans to Strengthen the STI (including HIV) Partner Notification Monitoring System in Khayelitsha Health Clinics.This project aims to strengthen the STI partner notification monitoring system in public clinics in Khayelitsha, Cape Town. In South Africa, the standard patient referral strategy for STIs other than HIV involves brief educational messages during the clinical consultation and the use of partner referral cards.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	166,265	0

Narrative:

In this activity, as part of the THAT's IT project, emphasis was given to the accreditation of down referral sites, the empowerment of pharmacist assistants by training, the appointment of pharmacist assistants to fill in much needed gaps in service delivery and the inclusion of and employment of pharmacists to supplement services in many sites. This contributed to the rapid down referral of stable ART patients to their feeder clinics. In the Eastern Cape support is given to nine identified TB hospitals and surrounding clinics. All the supported hospitals have now complied with accreditation requirements. In these sites support is extended to the feeder community clinics to ensure continuity of care and to improve accessibility of HIV care, including anti-retrovirals to TB patients. Activities will continue in this area to improve access to ART services for TB patients. Overall activities include, amongst others, clinical management, ART and adverse drug management, preventative and prophylactic treatment (including CPT), nursing care (TB screening, patient education, treatment adherence and HIV prevention) and a focus on infection control practices and awareness. Where necessary, infrastructure support will be considered to ensure compliance with infection control requirements.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	750,000	0

Narrative:

MRC plans to continue the following activities:
1. Rapid assessment of drug use and HIV risk behavior among vulnerable drug using populations.As part of the work with existing clients (MSM, CSWs) who are seen on repeat visits and new clients who are accessed through outreach activities, clients are offered HCT following required protocols for pre- and post-test counseling. All sub-partners employ accredited nurses to conduct the counseling and testing. Additionally one sub-partner, in addition to the accredited nurses, has an outreach worker to receive training to conduct HIV tests while another sub-partner has 3 lay counselors who have received the training and conducts HCT and also uses a medical doctor in addition to the nurses. For drug users who

are accessed at drug treatment centers, counseling and testing is offered as part of the drug centers' routine treatment program. The specifics of testing differ.For example one of the sub-partners regularly offers HCT at clubs and other venues frequented by MSM and they conduct the HCT in gazebos specifically purchased to give privacy. In other settings VCT is provided in a counseling room or rooms with more of a clinical setting. The MRC will continue to closely monitor the progress of these activities and evaluate their effectiveness.

2. Develop a best practice approach to integrated TB-HIV management

This activity is a component of the THAT's IT project.

In the HCT component of THAT's IT , the focus is on providing counseling and testing for all TB patients. This intervention is currently provider initiated C&T activity. In addition, community outreach activities take place to target members from the community, businesses, and farm workers, to know their status. The project has 5 mobile clinics that target communities, the unemployed and male members of society. All identified positives are then enrolled into pre-Art care activities as provided by the project. In addition the project collaborates with the Dept of Health outreach initiatives to provide and support SAG HCT targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	900,000	0

Narrative:

MRC plans to continue the following activities:

1 .Addressing the link between addictive substance use and HIV in vulnerable populations in South Africa through the following sub activities: 1.1 Drugs and HIV - Continue to engage in HIV risk assessment and risk-reduction counseling with MSM, vulnerable women, Injection and Non-injection Drug Users in Cape Town, Durban, and Gauteng. 1.2 Bar project - Continue to explore methods by which the bar-based HIV prevention intervention can be incorporated into existing or new programs in drinking venues in both urban and rural areas. 1.3 Alcohol and HIV - Complete work to develop and implement interventions focusing on health workers and PLWHA aimed at reducing the effect of alcohol use on the progression of AIDS. 1.4 Drugs and Pregnancy - Continue with the analysis of substance using practices among pregnant women in Cape Town and associated health consequences, and inform health sector interventions. 1.5 Drugs and HIV patients - Continue investigating the relationship between substance use, health status and health behaviors of patients attending HIV clinics in Cape Town. 1.6 Alcohol and ART adherence - Continue to conduct an adaptation of an intervention to reduce non-adherence to ART due to problem alcohol use and determine acceptability of the culturally-adapted intervention.

2. Substance abuse treatment services/systems research. Improving service quality - Activities focus on

evaluating the previously developed service quality measures for SA's substance abuse treatment services in KwaZulu Natal and Western Cape.
3. HIV prevention with men: development of a gender intervention for male circumcision settings and an intervention for HIV positive men - Continue the development of an intervention on gender and HIV prevention for use with men undergoing medical male circumcision and to develop an additional intervention for men who test HIV positive.
4. Development and testing of a gender-based HIV AIDS risk reduction and coping skills intervention for HIV positive women - Continue to develop and pilot test an intervention with a focus on building gender-based HIV and AIDS risk reduction skills, coping skills and building social support networks for women living with HIV.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	3,000,000	0

Narrative:

MRC plans to continue the following MTCT Activities:
(1) Evaluation of the Effectiveness of the National Prevention of Mother-to-Child Transmission Program on Infant HIV up to Eighteen Months Postpartum in South Africa.
The overall aim is to monitor the effectiveness of the South African National PMTCT program. This activity will be conducted in 580 facilities across all 9 provinces of South Africa. It will have two components, i.e. (i) to measure the effectiveness of the antenatal and intrapartum aspects of the PMTCT programme using 6-week HIV transmission as the main outcome of interest and (ii) to measure the effectiveness of the PMTCT programme between 6 weeks and 18 months i.e. postnatally in an era when postnatal prophylaxis is part of national guidelines. For part (i) we will aim to enroll 12 200 infants aged 4-8 weeks attending selected 580 facilities for their six week immunization. For part (ii) the infants who tested ELISA positive PCR negative (approximately 3500 infants) during their 4-8 weeks visit will be followed up at public health facilities where they received routine care, across all 9 provinces of South Africa.
(2) Qualitative evaluation of the delivery of Early Infant Diagnosis (EID)
This activity aims to explore the feasibility of integrating infant HIV testing with routine child health services including 6-week immunization services and to explore the experiences of mothers enrolled in the SA PMTCT program. This work will be done in two rural provinces that are under-researched e.g. Limpopo and North West province.
(3) Impact of infant postnatal prophylaxis on infant NVP drug resistance: An analysis of specimens and data from infants enrolled in the SAPMTCT Evaluation (six weeks through 18 months)
The overall aims of the study are: (i) to determine the impact of long-term exposure to NVP prophylaxis

during breast-feeding on nevirapine drug resistance among HIV infected infants and (ii) to determine warning indicators of (risk factors) drug resistance among infants receiving NVP prophylaxis. This work will be undertaken at the NICD in Johannesburg with specimens obtained from up to 580 facilities across all 9 provinces of SA.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	2,341,468	0

Narrative:

The That's It project is a comprehensive best-practice approach to integrated TB/HIV care at ongoing sites and new sites across all provinces of South Africa in order to provide comprehensive, integrated TB/HIV care services and to improve accessibility of HIV care to TB patients. The That's It program has developed a standard set of objectives to ensure compliance with their mission and vision, which is to provide an integrated service for TB and HIV positive patients. This approach necessitates a strong leadership team that is decentralized and that can manage the program from the rural and resource limited settings in which they operate. Technical advisors in TB supporting and training, data management and monitoring and project coordinators in the various sites, keep the project on course and in line with district strategies.

Current the staff in That'sIt is comprised of medical practitioners, nurses, dieticians, administrative staff, data capturers, pharmacists, pharmacist-assistants, clinic-based counsellors, community counsellors, tracers (these are community workers) and regional/area managers in the relevant provinces and districts where support is rendered. A continued effort will be made to transfer some of these crucial staff members to the NDoH for service delivery activities hence ensuring skills transfer and sustainability of the project. The improvement of operational systems and data collection remains one of the focus areas of the program.

In the execution of the That'sIt objectives for the next funding cycle, the project will continue its current activities but with an altered focus. TB and HIV technical support will be the main focus of activities, therefore the following activities will be prioritized: the training and mentoring of all NDOH staff in all the requirements of recording and reporting, NIMART, as well TB prophylaxis and care; other preventative care support modalities, e.g. PMTCT, the strengthening of monitoring and evaluation, recording and reporting as well as action research activities in an effort to strengthen current health systems, patient flow and embrace quality improvement in both the TB and HIV program.

Implementing Mechanism Details

Mechanism ID: 9543	Mechanism Name: UGM
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: Right To Care, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 718,969	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	718,969

Sub Partner Name(s)

AgriAIDS	Lifeline	University of Stellenbosch, South Africa

Overview Narrative

The Right to Care (RTC) Umbrella Grants Management (UGM) mechanism provides technical program, grant management, and capacity building support to local NGOs through sub-award agreements. RTC is a locally controlled and operated organization. For the COP 2012 period, two sub-recipients are currently planned: AgriAids and South to South. The primary technical areas of focus of these sub-recipients are HCT for rural, migrant populations, and PMTCT delivery strengthening through provincial community healthcare worker training. The RTC program coordination team provides technical program support to sub-recipients according to the program areas they are involved in. A unique ability of the RTC UGM is the ability of the program team to leverage the expertise of in-house clinical specialists in TB/HIV, Pediatric HIV/AIDS, Adult HIV/AIDS, Pharmacy Operation and Cervical Cancer. A dedicated monitoring and evaluation (M&E) unit provides sub-recipients with support, training, and technical assistance. The RTC UGM financial team conducts award management training with focus on USAID regulations, financial management and reporting, and audit readiness. In addition, the team provides regular oversight and support to the sub-recipients in completing their monthly financial reports.
The RTC UGM team provides direction and support to all sub-recipient partners in strategic program planning. The process culminates in the completion of the workplan template which includes budgeting and target setting sections. This template is created by RTC and is designed to facilitate and document the planning process for all sub-partners.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
CIRC		8800000	Providing MMC activities through sub-recepient partners
HVCT	MARPS	5600000	Providing HCT MARPS through sub-recepient partners (budget allocated under HVTB)
HVTB	TB crisis districts and MARPS	6520000	Providing TB diagnostic services to TB crisis districts

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Child Survival Activities
Mobile Population
Safe Motherhood

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	339,690	0

Narrative:

Right to Care (RTC) currently has one Umbrella Grants Management (UGM) sub-grantee that implements HIV/AIDS related care and support services. AgriAids facilitates, organizes, and monitors HIV/AIDS prevention and HCT programs in farming areas in Limpopo (LP), North West (NW), KwaZulu Natal (KZN), and Mpumalanga (MP). In addition, AgriAids provides provides care and support services to farm workers who test HIV positive by supporting these clients to receive care and treatment from their local clinics. AgriAids also supports them in the setting up care and treatment support mechanisms (such as support groups, adherence messaging etc.) in the farms to support HIV positive farm workers in dealing with their HIV status.

The UGM mechanism provides support to non-governmental organizations (NGOs) such as AgriAids through sub-award agreements. As a UGM, RTC provides support to sub-recipients organizations in areas of program management, financial managements, grant management and monitoring and evaluation (M&E). This support is provided through training, mentorship, site visits and site assessments.

The RTC UGM financial team conducts USAID Management training on USAID regulations, financial management and reporting, and audit preparedness. RTC provides on-site training and other additional capacity building support wherever there are gaps identified at the sub-partners.

The Right to Care UGM M&E unit provides the sub-grantees with support, training and technical assistance in order to effectively meet USAID reporting requirements and also effectively manage their programs. This support is in the form of training on M&E systems, USAID reporting requirements, indicator definitions and data analysis, regular on-site and telephonic individual support and training on an as needed basis.

The RTC program coordination team provides support to sub-partners on programmatic implementation according to the program areas they are involved in. The program team has access to support from the different RTC in-house clinical specialists who specialize in the different program areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	73,115	0

Narrative:

Right to Care (RTC) currently has two Umbrella Grants Management (UGM) sub-grantees that implement HIV counseling and testing services: LifeLine Rustenburg and AgriAids. LifeLine Rustenburg implements an HCT program which uses mobile HCT units which are deployed in hotspots including farming and mining areas in and around the Bojanala District in the North West. AgriAids facilitates, organizes and monitors HIV/AIDS prevention and HCT programs in farming areas in Limpopo (LP), North West (NW), KwaZulu Natal (KZN) and Mpumalanga (MP).

The UGM mechanism provides support to Non-Governmental Organizations (NGO) such as LifeLine Rustenburg and AgriAids through sub-award agreements. RTC as a UGM provides support to sub-recipients organizations in areas of program management, financial managements, grant management and monitoring and evaluation (M&E). This support is provided through training, mentorship, site visits, and site assessments.

The RTC UGM financial team conducts USAID Management training on USAID regulations, financial management and reporting, and audit preparedness. Wherever there are gaps identified at the sub-partners RTC provides on-site training and other additional capacity building support.

The Right to Care UGM M&E unit provides the sub-grantees with support, training and technical assistance in order to effectively meet USAID reporting requirements and also effectively manage their programs. This support is in the form of training on M&E systems, USAID reporting requirements, indicator definitions and data analysis, regular on-site and telephonic individual support and training on an as needed basis.

The RTC program coordination team provides support to sub-partners on programmatic implementation according to the program areas they are involved in. The program team has access to support from the different RTC in-house clinical specialists who specialize in the different program areas.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	124,082	0

Narrative:

Right to Care (RTC) currently has one Umbrella Grants Management (UGM) sub-grantee that implements MTCT, pediatric HIV/AIDS care and support and pediatric HIV/AIDS treatment related services: South to South (S2S). S2S is specialist partner in PMTCT, pediatrics and psychosocial programming. S2S provides support to the Department of Health and to USAID implementing partners by providing Human Capacity Development (HCD) through training and mentoring; district specific technical assistance; technical assistance to PEPFAR implementing partners; and development and distribution of performance and training support tools and resources.

The UGM mechanism provides support to non-governmental organizations (NGOs) such as S2S through

a sub-award agreement. RTC as a UGM provides support to sub-recipients organization in areas of program management, financial managements, grant management, and M&E. This support is provided through training, mentorship, site visits, and site assessments.
The RTC UGM financial team conducts USAID Management training on USAID regulations, financial management and reporting, and audit preparedness. RTC provides on-site training and other additional capacity building support wherever there are gaps identified at the sub-partners.
The Right to Care UGM M&E unit provides the sub-grantees with support, training, and technical assistance in order to effectively meet USAID reporting requirements and also effectively manage their programs. This support is in the form of training on M&E systems, USAID reporting requirements, indicator definitions and data analysis, regular on-site and telephonic individual support and training on an as needed basis.
The RTC program coordination team provides support to sub-partners on programmatic implementation according to the program areas they are involved. The program team has access to support from the different RTC in-house clinical specialists who specialize in the different program areas including a Pediatric HIV/AIDS specialist and a PMTCT specialist.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	182,082	0

Narrative:

Right to Care (RTC) currently has one Umbrella Grants Management (UGM) sub-grantee that implements MTCT, pediatric HIV/AIDS care and support and pediatric HIV/AIDS treatment related services, South to South (S2S). S2S is specialist partner in PMTCT, pediatrics and psychosocial programming. S2S provides support to the Department of Health and to USAID implementing Partners by providing Human Capacity Development (HCD) through training and mentoring; district specific technical assistance; technical assistance to PEPFAR implementation partners; and development and distribution of performance and training support tools and resources.
The UGM mechanism provides support to non-governmental organizations (NGO) such as S2S through a sub-award agreement. As a UGM, RTC provides support to sub-recipients organizations in areas of program management, financial managements, grant management, and M&E. This support is provided through training, mentorship, site visits, and site assessments.
The RTC UGM financial team conducts USAID Management training on USAID regulations, financial

management and reporting, and audit preparedness. Wherever there are gaps identified at the sub-partners RTC provides on-site training and other additional capacity building support. The Right to Care UGM M&E unit provides the sub-grantees with support, training, and technical assistance in order to effectively meet USAID reporting requirements and also effectively manage their programs. This support is in the form of training on M&E systems, USAID reporting requirements, indicator definitions and data analysis, regular on-site and telephonic individual support and training on an as needed basis. The RTC program coordination team provides support to sub-partners on programmatic implementation according to the program areas they are involved in. The program team has access to support from the different RTC in-house clinical specialists who specialize in the different program areas including a Pediatric HIV/AIDS specialist and a PMTCT specialist.

Implementing Mechanism Details

Mechanism ID: 9544	**Mechanism Name: Right to Care**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

ACTS Community Clinic	Alexandra Clinic	AMCARE DR
Bhubezi	Care International	Cell Life
CHRU	Friends for Life	Goruta/Hlokomela
NDLOVU	Topsy Foundation	Witkoppen Health & Welfare Centre (WHWC)

Overview Narrative

This mechanism is ending in FY20102, narrative was submitted in FY 2009 COP.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9544**		
Mechanism Name:	**Right to Care**		
Prime Partner Name:	**Right To Care, South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

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: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,511,034	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,511,034

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FHI 360 will support the USG-SAG Partnership Framework and the NSP through care, support and MTCT interventions. FHI 360 will continue to provide the following services through its Mobile Service Units (MSU): Integrated Community Palliative Care and Integrated Access to Care and Treatment (I-ACT) programs, linkages from HIV testing to care & testing and pre-ART and retention in care and treatment. FHI 360 is the lead partner (coordinating with DOH) for the I-ACT project in the Northern Cape. I-ACT is aimed at retaining newly diagnosed HIV positive patients, not yet eligible for ART, screening of opportunistic infections, and support for preventive therapy. In its coordination efforts under I –ACT, FHI 360 will work the NCDOH as well as other partners to ensure that systems are put in place at facilities to allow for structured and functional pre-ART programs. FHI 360 will address the unmet family planning needs of HIV positive and most at risk women. Through the regional training centres (RTCs), FHI360 will continue to participate in the NDoH led family planning (FP) and FP/HIV integration trainings/workshops for health care providers in selected provinces. FHI 360 in collaboration with NDOH and other partners will continue working on incorporating an FP/HIV integration module in the PMTCT, nurse-initiated management of ART (NIMART) and TB training manuals. FHI 360 will roll out the model of community

based champions that is currently being piloted in an effort to improve FP uptake at district level. FHI 360 will focus on providing technical assistance in data collection, quality improvement, data management and reporting for NDOH.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	40,000
Human Resources for Health	250,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Malaria (PMI)
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9547**

Mechanism Name:	Prevention Technologies Agreement(PTA)		
Prime Partner Name:	FHI 360		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	1,264,207	0

Narrative:

The South African government has adopted the WHO definition of palliative care stating that palliative care is an approach that improves the quality of life of clients and their families facing problems associated with life-limiting illnesses through early identification, assessment and management of pain and other distressing symptoms, and the relief of other physical, social, emotional and spiritual problems. FHI360 has adopted a palliative care and support model that uses a family-centered approach.
The model seeks to address physical, emotional, social, and spiritual needs associated with life-limiting illness. The intervention uses existing health system in conjunction with community care support – home based care, hospices, and support groups where available. The project integrates wellness support that includes primary health care facilities, ART sites, community health care workers groups, support groups, and the community. ICPC makes it possible to provide a full continuum of palliative care from diagnosis to wellness support to end of life care, including bereavement support. With FY 2012 funds, FHI will provide services in Limpopo, Gauteng, and Northern Cape in the following areas: training, mentorship and coaching; strengthening of referral systems; and provision of palliative care to people suffering from life limiting illnesses. In addition, FHI 360 will continue to support Mobile Service Units activities as well as involvement with the government with Integrated -Access to Care and Treatment activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	246,827	0

Narrative:

FHI 360 will continue to address the unmet family planning needs of HIV positive and at risk women, including expanding the pool of well skilled and competent staff through building capacity of service providers to effectively counsel, screen and provide a wide range of family planning methods including inter-uterine contraceptive devices (IUCDs). Through the regional training centres (RTCs), FHI360 will continue to participate in the NDoH led family planning (FP), FP/HIV integration trainings/workshops for health care providers in selected provinces. These trainings will also incorporate practical sessions in IUCD insertion and removal. FHI 360 in collaboration with NDOH and other partners will also work towards incorporating an FP/HIV integration module in the PMTCT, NIMART and TB training manuals. As a follow up to the trainings FHI 360 in collaboration with DoH will then provide mentoring and coaching to the trained staff. In addition, FHI 360 will continue to strengthen linkages between research and policy makers through sponsoring a series of quarterly discussion meetings on FP/HIV integration

with policy makers, researchers and provincial champions. FHI 360 will rollout the model of community based champions that is currently being piloted in an effort to improve FP uptake at district level. Community health workers will be trained on family planning using low literacy material and in turn they will be expected to educate the community on FP. FHI 360 in collaboration with the district and community leaders will also identify influential people within the community to act as FP champions who will help with advocacy and community mobilization.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Child Survival Activities

Safe Motherhood

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**
Treatment	HTXS	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

"This activity has been extended through August 2013. The Greater Mpumalanga Rape Intervention Program (GRIP) provides holistic services which include prevention and care for survivors of sexual assaults and domestic violence and for people infected and affected by HIV and AIDS. GRIP is involved also in community outreach with HIV prevention and to promote access to services and condoms including demand creation for PEP. Abstinence and Being Faithful (AB) are fused with OP activities through community outreach programs targeting at risk children, teachers, adolescents, migrants, sex workers, and the community. GRIP operates in a geographic area where there are many informal settlements and mobile and migrant populations.

GRIP was initiated by volunteers and established in 2000. GRIP started by offering services to all rape and sexual assault survivors. GRIP started empowering women, men, and children through the process of preventative education, counseling and testing, post traumatic care, and community outreach. Realizing the importance of HIV prevention and the need to address sexual assault and domestic violence in the community, GRIP is involved in HIV prevention services through outreach and teacher training. The prevention strategies include creating awareness on HIV and AIDS with special emphasis in addressing the plight of sexual assault and domestic violence survivors. This program will protect children, teachers, sex workers, and migrants and will uphold the rights and dignity of sexual assault survivors. GRIP works in concert with the South African Police and Justice departments for rape survivors.

"

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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

Budget Code Information

Mechanism ID:	9553		
Mechanism Name:			
Prime Partner Name:	GRIP Intervention		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	100,000	0

Narrative:

"The Greater Mpumalanga Rape Intervention Program (GRIP) provides holistic services which include prevention and care for survivors of sexual assaults and domestic violence and for people infected and affected by HIV and AIDS. GRIP is involved also in community outreach with HIV prevention and to promote access to services and condoms including demand creation for PEP. AB are fused with OP activities through community outreach programs targeting at risk children, teachers, adolescents, migrants, sex workers, and the community. GRIP operates in a geographic area where there are many informal settlements and mobile and migrant populations.
GRIP was initiated by volunteers and established in 2000. GRIP started by offering services to all rape and sexual assault survivors. GRIP started empowering women, men, and children through the process

of preventative education, counseling and testing, post traumatic care, and community outreach. Realizing the importance of HIV prevention and the need to address sexual assault and domestic violence in the community, GRIP is involved in HIV prevention services through outreach and teacher training. The prevention strategies include creating social mobilization with special emphasis in addressing the plight of sexual assault and domestic violence survivors. This program will protect children, teachers, sex workers, and migrants and will uphold the rights and dignity of sexual assault survivors. GRIP works in concert with the South African Police and Justice departments for Rape survivors.

GRIP works with teachers and with students in select areas. AB and OP funding is merged to address the teachers and youth with age appropriate messages. "

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

GRIP's programs will address the obstacles that women and girls face in accessing health care, ranging from cost of treatment, transportation, and child care. GRIP's programs meet the unique needs of women, , young people and children and those who are victims of sex trade, rape, sexual abuse, assault and exploitation. GRIP's interventions encourage enforcement of laws relating to sexual violence against minors, including strategies to more effectively protect young victims and punish perpetrators. GRIP strengthens the capacity building of government departments within the criminal justice system and law enforcement and service providers on the legal rights of women and children. GRIP also works with governments and other civil society groups to eliminate gender inequalities. Counseling, referrals and follow-up treatment, and prevention programs about the risk of disclosing status, including links to shelters for women, support groups in the community and referrals to professional or legal services are provided to the survivors. GRIP ensures that health workers recognize signs of gender-based violence and provide appropriate counseling and referral services to social, legal and community based groups. GRIP trains unemployed women from rural areas as counselors in order to increase the confidentiality and comfort of women and girls seeking treatment for sexual assault. GRIP also addresses societal and community norms to reduce stigma, protect women from violence, promote gender quality, and build conflict resolution skills. All services for survivors of sexual assault/violence will link to the provision of post-exposure prophylaxis. GRIP's programs encourage men to be responsible in their sexual behavior and child rearing, and to respect women - including the reduction of sexual violence and coercion, number of sexual partners and cross-generational and transactional sex. GRIP will also focus on behavioral change programs for boys that promote the positive role men can play in order to increase

their HIV preventative behavior.

Implementing Mechanism Details

Mechanism ID: 9555	**Mechanism Name: Medunsa University**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

Not Applicable		

Overview Narrative

MEDUNSA is the Medical University of Southern Africa, based in the Limpopo Province of South Africa. MEDUNSA's primary project is a qualitative evaluation of the supervision models of home-based care (HBC) givers. The objective is to identify best practices or challenges to supervision of these workers, in order to inform future development of these programs on a national level. This aligns with the South African PEPFAR Partnership Framework and the SAG priorities as it will help organize and structure the health system for leveraging community healthcare workers (CHW), who are expected to play a key role in the SAG project of re-engineering the primary healthcare system for management at the district level. The geographic coverage during FY 2012 is two provinces (Limpopo, Free State, and more to be determined based on site recruitment), but the results of the evaluation are expected to be applicable nationally. Populations reached are those HIV positive patients who are receiving HBC, some of whom have HIV and TB co-infection, and have other members of the household who are infected. Upon completion of the evaluation and dissemination of the findings, the SAG will leverage MEDUNSA's

recommendations in the planned restructuring and standardization of community healthcare programs including home-based care services nationally. MEDUNSA, as a local organization, will also be well-suited to consult with SAG on such community healthcare and HBC programs beyond this agreement. The monitoring and evaluation plans are based on the CDC-approved evaluation protocol which includes rigorous data collection and leverages strong technical assistance from CDC Atlanta with expertise for such qualitative evaluation protocols.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**9555**		
Mechanism Name:	**Medunsa University**		
Prime Partner Name:	**Medunsa University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	200,000	0
Narrative:			

The system addressed by MEDUNSA's activities is community healthcare, in particular home-based care (HBC). The current barriers include a lack of standardized training, competencies, activities, and supervision of home-based caregivers. A priority of the National Department of Health (NDOH) is to standardize and structure the community healthcare structure. The overarching plan of NDOH is to re-engineer the primary healthcare (PHC) system to enlist and leverage healthcare worker teams, including a cadre of community healthcare workers assigned to cover population territories, including offering HBC services, who will be managed by a team of clinical district health officers.

The project is to complete a program evaluation of HBC supervision across CDC-funded partners. This evaluation addresses the weaknesses or lack of HBC management structures within and outside of individual organizations, and will identify varying models of HBC supervision within certain organizations. It is expected that the evaluation will reveal best practices, gaps, and variances within existing structures, which will inform the development of national policies towards HBC roles and responsibilities and supervision operations.

The evaluation is intrinsically linked to other partners involved in HBC service delivery, as it seeks to evaluate their operational structure. The dissemination of the results amongst all involved recruited HBC-provider partners will further link the organizations, and contribute to joint collaboration in future HBC efforts. There are no other similar HBC evaluation supervision projects under the PEPFAR portfolio.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9557**		
Mechanism Name:			
Prime Partner Name:	**Mothers 2 Mothers**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Alliance of State and Territorial Directors (NASTAD) continues to work in partnership with the Free State and Mpumalanga Provincial Department of Health (PDOH) Offices to institutionalize and standardize the implementation of the Integrated Access to Care and Treatment (I ACT) Program in line with the South African Government and the National Department of Health priorities. The goal of I ACT is to promote early recruitment and retention of newly diagnosed PLHIV into care and support programs. I ACT strives to reduce the high rate of loss to follow-up from the time of HIV diagnosis to successful commencement of ART. NASTAD will continue to provide provincial and district level technical assistance with the coordination, implementation, and monitoring and evaluation of I ACT activities. NASTAD will continue to play a lead role in developing systems for referral networks and linkages, as well as strengthening the I ACT implementation model and ensure quality through focused mentorship, coaching and regular review meetings at district, provincial and national levels. Both at provincial and district levels, NASTAD will continue to ensure the strong involvement of PDOH, regional training centers and PEPFAR and community based partners in the planning, and implementation of the program to ensure integration, sustainability and smooth transition of the program in the future. NASTAD will continue to refine data collection tools and instruments and provide ongoing technical assistance and training to I ACT

implementing NGOs, partners and DoHs staff. In general, the result of the I ACT program evaluation that will be conducted in Free State in FY 2011 is expected to provide direction with regard to the improved implementation and scale-up of the program at all levels

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services

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	1,200,000	0

Narrative:

In FY2012, NASTAD will continue to strengthen collaborative relationships among partners providing I ACT and other care and treatment services in Free State and Mpumalanga Provinces. NASTAD will ensure communication and information sharing among I ACT partners and stakeholders. NASTAD will continue to support provincial level I ACT quarterly stakeholder review meetings; actively participate and

support provincial and district level I ACT working group meetings; conduct provincial level I ACT best practice documentation and evaluation dissemination meetings, and strengthen referral network and linkages between community based I ACT implementing partners(SGFs)and local health facilities.

In FY 2012, NASTAD will continue to provide technical and financial support to community based NGOs including PLWHA networks engaged in the delivery of I ACT. Efforts will continue to be made to connect and engage PLWHA networks through support groups to ensure that members have the opportunity for continued peer support after they leave the group. In Free State, I ACT implementing NGOs are expected to support SGFs with the active recruitment of PLWHA from local health facilities and the community, establish and strengthen referral network and linkages between SGFs and local health facilities. NASTAD will also continue to support existing and trained care workers who will be redeployed to support the implementation of the I ACT program. In Mpumalanga, NASTAD will continue to support Regional Training Centers (RTC) with the training of already existing home based care givers based at health facilities and the community to implement the program.

In FY 2012, NASTAD will continue to provide and coordinate periodic I ACT training sessions to new RTC trainers, SGFs, NGO implementing partners and health care providers from health facilities in both provinces in collaboration with other partners. RTCs in both provinces will take the lead in the facilitation and co-facilitation of I ACT training sessions to effectively transition the training responsibility. In FY 2012, NASTAD will support the training of 200 SGFs and plans to enroll 70,000 PLWHA into the program in both provinces.

Implementing Mechanism Details

Mechanism ID: 9569	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 9572	**Mechanism Name: Population Council SA -PEP**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This activity will be funded using reprogrammed FY 2011 funds. Post-exposure prophylaxis (PEP) is an essential part of a comprehensive package of HIV prevention services and is a “foundational” part of combination prevention, critical to sustainable, long-term HIV prevention. The goal of this program is to enhance SAG capacity for sustainable nationwide access to post-rape, occupational, and voluntary post-PEP for HIV through support for policy development, building capacity for provision of PEP, and creating demand for PEP at the community level. This is a national project that will focus on women and girls, and will address other vulnerable populations such as migrants, men who have sex with men, and incarcerated populations. Focus districts for this program have been identified based on sexual assault rates and HIV prevalence.

Population Council South Africa (PCSA) will work closely with district and ward based teams identified as key pillars for the Primary Health Care re-engineering model for the adoption and implementation of policies and guidelines for PEP for sexual assault, occupational PEP, and PEP for voluntary exposures. Capacity building interventions for management in all departments and at all levels will include policy review, development and review of data collection tools, support for utilization of the tools to strengthen data quality and systematize data collection, and training on the available data to support policy development/alignment/implementation to improve the local capacity for monitoring and evaluating the HIV response. Overall training will utilize a master trainer model and the provinces will assume responsibility for all training over time. All PCSA interventions will be promoted for inclusion in subsequent district health plans.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Military Population
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9572**
Mechanism Name:	**Population Council SA -PEP**
Prime Partner Name:	**Population Council**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0

Narrative:

This activity will be funded using reprogrammed FY 2011 funds.
PEP is a key component of combination prevention that effectively reduces risk of HIV infection. This program will support policy development and strengthen SAG systems and capacity to deliver PEP through technical assistance, training, and dissemination of PEP policies and guidelines to all government partners. Target populations for PEP provision include children (ages 0-19), women and men (ages 20-54), incarcerated populations, MSM, and migrants. Baseline facility assessments for the Department of Health (DOH) will inform technical assistance and site support in identified select provinces focusing on areas of highest HIV transmission.PCSA will train master trainers and link with

Regional Training Centers transfer skills to to roll-out training to districts and future transition of PEP services. PEP training and services will be acessible to Health care workers and South Africa Police Service (SAPS) and Department of Correctional Services (DCS) staff for sexual assault; DOH, DCS and SAPS staff for occupational PEP. PCSA will provide implementation tools and registers to facilities. PCSA will work with NDBE and NDOH to reach out to children and youth to sensitize them, raise awareness on PEP and promote access to available PEP services. PCSA will monitor the transition of interventions to the appropriate government unit. They will be reviewed on a quarterly basis with the government partners to ensure timely adherence to a decreasing level of responsibility for PCSA. M & E plans and system will be in place to track progress, perfomance and implementation of the PEP Program.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 700,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

KwaZulu Natal Network on Violence Against Women	Western Cape Network on Violence Against Women	

Overview Narrative

This mechanism is ending in FY 2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
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	HVOP	700,000	0

Narrative:

The need for this program stems from the exceptionally high rate of HIV (the highest in South Africa) and VAW in the province and the generally suggested link between sexual violence and HIV acquisition in VAW literature. The project undertook an extensive VAW literature review which clearly demonstrates the link between VAW and increased risk of HIV transmission, including that “gender-based violence, or the fear of it, may interfere with the ability to negotiate safer sex or refuse unwanted sex [and that] coerced sexual initiation and current partner violence are linked to increased risk-taking, including having multiple partners…and engaging in transactional sex.” The extension year will build on the accumulated evidence with a view to deepening and enhancing responses to VAW prevention at the individual, family,

and community level – in particular, increasing and promoting ‘actions’ to stop VAW. The broad concept is that appropriate actions, in sufficient number at the community level will lead to a ‘tipping point’ where VAW is consistently addressed when it occurs, and where prevalence of VAW declines over time as primary prevention becomes the norm. A major focus is to inspire action through overcoming barriers to action by sharing ideas and examples of action. The KZN network links with the brothers for life campaign to address and engage men in the community. Through social mobilization and outreach of trained community engagers this program this program will lead to significant reductions in gender-based violence that accelerates the progression of the AIDS epidemic in South Africa. It will put an end to the pervasive social norm of toleration for sexual and other violence against women, and it will go far to restore their basic sexual and human rights. KZN Network will also launch sister networks throughout KZN by training key ward counselors as community engagers and providing them with materials.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			

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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9582**
Mechanism Name:	
Prime Partner Name:	**Heartbeat**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0
Narrative:			

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 University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 10,572,960	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	10,572,960

Sub Partner Name(s)

Center for AIDS Development, Research, & Evaluation		

Overview Narrative

Johns Hopkins Health and Education in South Africa (JHHESA) and its 20 partners support USAID and the SAG at national, provincial, district and local level to implement evidence-based strategic advocacy, communication and social mobilization (ACSM) programs to address HIV issues. Initiatives are aligned to the NSP and USAID Prevention Guidance and Partnership Framework.

JHHESA addresses HIV prevention and TB through comprehensive communication programming that address the social, structural, behavioral and biomedical drivers of the epidemic. Activities impact upon attitudes, norms, and risk perception. They also promote the uptake of services to reduce new HIV

infections, increase HIV counseling and testing, drive demand for VMMC, and improve HIV/TB treatment adherence. Activities target key populations: youth, sex workers, people living with HIV, high risk women, and adult men.
Activities are geographically targeted in high transmission areas including mining, farming, and informal settlements; they are tailored to each target group. Interventions combine community engagement, mass media, interpersonal, and communication approaches. Such approaches are enhanced through toolkits and social media, and link people to prevention, treatment, and social services. JHHESA also focuses on gender dynamics addressing male norms and women's empowerment.
JHHESA partners strengthen the social mobilization skills of community health care workers and NGOs. A post-graduate program focuses on health communication and workshops for provincial and district and local leaders to build capacity to design, implement, monitor, and evaluate ACSM strategies.
As this is the final project year, JHHESA will document and disseminate challenges, successes and lessons learnt.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	2,025,730

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**9584**		
Mechanism Name:	**Johns Hopkins University Center for Communication Programs**		
Prime Partner Name:	**Johns Hopkins University Bloomberg School of Public Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	468,247	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate to the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP) based in Baltimore, USA. JHHESA works through partners at a national, provincial and district and sub-district level to implement evidence based strategic communication interventions.

The types of HIV care provided include the provision of psychological, social support and prevention interventions for people living with HIV. This is done by working with HIV positive peer educators based at previously disadvantaged tertiary institutions and establishing and maintaining support groups to provide psychological care for people living with HIV. These support activities occur in communities and at health facilities ensuring strong linkages to other essential care and treatment services. In addition, prevention with positives programs are conducted within these contexts. Support includes provision of treatment literacy and adherence counseling using current SAG treatment guidelines.

Capacity-building activities underpin and support the delivery of home-based care activities. This includes the training of community health care workers, NGOs and CBOs to provide support to people living with HIV and facilitate prevention with positives discussions, treatment literacy and adherence counseling using current SAG treatment guidelines, training of post-graduate students in development- and HIV communication and strategic communication capacity-building (ACSM workshops) for provincial and district level officials to strengthen their capacity to develop ACSM strategies incorporating home-based care.

Media advocacy activities targeting policy and decision makers and the general public are undertaken to improve programming for prevention with positives and to enhance the skills of NGO’s and community health workers to ensure better quality prevention, treatment and care support.

Monitoring- All JHHESA partners provide monthly reports including quantitative and qualitative data of their activities. The quantitative data is collected manually and collated electronically on-line. This ensures high data quality and timely reporting.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	702,135	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate to the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP).
JHHESA works with 20 partners at national, provincial, district and sub-district level to implement advocacy, communication and social mobilization (ACSM) activities that support the SAG.
Activities promote infection control, increase knowledge and referral to IPT, intensified case finding (ICF) and early treatment initiation with referral to local HIV/TB services.
ACSM activities target in school youth in 450 schools in 5 provinces; out of school youth, 21 previously disadvantaged tertiary institutions, mining communities, rural, informal, peri-urban traditional and farming communities (10 districts in 6 provinces)
Seven partners do community based activities including peer education, community dialogues, door-to-door and in-clinic facilitation.
Brothers for Life targets adult men with radio talk shows and ACSM activities that focus on mines and the surrounding communities, workplaces, taverns, prisons, informal, peri-urban, rural, traditional and farming communities (nationally and in 10 districts)
Five partners (10 districts in 6 provinces) conduct HCT and TB screening in communities. Activities support ICF with referral to local health facilities. HIV positive individuals who do not have active TB disease are referred for IPT and early treatment initiation.
Capacity-building activities support the SAG to plan, implement, monitor and evaluate strategic ACSM activities to generate demand for TB/HIV services. Lay counselors are trained using the HCT Toolkit to provide client-appropriate counseling and testing. NGOs, CBOs and FBOs are capacitated in undertaking ACSM activities supporting the three I's (infection control, ICF and IPT), TB/HIV integration and early treatment initiation through the use of Siyayinqoba Prevention and Treatment Literacy guide and the discussion guide based on the 4Play TV drama series.
Media advocacy targets policy, decision-makers and the general public to encourage screening and testing for HIV/TB, people living with HIV to test for TB and to access IPT. Activities support events, e.g. World TB Day, conferences, etc.
All JHHESA partners provide monthly electronic reports of their activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	HVSI	964,000	0

Systems			

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate to the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP). JHHESA works with 20 partners to implement strategic advocacy, communication and social mobilization (ACSM) interventions.

ACSM activities promote a comprehensive HIV prevention approach - behavioral prevention (partner reduction, correct and consistent condom usage, alcohol and substance abuse, male norms, contraception and gender based violence), STI prevention and the uptake of biomedical HIV prevention services HCT and VMMC with youth, men and women.

The National HIV Communication Survey (NCS), conducted every three years, evaluates the combined impact of communication interventions on the ideational factors that impact on the social and behavioral outcomes. SI activities focus on the dissemination of the findings of the NCS through three road shows and the strengthening provincial and district responses through 9 provincial strategic ACSM planning workshops.

JHHESA will finalize and disseminate the evaluation of the USAID supported strategic communication interventions including Brothers for Life, Scrutinize, 4Play Sex Tips for Girls, Intersexions and Siyayinqoba-Beat It. The evaluation will examine the cost effectiveness of these interventions.

Community Media Trust, with funding from USAID, implemented a research project to evaluate the impact of community health care workers on PMTCT access, utilization and outcomes for mothers and babies in the Motheo district in the Free State province. This evaluation is to inform government policy relating to the integration of community health care workers.

USAID/PEPFAR supports community based ACSM activities of partners in six sub-districts. Baseline surveys undertaken at the inception of the project were repeated in FY 11. FY 12 funding will be used to disseminate the findings of these studies to inform the design of future interventions and support the sub-districts in developing strategic ACSM strategies.

Qualitative evaluations are undertaken for two mass media interventions and for one of the interpersonal communication/social mobilization activities of partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

Narrative:

The Africa Centre for HIV and AIDS Management at Stellenbosch University offers an the accredited post- graduate Diploma (PDM) aimed at strengthening the capacity of individuals in the prevention and

mitigation of the impact of HIV and AIDS in the workplace. Each year an average of 350 students from South Africa and abroad participate in the PDM program. The course has several modules, facilitated by SUN and other organizations. This includes the facilitation the HIV and AIDS Policy Development, Stigma and Discrimination (S&D) and Gender modules during the annual implementation of the course.
JHU will provide technical support to the program and review modules and facilitate training sessions.
As a follow-up to the work previously done by Futures Group, JHU will also assess the impact of the overall diploma course. JHU will identify a sample of 50 graduates to explore the extent to which they are engaged in HIV workplace policies, dialogue, advocacy, and program implementation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,200,000	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate to the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP). JHHESA supports the Department of Health to implement demand creation activities for VMMC, including rapid expansion and scale-up associated with the one-time VMMC funding that South Africa will receive to conduct an additional 260,000 VMMCs.
Technical support is provided to the SAG at national, provincial and district level to develop strategic demand creation strategies and implementation plans. Capacity-building is provided for government and civil society partners to undertake demand creation activities.
Men are reached in mining workplaces, stokvels (community savings and burial societies), taverns, schools, tertiary institutions, prisons, rural, traditional and farming communities (nationally and in 10 districts) and through the religious sector. Women are reached through mobilization activities.
Demand creation activities promote a comprehensive HIV prevention approach including behavioral prevention (partner reduction and condoms), promoting positive male norms, STI prevention, HCT (including encouraging couples counseling), and VMMC including post-operative care and reducing behavioral disinhibition. VMMC also is an opportunity to promote positive male norms such as stopping GBV and supporting partners.
Community dialogues and social mobilization activities are undertaken by community action teams in communities where VMMC services are provided. Activities are supported through information, education and communication (IEC) materials including flipcharts to facilitate small group discussions and counseling sessions and brochures on demand creation and post-operative care and support.
Social mobilization activities are supported through a mass media campaign comprising television adverts, radio talk shows and outdoor media that draw upon men who have been circumcised to promote

the uptake of VMMC. Mass media activities are linked to a SMS location based service.
A post-operative SMS service disseminates regular post-operative care and support to some PEPFAR partners and SAG clients.
Media advocacy targeting policy and decision-makers and the general public is undertaken to promote demand creation for VMMC.
JHHESA partners provide monthly electronic monitoring reports.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	4,725,396	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate of the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP). JHHESA works with 20 partners to implement strategic advocacy, communication and social mobilization (ACSM) interventions.
ACSM activities promote a comprehensive HIV prevention approach - behavioral prevention (delaying sexual debut, partner reduction, correct and consistent condom usage, alcohol and substance abuse, male norms, contraception and gender based violence), STI prevention and the uptake of biomedical HIV prevention services HCT and VMMC.
JHHESA partners undertake social mobilization activities in 450 schools, with out of school youth, youth in 21 previously disadvantaged tertiary education institutions, mining, rural, traditional and farming communities (10 districts in 7 provinces).
Youth are reached through the popular Scrutinize campaign that includes television advertising and participatory social mobilization methods to promote AB and HIV prevention services, HCT and VMMC.
Brothers for Life reaches adult men through mass media activities combined with interpersonal communication and advocacy. Mass media activities include television adverts, radio talk shows and outdoor media. Interpersonal communication includes community dialogues, facilitated peer education and small group discussions. Advocacy targets policy, decision makers and the general public to address social norms that perpetuate multiple partners and other behaviors that place men at risk.
Vulnerable women (young women, women in lower socio-economic contexts) are reached through peer education programs, group and individual sessions and community dialogues using 4Play television drama series.
Community health care workers and NGOs are capacitated to conduct social mobilization activities using Siyayinqoba prevention and treatment literacy manual. A post-graduate degree program in health communication is presented by the University of KwaZulu-Natal. Capacity-building is provided for provincial and district level officials to develop, implement, monitor and evaluate ACSM strategies.

JHHESA partners provide monthly monitoring reports collected manually and collated electronically on-line.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	800,000	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA), an affiliate to the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP), works through 20 national, provincial, district and sub-district level partners to implement strategic advocacy, communication and social mobilization (ACSM) interventions.

JHHESA partners use participatory approaches using tools and manuals to promote communication between partners, risk identification and reduction, information on acute infectious period and HIV transmission, TB screening, correct and consistent condom use, partner reduction, reduction of alcohol and substance use and male norms. Activities encourage regular testing, testing before and during pregnancy, referrals to HIV prevention and treatment services.

Community based HCT services are provided by JHHESA partners in 4 provinces that include pre- and post-test counseling, TB screening and referral to local prevention, treatment and care services.

Youth ACSM activities are undertaken in 450 schools in 5 provinces, 21 previously disadvantaged tertiary education institutions, mining communities, informal, peri-urban, rural, traditional and farming communities (10 districts in 7 provinces) to create demand for HCT.

Brothers for Life targets adult men through mass media, community dialogues, and interpersonal methods, in mines and surrounding communities, prisons, informal, peri-urban, rural and traditional communities (nationally and in 10 districts) to create demand for HCT, VMMC and early initiation of treatment.

Peer education programs, group and individual sessions and community dialogues reach vulnerable women using 4Play television drama series.

Community health care workers and NGOs are capacitated to conduct ACSM activities using Siyayinqoba prevention and Treatment Literacy Manual to promote HCT uptake. HCT counselors are capacitated through a toolkit to support individual pre- and post-test counseling. A post-graduate degree program is undertaken in health communication. Capacity-building is provided for provincial, district and sub-district officials to develop, implement, monitor and evaluate ACSM strategies for the uptake of HCT.

JHHESA partners provide monthly activity reports collated electronically.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,413,182	0

Narrative:

Johns Hopkins Health and Education in South Africa (JHHESA) is an affiliate of the Johns Hopkins Bloomberg School of Public Health, Center for Communication Programs (JHU/CCP). JHHESA works with 20 partners to implement strategic advocacy, communication and social mobilization (ACSM) interventions.

ACSM activities promote a comprehensive HIV prevention approach - behavioral prevention (partner reduction, correct and consistent condom usage, alcohol and substance abuse, male norms, contraception and gender based violence), STI prevention and the uptake of biomedical HIV prevention services HCT and VMMC.

JHHESA partners support youth in 450 schools, out of school youth, youth in 21 previously disadvantaged tertiary education institutions, mining communities, rural, traditional and farming communities (10 districts in 7 provinces) using the popular Scrutinize campaign that includes television advertising and participatory social mobilization methods to promote OSP and HIV prevention services, HCT and VMMC.

Brothers for Life reaches adult men through mass media activities combined with interpersonal communication and advocacy. Mass media activities include television adverts, radio talk shows and outdoor media. Interpersonal communication includes community dialogues, facilitated peer education and small group discussions. Advocacy programs target policymakers, decision makers, and the general public to increase male and female condom supply, services for survivors and perpetrators of GBV, shifting cultural and political practices/laws that perpetuate patriarchy and impact on risk behaviors.

Vulnerable women (sex workers, young women, women in lower socio-economic contexts) are reached through peer education programs, group and individual sessions and community dialogues using 4Play.

Community health care workers and NGOs are capacitated to conduct social mobilization activities using Siyayinqoba. A post-graduate degree program is undertaken in health communication. Capacity-building is provided for provincial and district level officials to develop, implement, monitor and evaluate ACSM strategies.

JHHESA partners provide monthly monitoring reports collected manually and collated electronically on-line.

Implementing Mechanism Details

Mechanism ID: 9590	Mechanism Name: Lifeline Mafikeng
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement

Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Lifeline Mafikeng	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 325,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	325,000

Sub Partner Name(s)

Geldulspan HBC	Kraaipan Community Project	LifeLine Mafikeng Centre PTC
Tlamelo TB & HIV&AIDS HBC	Tshwaraganang Barolong Project	

Overview Narrative

The goal of this project is to provide Mobile HIV Counselling and Testing Services (HCT) in the two districts Ngaka Modiri Molema (NMM) and Dr Ruth Segomotsi Mompati (DRSM) in North West province. The target population includes farm workers, men, and first time testers. There are areas which we would want to further develop strategies, in order to strengthen the activities that we have implemented. As well as continuing the processes that have been effective during the last three years of operation and activities we have conducted over the past 16 years. The following areas have been identified for the next financial year (Year 5): Increase the uptake of HCT; Further strengthen the referral system especially for those who require care and support, in the form of treatment and support structures; strengthen partnerships to ensure effective and efficient service delivery of wellness programs within the communities that served; enhance monitoring and evaluation tools, and; continued implementation of quality assurance management. We have formed strong partnerships with the Department of Agriculture (DACE), AgriNW (Farmers Union) and Department of Health (DoH), in working within the farming communities of the two districts. This partnership will assist in providing HCT services to farm workers and also ensure the assistance of the DoH mobile services for access to HIV treatment as well as other medical issues and immunization of children.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	9590		
Mechanism Name:	Lifeline Mafikeng		
Prime Partner Name:	Lifeline Mafikeng		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	325,000	0

Narrative:

The geographic area where the mobiles operate is; Ngaka Modiri Molema District- Estimated population between 15 and 64 years is 481,473 (797,10) with HIV prevalence 13.2% and, Dr Ruth S. Mompati District – estimated population between 15 and 64 years is 265,596 (456,346), with HIV prevalence 16.3%. The main target population for mobile VCT services is individuals between 15 years to 49 years, residing on farms. Our secondary target is couples.The total population HIV tested in the past twelve months (July 2010 – July 2011) was .42%. Our main approach is client initiated, however, we do door to door offering counselling and testing. The clients have the option to decline, however, the numbers are very low. The setting is mobile HVCT services using rapid test kits. We participate in the SAG initiated HVCT campaigns.Target for HVCT for the current year is 5760 and of those 288 couples. Results

achieved to date is i.e. October 2010 to Jun 2011 is 3154 .Total number of couples tested was 153. Targets for the COP FY 2010 is 10,952, for couples is 548. We have a referral system in place to track clients to health care facilities, which includes follow up calls to the clients and follow up visits to the health care facilities. All clients are screened for TB and those who present symptoms are referred directly to health care facilities or we inform the DoH mobiles to visit the farm. HVCT statistics are reported daily to DoH DHIS, and monthly narrative reports are submitted.QMS is in place, counsellors are de-brief on a quarterly basis and annual evaluated in counselling technique and attend monthly ongoing training. Test kits are checked when each batch is opened by using HIV+ and negative blood samples. Storage and transport of test kits are closely monitored, room temperature monitored daily.We encourage farm workers to attend HCVT days on the farms with their partners. We do preparatory meetings with health talks, community talk circles to market and promote all aspects of HVCT. Promotional material is distribute in local languages or images for low literacy areas.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 200,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Lifeline Rustenburg provides HIV Counseling and Testing (HCT) in Bojanala District, which has a catchment population of approximately 1.2 million. The district is primarily rural, and consists of mining areas, farming communities and informal settlements. Lifeline Rustenburg has been a sub-partner under the Right to Care (RTC) Umbrella Grants Management (UGM) since October 2009. The HCT program

target group is males and females aged 15 years and above. Lifeline uses five mobile units to provide accessible services to a total of 36 sites. The aim of the service is to provide HCT, create awareness, and offer education and training to communities. The mobile unit strategy effectively makes the logistics of HCT as convenient as possible. Lifeline's strategy addresses comprehensive HIV/AIDS programming by addressing several points along the continuum of care, from preventing HIV infection to promoting diagnosis and finally to enabling a gateway to ARV treatment. Lifeline works in partnership with the Public Health Care clinics (PHC) in the area. In four of the sub-districts the PHC mobiles accompany Lifeline mobiles once every 6 weeks to provide to provide point of care CD4 testing plus other services. Clients testing reactive are referred to the nearest public health facility for CD4 counts and other PHC services. Statistics are reported daily to local clinics, district and sub-districts and bi-monthly meetings are held with district management. Monitoring and evaluation site visits are done at monthly intervals. Standardized data collection tools are used and verified for reporting accuracy. Couples' counseling is emphasized and in demand, and family unit testing has been initiated.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Mobile Population

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**
Prevention	HVCT	200,000	0

Narrative:

Lifeline considers HIV Counseling and Testing (HCT) as a pivotal and essential activity on the continuum of HIV and AIDS care; as a result, the program focuses on barriers to people knowing their status. The project's goals are to reduce the HIV incidence rate, affect behavioral change, and ensure people living with HIV (PLHIV) can access care, support, and ARV treatment. The objectives are to reach out to people on community and individual levels, engaging them in discussion and sharing experiences of PLHIV in order to influence self-examination, increase personal risk perception, and affect behavior change. Lifeline provides HCT services, along with prevention awareness and referrals to local health facilities as well as client care and support services. The target group for HCT services are males and females aged 15 years and above.

Lifeline's mobile HCT program directly addresses the USG's HIV/AIDS objectives in South Africa by improving access to and providing HCT services. The project also seeks to reduce stigma by: reassuring HIV test-takers that results are confidential; having PLHIV openly discuss their experiences; encouraging a high turnout rate that invokes a group-think mentality; providing alternative HCT methods, such as pre-test education sessions with couples or groups; and generally fostering a culture of openness and tolerance with respect to HIV/AIDS. Additionally, mobile unit staff and volunteers provide beneficiaries with factual information regarding HIV transmission and the importance of knowing their status. For COP FY 2012, the HCT program will be implemented in two sub-districts of Mafibeng and Rustenburg, focusing on 36 sites and a target of 19,200 persons will be reached, due to no increase in personnel (8 x 10 x 20 x 12). All the counselors have been trained in the national finger pricking testing and the program employs a counselor driven HCT model. The four professional nurses will focus on drawing blood for CD4, sputum collection from the HIV reactive clients, and referrals to public facilities for further management.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9592**

Mechanism Name:	
Prime Partner Name:	Living Hope

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	HVTB	0	0
Narrative:			
TB			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	0	0
Narrative:			
Strategic Information			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	0	0
Narrative:			
Health System Strengthening			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
Activity 1. Provide capacity building to strengthen PMTCT services (NIMART, in-service training and mentoring), focusing on districts with poorest results. Activity 2. Provide Technical assistance to SAG at national, provincial and district level			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0
Narrative:			
ARV Drugs			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
Adult Treatment			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0
Narrative:			
Activity 1. 3. Improve adherence support for children living with HIV			

Implementing Mechanism Details

Mechanism ID: 9602	**Mechanism Name: Hope Education**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Hope Educational Foundation International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,202,077	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,202,077

Sub Partner Name(s)

Reaching a Generation		

Overview Narrative

Hope Education's iMatter Program program is an HIV prevention, values based curriculum, focusing on school educators and learners. It is implemented through the training of Life Orientation(LO) Educators, to empower them to act as change agents and implement the iMatter curriculum in their LO classes. Both first and second year educators will be trained in HIV knowledge, teaching and classroom skills as well as age-appropriate methods to teach the AB message to their learners. Master trainers within the Department of Education (DoE) will be trained and capacitated within the structure of the DoE to ensure that the DoE take ownership and ensure sustainability of the program. The Learners that will be reported as reached with AB messages would have received a minimum of 6 iMatter lessons. In addition, Hope Education also has the Families Matter Program (FMP) which is an evidence-based HIV prevention intervention for parents and caregivers of pre-adolescents ages 9-12 years. The program aims to enhance protective parenting practices that are associated with reduced sexual risk among adolescents and to promote parent-child communication about sexuality and sexual risk reduction. Hope Education will provide management, support and oversight to programs in the Free State and KwaZulu-Natal. Finally, theTertiary Institution Prevention Program focuses on the recruitment of student leaders and staff members, to train them in peer-to-peer HIV prevention and mentorship. These students will then formulate HIV prevention campaigns that will be implemented at the Tshwane University of Technology to increase knowledge of HIV prevention and the drivers of the HIV pandemic. This is done through comprehensive training, mobilizing students to present messages and campaigns on campus.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9602**
Mechanism Name:	**Hope Education**
Prime Partner Name:	**Hope Educational Foundation International, Inc**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	1,202,077	0

Narrative:

The iMatter Program aims to increase the capacity of 2000 (1000 first year and 1000 second year) Life Orientation Educators through Life Orientation Teacher Trainings in order to promote HIV prevention through abstinence and faithfulness. 300 000 iMatter learner books will be used to build the capacity of the DoE (providing each learner represented by the educator with their own book). Furthermore 6 master trainers within the DoE will be trained on facilitation skills, in order to build the capacity of DoE and assist them to take ownership of the program internally. 60 000 learners will be reached with an AB message through the implementation of the iMatter curriculum by Life Orientation teachers trained.

The Families Matter Program aims to capacitate parents and primary caregivers of pre-adolescents to be able to communicate with them about sexual issues and delaying sexual debut. Hope Education will be utilizing 3 sets of facilitators that will conduct 6 waves per pair, with a maximum of 18 parents per group. The organization is intending to reach a total number 2 592 parents/ caregivers.

The Tertiary Institution Prevention Program aims to increase the knowledge of 1 000 new student Peer Educators and staff members of the Student Affairs and Residence Operations SARO by training them in HIV knowledge, prevention and the drivers of the HIV pandemic. These trained peer educators will

then be expected to conduct prevention campaigns and messages on risky reducing behaviors leading to HIV transmission. The trained peer educators are expected to reach 3000 students through the peer led HIV prevention campaigns on each of the 6 campuses.15 000 students will be reached with HIV prevention through the media campaigns conducted by the trained peer educators on all campuses of Tshwane University.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	HKID	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,500,000

Sub Partner Name(s)

The Federation Humana People to People		

Overview Narrative

This mechanism is being extended through september 2013. Humana People to People (Humana) implements a comprehensive, integrated HIV prevention program called Total Control of the Epidemic (TCE).TCE trains community members as Field Officers (FOs) to utilize a person-to-person campaign to reach every single household within target areas HIV prevention information and referals to services. TCE is changing the social, community and gender norms that underpin the epidemic. Humana works in high transmission areas in select geographic areas in informal settlements. Target populations are at risk adolescents and adults, mobile and migrant populations and sex workers. Humana has received PEPFAR since July 2005. Humana had implemented 7 TCE areas in the Mpumalanga, Limpopo and more recently KZN provinces. Humana works in partnership with the South African Government (SAG) and local municipalities. FOs mobilized whole communities to address stigma and discrimination, promote high impact services, and HIV prevention. FOs also promotes gender equity during their home-visits, by empowering both males and females with gender-specific knowledge about protecting themselves and their families. TCE traines community volunteers called Passionates that are responsible for care and support to orphans and people living with HIV. Since FY 2005, the Mopani and Ehlanzeni District Municipalities have been major partners, contributing over $140,000 per year to the program and in 2011, the province of KZN added funding to HUMANA to support their youth ambassador program in Zululand. The program has received several awards, including the 2003 Stars of Africa Award (in partnership with Johnson & Johnson) for best Corporate Social Investment Program in Health and HIV and AIDS in South Africa.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

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**
Prevention	HVAB	1,750,000	0

Narrative:

"AB and OP funding are fused to create a comprehensive program.
The TCE program uses a person-to-person campaign over three years to reach every household with information about HIV and AIDS within the targeted areas. Each FO is allocated a field of 2,000 people (approximately 485 households). Households are visited at least three times over a three-year period and receive targeted prevention messages emphasizing sexual norms and addressing issues of multiple concurrent partnership and cross-generational sex and promoting high impact services. FOs visit households and engage individuals in discussions about HIV and AIDS and preventive behavior. FOs also provide information about government services such as counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), TB and sexually transmitted infections (STI) services, VMMC social grants and home-based care and refer those in need. FOs also refer people with symptoms of AIDS-related conditions directly to public health clinics for CD4 testing, HIV clinical staging, and treatment of opportunistic infections. A tool called Perpendicular Estimate System (PES), has been developed and tailored to measure the impact of the program in the target areas. PES consists of a set of questions and demands to the individual in order to be TCE-compliant, which means being in control of HIV and AIDS in one's life. During the second and third year of the program, community members interact with their TCE FOs on an individual basis to make a PES-plan, which minimizes their risk of being infected and makes them live responsibly and positively if infected. Further, the program has a series of targeted interventions to reach at risk adolescents and out of school youth. TCE organizes

workshops for local leaders, traditional healers, and community-based organizations, to explain TCE and promote HIV prevention and improve access to services.
"

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,750,000	0

Narrative:

TCE's activities ensure that individuals receive appropriate care. The establishment of linkages and networking activity was initiated in FY 2006 and will continue. A key strategy of the prevention program is the promotion of counseling and testing, and referrals to high impact services including VMMC and treatment. TCE works in partnership with PEPFAR partners and South African organizations like LoveLife, to provide HCT and other services to the sites. All households receive messages on the benefits of HCT, PMTCT, VMMC, and ARVs. Referrals to services are provided during home visits. TCE also collaborates with other PEPFAR partners and SAG hospitals, to ensure that referrals to treatment, care and support services are made. TCE maintains a strong partnership with the TB sub-directorate in the Ehlanzeni and Mopani districts. FOs are trained to raise awareness about TB in the context of HIV, make referrals to clinics and collect sputum. TCE works with public clinics to ensure that pregnant women have access to antenatal services and PMTCT. TCE also ensures cooperation with SAG including the Department of Social Development to ensure that OVC and PLHIV identified through household visits are able to access social security and with the Department of Education to ensure children and youth access education and receive HIV and AIDS information and education on importance of abstinence and delaying sexual debut for the youth aged 10-14, who have not started with sexual activity; and secondary abstinence and reduction on the number of sexual partners using the be faithful prevention component

Implementing Mechanism Details

Mechanism ID: 9609	**Mechanism Name: Institute for Youth Development SA (IYDSA)**
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 SA (IYDSA)	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,215,665	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,215,665

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the Institute for Youth Development (IYDSA) program is to provide and support comprehensive TB/HIV care and treatment services in the allocated 5 districts (Cacadu, Nelson Mandela District A, Peddie S, Amatlhati and Great Kei) as set out by the PEPFAR realignment process. In Amathole district there are 63 facilities, 32 in Cacadu and 7 from the Nelson Mandela Metro sub district A. The care and treatment services are provided primarily through the nurse-initiated management of ART (NIMART) mentorship program which increases access and strengthens the health system. These facilities will together serve a total of 18600 patients in care and 11600 will receive ART. In accordance with the national policies, IYDSA is moving towards elimination of MTCT. The program focus of youth and adolescent will be preventing new infections, and care and treatment to infected patients. IYDSA has a complete and well defined M&E plan, which includes the monitoring of the comprehensive care program, as well as an SMS mentoring monitoring system. Quality assurance teams monitor and validate data from the clinics on a monthly basis, identifying gaps and taking corrective action.
7 Vehicles were purchased through COP FY2011; none for COP FY 2012; 7 Total.

Cross-Cutting Budget Attribution(s)

Education	25,000
Gender: Reducing Violence and Coercion	35,000
Human Resources for Health	1,014,851

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**9609**
Mechanism Name:	**Institute for Youth Development SA (IYDSA)**
Prime Partner Name:	**Institute for Youth Development SA (IYDSA)**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	181,152	0

Narrative:

IYDSA's goal is to provide holistic care of HIV + adults and their families. This includes clinical care, psychosocial services and nutritional support. Adult care and support services are offered by roving technical teams which include a doctor, social worker and dieticians. These teams support the 102 IYDSA government facilities and home based care services. Primary Health Care nurses are trained in nutritional support, HIV care, psychosocial assessment and family support. Training of adherence monitors includes food security, counseling and defaulter tracing. The adult care and support services are offered at the allocated districts as set out by the PEPFAR realignment process. In Amathole district,

63 facilities are supported by IYDSA, 32 in Cacadu district and 7 from Nelson Mandela Metro sub district A.Client retention & referral system is key to successful management in HIV. A thorough assessment and preparation of clients is conducted prior to initiation of ART. This includes counseling, assessment of family support and assignment of an adherence monitor. In addition to psychosocial needs, physical needs of clients through facilitation of government grants and food parcels take place. During the pre-ART clients receive cotrimoxazole and INH as prophylaxis. Intensive TB, cervical cancer screening and management is also carried out at PHC facilities. All patients on pre-ART are encouraged to join support groups which are facility based. Complicated cases are referred up from PHC facilities to tertiary levels of care. Finally, Counseling and behavioral modification of PLWHA (PwP) is includedas part of the comprehensive care of the infected, and emphasis will be put on preventing the transmission of HIV through promotion of condom use, effective treatment of sexually transmitted diseases, encouraging the avoidance of high risk behavior, and constant education on dangers posed by alcohol and drug abuse. Post Test Clubs (support groups) are used as a means of engaging program entrants to maintain their health as well as that of their communities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	400,000	0

Narrative:

IYDSA shall target 102 allocated public facilities in Amathole, Cacadu and Nelson Mandela District in which a comprehensive care and treatment package including ART provision, cotrimoxazole prophylaxis and TB screening will be implemented. TB care and treatment continues to be the prerogative of the PHC system, and all efforts will focus on enhancing the delivery of TB care and TB prevention. In addition, Quality control and performance assessments will be completed by a QA team that will monitor the TB data from the clinic registers and patient folders on a monthly basis, validate, identify gaps and take corrective action. Quarterly performance assessments will also be conducted and reported to district, enhancing the monitoring and implementation of the clinical program. Finally, ; IYDSA will support TB care and prevention through training, with a focus on implementation of on-going IPT provision, through ongoing clinical mentoring. The mentoring will focus on differentiating TB screening and symptom screening and HIV/TB integration using both as entry points to care. MDT meetings and nerve centers will ensure that patients are fast tracked even where clinical support is minimal. HCW will be trained to support the IPT program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	106,299	0

Narrative:

Each school will be assigned a nurse in the revitalization of PHC systems. Each clustered facility will have a mentor assigned to keep nurses updated about prevention messaging. Gender empowerment programs will be promoted for early adolescents. To be included in school health and life skill programs as well as messaging to include delaying sexual activity, family planning, and decreasing risky behavior. The emergence of substance abuse also needs attention as it is a secondary driver of the epidemic. The post-test clubs will be used in the communities to provide parents and caregivers information on disclosing their status to their children and assisting them to de-stigmatize the disease.. The increasing tendency to defaulting and non-adherence in this age group has prompted IYDSA to create adolescent centers in the districts we support, and to model care to this group, addressing the special needs. A transition plan into adult care will also be evaluated and best practices sought for other organizations to benchmark. Community education on exclusive breast feeding and weaning practices will be intensified. A strong social compact is needed to decrease the pressure that young mothers feel to bottle feed. This will directly decrease the number of children testing positive at 18months PCR. IYDSA promote the concept of family health within the PHC system and seeing patients in isolation limits the effectiveness of prevention. This requires support for the IMCI and EPI programs. IYDSA will ensure that all the clinics offer this integrated package of care for the youth. Plans exists to expand the HCT campaign to include all children who present at the clinic using the current consent and assent guidelines of the NDOH. Efforts will be made to intensify the identify children who may have been missed at the 6 week PCR. Attention will be paid to retesting infants post weaning to ensure no children are missed. The new cadre of clinical assistants will be mentored on correct pediatric counseling by the social workers. All mentees will become competent and able to counsel youth, particular adolescents.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

IYDSA's partnership with the government includes receiving all required drugs for the program. In order to receive the government supply of drugs in our program, IYDSA has agreed to provide the government with additional support in the form of 2 Pharmacists and 12 Pharmacy assistants to pack and manage the supply of these drugs. IYDSA also assists with training of DOH staff in supply, recording and management of pharmaceutical drugs. In addition, IYDSA provides transport, communication, laptops, data recording, labels, software and printing. IYDSA maintains a buffer Stock of 600 scripts (provide by SCMS), in order to meet drug requirements in the event of stock outs, or other supply problems which may compromise the provision of drugs in the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	MTCT	284,000	0

Narrative:

SAG is committed to total elimination of MTCT of HIV by 2015. IYDSA is committed to seeing this goal achieved. The aim is to treat and manage the mother and baby pair as an effective preventive strategy. This includes the integration of PHC services withPMTCT as an entry point into prevention, care and treatment of women and children. HCT, family planning, ART and nutritional support, STI and TB management will also be provided. The strategy is to continue integrating all services within the PHC system with the main focus being partner testing; Re-testing of HIV negative women at 32 weeks of pregnancy; to Conduct PCR on babies at 6 weeks and retesting at 18 Months;and to promote exclusive breast feeding; and finally to enforce retesting post weaning. IYDSA will also support capacity building and training through NIMART mentoring support for PHC nurses with PMTCT guidelines as well as supervisory support on eligible women. The key focus is preventing transmission early in pregnancy; during delivery and postnataly. Facilities receive support which enables them to roll out ART, thereby decentralizing the services to the PHC level. IYDSA will scale up PMTCT to between 20% - 50% in FY2012.Finally, IYDSA will ensure support at all levels of care, as well as M&E of the program. IYDSA will assist in the development of the District and Sub-District PMTCT plans. These will be reviewed throughout the different stages. Roving quality control units are responsible for auditing files and registers, carrying out periodic quality control measures ensuring consistent evaluation of the MTCT program. QA teams will monitor the PMTCT data from the clinic registers and patient folders on a monthly basis, validate, identifygaps and take corrective action. Quarterly performance assessments will continue to be conducted and reported to district, enhancing the monitoring and implementation of the program. PMTCT reports generated on a quarterly basis will continue to be shared with ECDOH to improve SAG intervention strategies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,924,151	0

Narrative:

In accordance with national guidelines, IYDSA shall continue with NIMART mentoring to scale up access to treatment. Integration of treatment with TB, Maternal and Child health, PICT, Prevention and Prophylactic treatment strategies, Laboratory services, drug management, and data management will be ensured. In regards to adherence and retention of patients in care,IYDSA shall develop plans for routine assessment and evaluation of patients lost to follow up and have standard operating procedures to guide teams in addressing the loss. Plans will also include tracing of patients that have been down referred and up referred to other facilities. The target population of IYDSA will be 102 allocated public facilities in

Amathole, Cacadu and Nelson Mandela Districts. Where a comprehensive care and treatment package including ART provision, cotrimoxazole prophylaxis and TB screening will be implemented. Mentoring of PHC nurses shall ensure continued expansion of ART services and sustainability of ART service delivery. In addition, quality control and performance assessments will be performed and all patients on treatment will be closely monitored for virological treatment failure. Clients with suspected drug resistance will be tested in accordance with set guidelines. Performance assessments will include pharmacovigilance through close monitoring of laboratory tests as per treatment guidelines. Technical teams will support the tracing and monitoring of patients that are lost to follow up. Quality control units will be responsible for the periodic and randomly selected quality control audits. The findings from the quality audits and performance assessments shall be shared with the sub district and the district to help in the improvement of ART services at facilities. Finally, in regards to the transition of services to Government,IYDSA continues to provide care at four private sites, with 14 sites already having transferred all their patients to PHC facilities. IYDSA will seek to pilot a model of private clinics which will be supported and funded through the National Health Insurance system (NHI).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	320,063	0

Narrative:

NIMART training ensures that all the sites are initiating children on ART. There is no differentiation between adult and pediatric NIMART, both are implemented at all facilities. IYDSA will ensure that the basic integrated package of care is adopted, including HIV/TB integration. In addition, IYDSA will ensure that early infant diagnosis is enhanced with thorough repeat testing at 18 months. Linkages with the IMCI programs need to be reinforced, and ensure that the NDOH guidelines for ART are implemented. Mentoring teams will ensure that children under 2 are initiated on ART irrespective of CD4 count. The Continued promotion of exclusive breast feeding in HIV-infected mothers will continue to be an integral part of the program and. all supported PHC's will provide pediatric PICT. In addition, IYDSA will provide Technical Assistance to ensure that carefully-written CTX policy and guidelines for HIV-exposed/infected children are available in all clinics. IYDSA will scale up CTX prophylaxis so that 80% of children receive CTX according to the guidelines and this will be achieved through enhancing the pediatric NIMART program with focused mentoring on pediatrics. Through mentoring and performance improvement cycles IYDSA will ensure that all children eligible receive CTX prophylaxis. IYDSA will also strengthen the monitoring of the pediatric program to ensure retention in care. Many children are not followed up and many pediatric patients are lost and therefore,TA will be given to allow for continuous tracing of this cohort. M & E improvements in the pediatric cohort need to be addressed as currently the data is not disaggregated into age groups. Effective collection tools will be developed to address this issue and specialized TA will be given to establish adolescent centers for treatment as the requirements

for this cohort of patients and TA teams will ensure that a protocol is devised for this cohort to transition into adult care. IYDSA will seek to develop 4 specialized Mother, Child and Adolescent health facilities which will have all levels of clinical support from PHC nurses to pediatricians. This will ensure that all districts are able to initiate children and manage complications.

Implementing Mechanism Details

Mechanism ID: 9610	**Mechanism Name: International Organization for Migration**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,985,605	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,985,605

Sub Partner Name(s)

Agri IQ	Center for Positive Care	CHoiCe Trust
Hoedspruit Training Trust		

Overview Narrative

The project aims to reduce new HIV infections, vulnerability and risk amongst migrants and mobile populations and the communities they interact with by facilitating, promoting, and providing access to HIV and TB services, strengthening capacity, and advocating for migration policies. IOM's goals, objectives, and activities are fully aligned with the Partnership Framework and the NSP. The NSP includes migration issues as an HIV risk factor and migrants as a key population at risk. IOM implements evidence-based HIV prevention interventions targeting migrants and mobile population in Mpumalanga and Limpopo, and will extend support to Gauteng and KwaZulu-Natal, targeting migrants in hostels, migration centers, and high population density informal settlements. Support to SAG on system strengthening will focus on increasing the understanding to effectively address migration and health to improve policy development

and service delivery. Cost efficiency strategies include: implementation of evidence-informed interventions; partnerships; strengthening of local organizations; improving human capacity; and resource mobilization. Transition will include capacity building plans for phasing over of activities and shifting of roles and relationships during the four year period M&E will include target setting based on baseline data, indicators, and regular collection of key data to track progress. Data collected will be used to review project plans and develop evidence-based advocacy interventions. IOM's support to SAG will also facilitate country ownership and build capacity for provincial health departments to adhere to international human rights and guidelines on migrant health issues. Impact assessment will be conducted at the end of the project cycle.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	40,000
Food and Nutrition: Commodities	20,000
Gender: Reducing Violence and Coercion	35,000
Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Workplace Programs

Budget Code Information

Mechanism ID:	**9610**
Mechanism Name:	**International Organization for Migration**
Prime Partner Name:	**International Organization for Migration**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	375,605	0

Narrative:

IOM's care and support program improves the physical, mental, and social wellbeing of HIV positive migrants, their families, and communities by providing referrals to gain access to psychosocial support, linking migrants to treatment services for opportunistic infections and ART. Focus will be on working with SAG to advocate for migrant health sensitive policies to be used at local level and to strengthen government and community systems to respond to the care needs of migrants and their families. IOM will work with target local municipalities to address social determinants of health such as food security, healthy living environment, and access to clean water and sanitation for migrants. IOM will provide TA to strengthen SAG's role in contributing to harmonizing HIV prevention and treatment responses in the SADC region. Main geographic coverage will be Limpopo (Vhembe, Mopani, Waterberg districts), Mpumalanga (Nkomazi), Gauteng, and KwaZulu Natal. 5,000 migrants will be reached with a minimum care and support package. Activities will address structural and environmental factors, including the development and implementation of migrant sensitive and responsive treatment and care policies and programs. IOM will also support SAG participation in regional and global efforts to address HIV and communicable diseases affecting mobile populations, and will provide support to implement and monitor the WHO Assembly resolution on Migrants Access to Health. At the local level, IOM will address food security, provide assistance to local farm owners to create food gardens, teach life skills to generate income, and provide links to support groups. IOM will provide training of change agents on community/ home based care and to provide psychosocial support. IOM will also continue with assisted voluntary returns for sick migrants linking with the IOM Irregular Migration Project, which supports prevention packages for HIV positive individuals. IOM will strengthen linkages and integration between HIV prevention with sexual reproductive health services, HIV Counseling and Testing (HCT), and TB programs to ensure a continuum of response.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	200,000	0

Narrative:

Migrants live and work in conditions that facilitate TB infection and other communicable diseases in farm compounds, hostels and informal settlements. IOM will align the program with the national TB strategy which focuses on the 3'I (Intensified active case finding, Isoniazid Prophylactic Treatment, and Infection control). Activities will address barriers to accessing health care services through advocacy, communication and social mobilization. Structural interventions include creating an enabling social and policy environment for migrants and affected communities. Support groups for TB affected individuals will be established and these will be used as a nexus for implementing various social and economic empowerment programs and will be linked to support groups for HIV positive individuals who are co-infected to ensure a continuum of response. TB information and education will be provided using various communication tools. These tools will be used to facilitate community dialogues and action to addressing the underlying factors contributing to HIV and TB transmission at a local level. A cadre of change agents will be recruited and trained to conduct basic TB screening and DOTS support. These will be linked to other government programs such as the community care/development workers, and expanded public works program and contribute to the revitalization and reengineering of PHC. Referral networks and partnerships with other local service providers will be strengthened to ensure a continuum of car

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	150,000	0

Narrative:

Focus at national level will strengthen SAG HCT systems to support direct delivery of HCT services at local level to migrant workers in target commercial farms. IOM will provide TA to SAG to develop strategies and programs for migrants working in commercial farms in Limpopo (Vhembe, Mopani, Waterberg districts) and Mpumalanga (Nkomazi). IOM's program will support the SAG HCT strategy to target hard to reach populations especially migrants in informal settlements and hostels. IOM will work through the relevant provincial, district and sub-district level structures to design, implement, and monitor HCT interventions on farms, including development of advocacy, communication and social mobilization strategies. In collaboration with sub-districts, support will also be provided to training of lay counselors within the target population (i.e. training change agents as lay counselors) to support HCT campaigns for migrant workers. Direct financial support will be provided to local CBOs serving as implementing agencies to provide outreach HCT services to migrant workers. This will include a full package of services including promotion of HCT services, test kits (where the SAG does not have sufficient supply), and logistical support. 10,000 migrants will be reached, with at least 5,000 testing and receiving their results. HCT services will include a wellness screening package with the key focus being on HCT and will be conducted in partnership with the local PHC services and linking migrants to local health services,

care and support networks. IOM will support post-test clubs and provide referrals to medical male circumcision (MMC) services, prevention of mother-to-child transmission (PMTCT), ART, TB prophylactic treatment, psychosocial support, and prevention packages including condoms. In Limpopo specifically IOM will continue to link migrant to PEP services due to high levels of GBV and rape in Musina along the Zimbabwe border.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,260,000	0

Narrative:

The focus of IOM's program is to implement HIV, STI and TB intervention in migrant areas such as commercial farms, mines, urban/peri-urban informal settlements, and border communities. Focus target areas are in Limpopo (Vhembe, Mopani, Waterberg districts), Mpumalanga (Inkomazi), and from 2013 in KZN and Gauteng targeting hard to reach areas. Support will be provided to SAG to address structural, environmental, and individual barriers to social and behavioral change, and to facilitate access to health services and address gender equity. IOM will advocate for policy/ legal frameworks responding to migrants' rights to access health services, protection, and access to basic services. IOM will support the target provincial governments to regularize undocumented migrants and strengthen coordination mechanisms on migration issues. IOM will strengthen the capacity of service providers and CBOs to facilitate migrants' access to health services, support health management teams to incorporate migration health issues into district health plans; and support development and implementation of migration sensitive workplace policies and programs in key migration sectors. Change agents will be trained to facilitate the development and dissemination of local messages which are culturally sensitive and use appropriate languages yet based on scientific facts. IOM will support CBOs to distribute male and female condoms with relevant HIV prevention messages in target commercial farms, informal settlements, hostels and migration centers. Billboards, posters, and pamphlets will be used as additional communication channels with migrants and mobile populations. Messages will highlight HIV risks and vulnerability in migrant settings addressing multiple sexual partnerships, transactional sex, norms on masculinity, and gender based violence. Training and capacity building programs will be aligned with relevant national qualification framework and other services such TB, PMTCT and HCT will be linked and integrated.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,367,086	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,367,086

Sub Partner Name(s)

Zoe-Life		

Overview Narrative

McCord Hospital provides comprehensive integrated outpatient HIV/AIDS and TB prevention, care and treatment. The intervention has managed to keep the MTCT rates as low as less than 3%. Since 2004, 16,000 patients have been provided with care while 8000 have been put on treatment. a cohort of 4500 patient including 800 pediatrics remain in treatment. In the last year, McCord has provided MMC to about 6000 men as an intervention to prevent HIV.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Military Population
Mobile Population
Workplace Programs

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	100,000	0

Narrative:

None

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	200,000	0

Narrative:

Mccord has about 800 pediatrics in treatment. This includes teenagers. care will be provided to all children above one year who are not yet elligible for treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	482,282	0

Narrative:

Since the inception of MMC in 2011, 3000 men were circumcised. Mccord will continue to increase volumes of men aged 14 and above for MMC. The men are counseled and tested for HIV prior to MMC and those who test positive are referred for care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	300,000	0

Narrative:

A cohort of 4500 patients including 800 pediatrics will be transitioned to government and other facilities. McCord will limit new enrollment to treatment to only hospitalized patients. McCord will continue to see only complicated cases and adverse events.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	284,804	0

Narrative:

South Africa has a general challenge of pediatrics care and treatment. Even with NIMART training, most facilities still have a challenge of initiating children on treatment. During this period, McCord will continue to initiate and retain children on treatment. this will be coupled with mentorship and support to the nearby health facilities to enable them to initiate and retain children on treatment.

Implementing Mechanism Details

Mechanism ID: 9816	**Mechanism Name: PATH AIDSTAR**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Program for Appropriate Technology in Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,000,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

Health and Development Africa	International HIV/AIDS Alliance	

Overview Narrative

The goal of the project is to improve the care, support, and protection of OVC through increased knowledge, abilities, and wellbeing of those responsible for the care and protection of OVC at the household and community level across all of South Africa by addressing the often unmet psychosocial and skills development needs of 500 caregivers annually. The project comprises a comprehensive response to the psychosocial needs of caregivers, incorporating skills to leverage effective responses to child protection violations.

This is in line with the USG-SAG Partnership Framework stated in Goal 2: “Increase life expectancy and improve the quality of life for people living with and affected by HIV and TB”; and objective 2.3 states “Mitigate the impact if HIV and AIDS and TB on individuals and communities” which includes the activity c) Strengthen the provision of psychosocial support by SAG. The USG’s role is to strengthen the capacity of SAG and civil society to do this.

The project is focused on sustainable capacity building by developing three curricula which have been accredited by the Health and Welfare Sector Educational Training Authority. This ensures that participants get credits for the training, thus improving their qualifications and potential career growth.

The project is becoming cost efficient as Provinces are now contributing to the training. To facilitate this process, the project developed a user-friendly budgeting tool for districts and provinces to estimate appropriate funding requirements.

The project is monitored by using pre- and post-test results of the trainees and overall program reviews are held semi-annually with all stakeholders.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9816		
Mechanism Name:	PATH AIDSTAR		
Prime Partner Name:	Program for Appropriate Technology in Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	2,000,000	0

Narrative:

PATH is the prime partner in a consortium called “Thogomelo” (Venda for "caring" or "taking care"). Thogomelo includes Health Development Africa (HDA) which provides leadership in developing and applying guidelines and training materials to support OVC in South Africa and liaising with SAG. The International HIV/AIDS Alliance provides capacity building and monitoring and evaluation. The project works closely with the Department of Social Development and stays aligned with national goals and objectives.

The project has developed three curricula to address the needs of community caregivers. 1) Psychosocial Skills and Child Protection Skills Development; 2) Child Protection Skills Development Program 3) Psychosocial Skills of Supervisors. The project has successfully met the target of training 500 care givers but also pursued accreditation of the curricula and materials by the Health and Welfare Sector Education Training Authority (HWSETA) to sustain training after the project is completed.

These materials are being introduced in a cascading skills training program for caregivers throughout South Africa. In addition to the learner and facilitator guides, the curricula are supported by a range of materials including a child protection guidebook, a CD-ROM outlining child protection policy, a psychosocial support diary, a guide for community caregivers on psychosocial wellbeing; a consolidated report of the Rapid Assessment Phase of the project; case studies for good practice on the design of an

accredited curriculum in psychosocial support for community care givers and development of training service provider capacity. Further emphasis will be placed on documenting and disseminating evidence of best practices. Thogomelo will focus on capacity building during the remainder of the project. Capacity building activities are planned for the 12 training service providers to ensure they have qualified Assessors, Facilitators and Moderators to effectively conduct the certified training. In addition the project will continue to work with the National Department of Social Development to institutionalize the training and with the provinces and districts to provide guidance on effective budgeting of activities.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

CHAPS	Desmond Tutu HIV Foundation	HIVSA
KidzPositive	Perinatal HIV Research Unit	Singizi
University of Cape Town	University of Stellenbosch, South Africa	

Overview Narrative

This mechanism is ending in FY 2012. narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

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	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Care	PDCS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	0	0
Narrative:			
None			

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	0
Narrative:			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,205,190	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,205,190

Sub Partner Name(s)

Global Clinical and Viral Laboratories	Malls Asset Management	Nursing Services of South Africa

Overview Narrative

The PEPFAR-funded CAPRISA AIDS Treatment (CAT) Program started in 2004 with two innovative approaches; integration of AIDS care with TB treatment at an urban TB clinic in eThekwini and a nurse-driven AIDS care service in a rural community in Vulindlela. Specific objectives include; expanding access to HIV counselling, care and treatment activities by supporting the South African Government health services in the Vulindlela sub-district and in facilities in eThekwini, strengthening the programme of

pre-ART care in the facilities we support, maintaining survival or AIDS free events in 85% of the enrolled population for up to 12 months of follow-up in facilities we support, supporting counseling and testing activities, specifically for TB-HIV co-infected patients, adolescents and young women in Vulindlela, expanding MMC and other HIV prevention interventions in an effort to prevent new infections and halt the further spread of HIV, expanding TB HIV integration services, and TB prevention services in the facilities we support, which includes implementing quality improvement strategies in facilities managing drug sensitive and drug resistant tuberculosis, conducting operational research via our PHE award on improving our understanding of recurrent tuberculosis on populations on ART, and improving access to sexual reproductive health services among adolescent girls by facilitating specific counseling among these populations on: know your HIV status, delaying sexual debut, self- reporting of STI's and facilitating referral for contraceptive services. CAPRISA will also conduct research and improve quality of services as they relate to systems strengthening in the response to TB and HIV.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,389,032

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	9821
Mechanism Name:	CAPRISA
Prime Partner Name:	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	69,668	0

Narrative:

The CAT program will support SAG facilities in prolonging and optimizing quality of life of HIV-infected adults and their families. -Integration of TB-HIV services- CAPRISA has gained years of experience and clinical expertise in TB-HIV co-infection and patient management. The NIMART Mentoring program will serve as the conduit through which this expertise is transmitted to PHC nurses. - Nutrition assessment will be implemented to identify vulnerable patients eg. poor nutritional status, children, pregnant women and TB co-infected. Those identified will be followed up with specific nutrition counseling and support - Provision of peer support groups and psychosocial support will be maintained within CAPRISA's current ART –related activities - All HCT patients accessing health services, will have a TB symptom screen. Patients positive for HIV or TB will be rapidly linked to treatment and care services - Field DOT program – This community project conducts door to door visits and CCGs offer support and treatment supervision to patients hence reducing patient load and decreasing costs to the patients for accessing care and increasing Treatment adherence -Patient retention and referrals-CAPRISA has well established linkages with DoH facilities to make referrals. The CAPRISA program has a retention rate of >90%. Development of tools, standards for retention and monitoring and evaluation of patient outcomes have served to improve and inform retention strategies. The mentoring program will include training on lessons learned from the CAPRISA Cohort Retention team. Pre-ART registers will be implemented to reduce pre-ART losses to follow-up, morbidity and mortality. -Monitoring and Evaluation- assist the SAG facilities that we support, CAPRISA staff will provide mentorship for analysis of program data , data audits, on site supervision of M&E officers and building technical skills (e.g. computer skills, data capturing skills).-The PWP strategy is ongoing with targeted efforts aimed at reducing transmission of HIV from PLWHA through counseling, education, motivation and monitoring of critical aspects patient high risk behaviour, clinical care and treatment adherence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	752,103	0

Narrative:

The CAPRISA program will provide technical assistance to support the expansion, decentralization and integration of TB and HIV services. - Symptomatic TB screening for contacts of TB patients in health services and linkage to care will be strengthened. TB HIV co-infected patients(including MDR/XDR) who default clinic appointments will be traced after missed visits- Advocacy Communication and Social Mobilisation- Expand current advocacy and social mobilisation activities with respect to increasing awareness of TB, STI's and HIV, aimed at changing and encouraging health seeking behaviour with respect to reducing risk to these diseases among those unaffected and increasing access to diagnosis, care and support for those affected by these diseases

- All pregnant women and children accessing health facilities will have access to HCT and TB screening. Patients that screen positive for TB or HIV will be linked to care and treatment services. Services PLWA not yet eligible for ART include short PMTCT, IPT and cotrimoxazole. - Processes ensuring uninterrupted supply of drugs using iDART technology, will be expanded. This includes ordering procedures, manual stock card management systems with routine inventory checks aimed at effective drug supply chain management to the patients under our care.- Expand coverage of HIV testing in TB patients, and TB screening in HIV infected patients

-Implement a program of treatment literacy and adherence support for TB therapy and ART -Provide technical support and training for expansion of for Nurse initiated management of integrated TB and HIV care-Implement a TB preventive strategy in HIV infected patients by incorporating the 5 principles of TB infection control, IPT rollout in HCW's and HIV infected patients, intensified case finding and contact tracing, integration of HIV and TB services, and early initiation of treatment in HIV TB co-infected patients.-Offer technical capacity to strengthen systems with respect to monitoring and evaluation activities: Ensure high quality data on national registers, and conducting data audits aimed at improving quality of routine patient data.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

CAPRISA will support systems strengthening specifically in response to TB and HIV by conducting specific research in aimed at improving our understanding of TB HIV co-infections in order to tailor health and wellness interventions appropriately, improving quality of services offered by ensuring that patients are screened for TB and HIV, receive results promptly and that all patients diagnosed with TB and HIV receive the appropriate care and follow-up, providing training and mentorship to PHC facilities in the geographic area we support to ensure that the community based facilities are capacitated to provide

comprehensive package of services for TB and HIV,strengthening patient tracking systems and supporting Monitoring and Evaluation systems by direct supervision and data audit systems.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	900,000	0

Narrative:

The CIRC program will prioritise young male learners between 15-20 years to increase access of MC within a context of comprehensive HIV risk reduction and sexual reproductive health services. Increasing coverage of MC in this group will have a substantially higher impact on reducing HIV infection rates in the Vulindlela community through additionally impacting HIV infection rates in young women. A range of activities that will provide safe high quality MC service with a client support system includes: 1. A multi-pronged approach to community outreach that is not limited to:
o Distribution of materials i.e. pamphlets o Meetings with relevant groups i.e. school learners, school leadership, parents, adolescents, men from the communityo Providing information about HIV/AIDS and the role of MC in reducing this risk and where MC services can be accessed. 2. A clinic with multiple surgical bays geared to provide 10 MCs per day and 60 MC's per Saturday as part of a comprehensive HIV prevention package i.e: o MC education and counselling on risk reduction and safer sex with provision of condoms o HCT and appropriate referral if required o Provision and promotion of male and female condoms o Comprehensive medical examination including STI screening and syndromic treatment and TB screening
o Efficient patient schedulin o The use of electrocautery and the forceps guided method o Follow-up post surgery with 24hour emergency support o Post-operative review at 2days, 7 days and 21 days with a non-compulsory visit between 1-6 months post surgery. HIV test will be offered and HIV risk assessed. o Adverse events will be noted and post-surgical recovery will be assessed. 3. Expansion and accessibility of services is facilitated through providing HCT, screening and conducting reviews at the schools and local PHC clinics. 4. Monitoring and evaluation through rigorous record keeping with quality assurance being monitored by a Specialist Surgeon/Urologist.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	400,000	0

Narrative:

The CAPRISA program will implement a School-based initiative of Sexual Reproductive Health (SRH) services in Vulindlela. There are 42 secondary schools in the district with 6 high schools that have an

estimated enrolment of 1970 adloscent girls who will be targeted to pilot this project. The girls are aged between 12 and 22 years old. CAPRISA monitors, as part of ongoing epidemiological studies, the temporal trends in HIV infection in the Vulindlela sub-district and this research has consistently shown a very high HIV prevalence in the district with young women being most at risk for HIV infection. Description of the intervention: The following activities are therefore planned for this project: A mobile unit will be placed at some of the schools to provide a comprehensive Sexual Reproductive Health (SRH) service to the learners. The services offered will include:• STI screening and syndromic management thereof;

• Voluntary HIV testing with pre- and post-test counselling;• Fertility control counselling and service provision;

• Pregnancy testing and referrals where required;• Provision of male and female condoms;• Linkage to care for those who may test HIV positive;How activities are linked to other services: The provision of SRH is a part of other HIV prevention and health services offered at the CAPRISA Vulindlela Clinic that includes:• Medical Male Circumcision• Support services for HIV infected individuals and their families• Infant, Adolescent and Adult treatment, support and care

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,083,419	0

Narrative:

The CAT program will implement a range of activities to strengthen the availability of treatment for adult HIV infected patients at PHC facilities.This includes 1. A structured mentorship program - where nurses at PHC's will be offered hands on training on Nurse Initiated Management of ART (NIMART), management of HIV associated complications and implementation of guidelines for chronic care management and treatment of HIV, Guidelines on TB management, and guidelines on TB prevention, among others.2. CAPRISA staff will provide on - site supervision and training on optimizing clinical processes, clinic flow, and integration of HIV into existing health services. This will facilitate continued expansion of services. 3. Targeted activity toward strengthening systems specifically with respect to and monitoring and evaluation activities; implementation of the Tiered M and E system, and data audits aimed improving quality of routinely recorded and reported performance measurement data.4. Tracking of performance measurement data over time, to identify program weaknesses. This information will be used to improve quality and efficiency of service delivery at the SAG facilities where we work.5. CAPRISA has developed both excellent tools to enhance patient adherence to treatment, and tracking patients' retention in our programs. These skills and tools will be transferred to sites we support to

strengthen existing tracking systems. 6. To expand coverage of HIV services, including the provision of ART, cotrimoxazole prophylaxis, and TB screening to adolescents and young women in rural communities and TB HIV integration services, including ART and cotrimoxazole, to TB HIV co-infected patients.7. To provide health systems strengthening including human resources and ART services including laboratory monitoring where not available, to support the provison of ART to patients.

Implementing Mechanism Details

Mechanism ID: 9827	**Mechanism Name: 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

University of Fort Hare		

Overview Narrative

This mechanism is not receiving an FY 12 budget but is included here to provide FY 12 targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9827**
Mechanism Name:	**Nurse Capacity Project Follow-on**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	0	0

Narrative:

None

Implementing Mechanism Details

Mechanism ID: 9832	**Mechanism Name: AIHA**
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 Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 875,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	875,000

Sub Partner Name(s)

Emory University	University of Colorado	University of Pretoria, South Africa
University of the Witswatersrand	Walter Sisulu University	

Overview Narrative

The Twinning Center is a PEPFAR-supported American International Health Alliance (AIHA) program that effectively and rapidly supports local capacity to train needed Human Resources for Health (HRH) and strengthens health related institutional systems. The Twinning Center will support the development of various health professions education programs, including Clinical Associates, a new cadre of mid-level health workers to provide HIV and AIDS prevention, care and treatment as well as other public health services, particularly in rural areas. This program will contribute to the objectives of the USG-SAG Partnership Framework. The program will provide a needed infusion of HRH, facilitating deployment of HRH needed to support PHC re-engineering. Geographic coverage is national as Clinical Associates and other supported cadres will be trained and deployed throughout the country, and target populations include rural populations and HIV-positive people and their families. Resources will be targeted to programs with greatest need, and US partners will donate significant in-kind contributions. The program will strengthen programs at South African universities which are fully supported with local funds, and staff posts will be created at DOH so graduates have places to work in facilities throughout the country, ensuring local ownership. The program will support M&E efforts at all universities to document the quality of training and the impact of graduates on the South African health system.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	875,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9832**
Mechanism Name:	**AIHA**
Prime Partner Name:	**American International Health Alliance Twinning Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	875,000	0

Narrative:

In FY12 the Twinning Center will develop the capacity of South African universities to train Clinical Associates and other cadres, contributing to the overall PEPFAR goal of deploying 140,000 additional healthcare workers into the field (±13,000 in South Africa), and addressing the shortage of 83,043 health workers as identified in the NDoH Human Resource Strategy for the Health Sector. The program will continue twinning partnerships linking the three universities currently training Clinical Associates (UP, Wits and WSU) with US universities training physician assistants (Arcadia, Emory and Colorado). The partnerships will focus on improving the quality of the programs through curriculum development, faculty development, quality improvement, etc. while scaling up student enrollment where possible. The Twinning Center will establish additional twinning partnerships linking South African universities launching new Clinical Associates programs (Stellenbosch, UFS and UKZN are considering starting the program) with selected US universities training physician assistants. Adding new programs will increase the student pipeline. The twinning partnerships will leverage significant in-kind contributions of professional time and other resources from US partners.

The Twinning Center will continue to support the Clinical Associates Forum of all participating South African universities to collaborate on cross-cutting issues that affect the establishment and sustainability of the profession. The Forum will address needs related to professional association building, advocacy,

career pathing, student assessment, volunteer preceptors, data collection and coordinated research. The Forum will provide the South African universities with the opportunity to meet and discuss best practices and lessons learned, and coordinate strategies for the future of the programs and the profession. The Twinning Center will support national mechanisms to address issues crucial to the success of the Clinical Associates profession, including establishment of public health posts for graduates; administrative, financial and human resource management for the new profession; and proper orientation and introduction of graduates to management and healthcare teams in district hospitals. The Twinning Center will facilitate regular national coordinating meetings for DOH, participating universities, and other stakeholders to address these and other issues in support of the introduction of this new cadre of health worker in South Africa.

The Twinning Center will provide direct technical assistance to the Clinical Associate program. Through its Volunteer Healthcare Corps (VHC) mechanism, US experts will be deployed on mid-to-long term field assignments to conduct courses/training for Clinical Associates and provide mentoring to local staff to increase their capacity to teach and support the program. The Twinning Center will direct efforts to increase access to online and offline information resources (including clinical practice guidelines) for faculty and students, and provide training to ensure that students improve information literacy and IT skills and utilize the available evidence to inform their studies and practice. Twinning partnerships, VHC experts, and information resources support may be implemented in support of initiatives for other cadres of health workers, such as pharmacists, pharmacy assistants and pharmacy technicians.

Implementing Mechanism Details

Mechanism ID: 9865	**Mechanism Name: NDOH 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	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 7,950,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	7,950,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The National Department of Health (NDOH) is the implementing agency for health services within the public health sector. It's chief responsibility is to ensure the delivery of quality, affordable and accessible health services at primary, secondary and tertiary level in accordance with the national 10 point plan for health. Over the past year the NDOH through the Cooperative Agreement with US Center for Disease Control and Prevention has been able to expand and strengthen primary health care services to improve access to quality HIV and AIDS services in the public sector. Through this agreement employment of data capturers through recruitment and retention program to be placed at PHC facilities to improve the quality of data recording and reporting with priority given to HIV/AIDS and TB services; and funding of community based organizations (CBO) including faith based organizations (FBO) to provide HIV prevention services to the youth; health system strengthening, Pharmacovigilance; TB prevalence survey; TB/HIV; and Medical Male circumcision. No vehicles have been or will be purchased.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Principal Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HBHC	Humana and TAC	1073316	Establish & support community structures with education, produce & distribute manuals. Undertaking outreach activities to promote utilization of HCT
HLAB	NHLS	14292832	Carry out TB testing using GenXpert technology
HTXD		48811300	Establish & support central procurement

			unit. Support all provinces with procurement forecasting & supply chain management
HVCT		153934	Distribute condoms in public & NGO sectors
HVTB		2006765	Strengthen HIV/TB monitoring & evaluation. Train & capacitate HIV TB staff to improve quality control
MTCT		9534400	Strengthen PMTCT services. Capacity building of community health care workers on integrated PMTCT

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**9865**		
Mechanism Name:	**NDOH CoAg**		
Prime Partner Name:	**National Department of Health**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	200,000	0

Narrative:

South Africa has one of the largest treatment programs in the world. There is however a need to increase access to ART. The government has adopted NIMART as a strategy to increase access to treatment. The NDOH is involved in strengthening Primary Health Care services and the development of a comprehensive care package for people living with HIV. The 'Increasing Access to Care and Treatment (I ACT) funding will support:

• NIMART training in all 9 provinces
• Printing and distribution of revised guidelines for ART
• Support the national quarterly working group meetings on 'I ACT'
• Support re-engineering of PHC with a comprehensive care package for people living with HIV
• Support provinces and grassroots for implementation of the 'I ACT' and the comprehensive care package

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	1,000,000	0

Narrative:

South Africa has 70% TB prevalence amongst patience with infected with HIV. NDOH has recently introduced a program specifically focusing on TB and HIV co morbidity with the intention of ensuring that patients with both HIV and TB are prioritized and receive medical attention. South African President Jacob Zuma has announced during the World AIDS Day in 2009 that both pregnant women infected with HIV and patients infected with both HIV and TB should be fast tracked into the treatment. According to the NDOH data which is collected on routine basis very few people infected with TB and HIV and fast tracked into the treatment. NDOH and its partners i.e. PEPFAR, Global Fund, etc. are supporting and working on several strategies to minimize this challenge. Funds will be used to support strengthening of laboratory services that are needed to implement TB/HIV programs to ensure effective health systems response to appropriate and timely referral and counter referral. Activities will include:

• Training and roll out of the new v2.0 ETR.Net and EDRweb to all 9 provinces, TB/HIV training (including PALSA+ training to four districts and IPT training), infection control/occupational health risk training
• Printing of strategic materials to guide and advance the TB/HIV program nationally. Materials can include policies, guidelines, educational materials, reports, monitoring and evaluation tools/registers and other publications/posters
• Support NDOH quarterly meetings with provinces to discuss TB/HIV related issues
• Infection control activities
• TB/HIV assessments

- Kick TB evaluation
- Support for PALSA-plus activities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	900,000	0

Narrative:

Laboratory services play a critical part in health care system of any country. Laboratory services comprises of three phases ie. the pre-analytical phase, the laboratory testing phase and the post-analytical phase. The pre- and post-analytical phases occur in a public health facility and the laboratory testing phase occurs inside a laboratory. In South Africa, the National Health Laboratory Services (NHLS) is responsible for all public health laboratory testing. While the NHLS is strengthening and improving their challenges that occur inside a laboratory setting, to observe an improvement in the entire laboratory cycle, it is critical that the pre- and post-analytical phases are also strengthened. The pre-analytical phase included evaluation on specimen collection, infection control, specimen cold-chain management, proper completion of requisition forms and the post-analytical phase included result management and record keeping. However, since HIV Rapid testing occurs inside a public health care setting, this process was also evaluated.

A non-governmental agency was tasked to do an evaluation of the gaps and challenges with the pre- and post-analytical phases in public health care services. Gaps and challenges were identified and recommendation where made by the respective NGO. CDC funds will assist NDOH to continue implementing recommendations made by the respective NGO. The implementation will include salary of the Laboratory Technical Assistant, training of POCT, External Quality Assurace (EQA) program and protocols, and other activities.

The NDOH is also in process of improving the diagnostics for TB through procurement of Gene Xpert machines. Current diagnostics for active TB are limited by cost, complexity, long diagnostic time, poor sensitivity or poor specificity. A point of care, affordable, easy-to-use, highly sensitive and specific test for active TB, analogous to HIV rapid tests, is urgently needed. NDOH has already started to procure these machines but will not be enough for all the facilities. Therefore some of this cooperative agreement funds under this program will be utilized in such procurement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Governance and Systems	HVSI	2,500,000	0

Narrative:

FY 2012 funds will be utilized to hold two national M&E workshops with all provinces and district represented discussing M&E implementation progress, challenges and strategies to overcome challenges.

South Africa has the largest ART programme globally with over 1.2 million people on ART. Until recently standardised tools have not been available to manage the facility level ART data. In December 2010 South Africa's NDOH introduced the Tiered ART Monitoring Strategy comprising of a paper-based (Tier 1), non-networked (Tier 2) and networked system (Tier 3) for patient monitoring in line with the WHOs 3 Tiered ART M&E strategy.

The expansion of HIV/AIDS services to PHC level has put severe constraints on the national health budget. This is coupled with the global financial crisis. However, the NDOH embarked on a program to train data capturers to be placed at facilities within the PHC system to improve the recording, collation and reporting of health indicators with a special emphasis on HIV/AIDS and TB. Funds will be used to support the implementation of the tiered HMIS strategy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,500,000	0

Narrative:

Since the HIV was identified in South Africa, the NDOH has introduced a number of programs to provide prevention, treatment care and support services to patients infected and affected with HIV and AIDS. The NDOH under the leadership of the Minister of Health, Dr Aaron Motsoaledi, and together with provincial leaders is embarking on an urgent process PHC reengineering with the aim of effecting both short and long term sustainable improvements in the access to, and efficiency and quality of PHC services. CDC funds will continue to support this program by the payment of salaries of the PHC coordinators who will be placed at provincial level.

Othe activities to support strengthening of the PHC re-engineering model will be implemented in collaboration with the SAG.

The Clinical Associates program has been successfully launched at the University of Pretoria and Walter Sisulu University with PEPFAR funding. Some of these funds will be used to support UKZN to develop

this program and graduate new Clinical Associates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	300,000	0

Narrative:

The NDOH has set aggressive goals for medical male circumcision and is employing a “catch up” strategy to ensure that 80% of HIV-negative South African men aged 15-49 (approximately 5-6 million) are circumcised as part of a package of HIV prevention and sexual/reproductive health services within the next five years. CDC is working closely with the NDOH on strategic planning and development of guidelines and is currently funding implementing partners to perform technical support services ranging from communications to training, as well as funding service delivery partners at public, private, fixed and mobile facilities. The NDOH is leading the national MMC program and responsible for significant coordination and information gathering and dissemination. Circumcision-related activities to be included in this award are:

Printing of strategic MMC program documents
Printing of strategic materials to guide and advance the MMC program nationally. Materials can include policies, guidelines, standardized quality assurance (QA) tools, educational materials, reports and other publications.

Coordination of stakeholder meetings
In its capacity as lead of the country’s MMC program, NDOH will organize periodic stakeholder consultations a) review MMC strategy, estimate MMC prevalence; identify gaps and synergies across SAG, donors, and implementing partners; b) plan, coordinate and implement the neonatal MMC and pMTCT integration; c) to finalize and validate MMC standardized quality assurance (QA) tools; and share lessons learned across all sites. Activities to include securing of venue, invitation of participants, development of relevant meeting materials, mechanisms for collecting and disseminating meeting minutes and reports.

Monitoring and evaluation
Development and execution of monitoring and evaluation (M&E) tools and processes to track and enhance the MMC program, to include (but not limited to) development and ongoing modification of the following:
o monthly reporting forms and databases,
o standard MMC register, and adverse event surveillance system.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	0

Narrative:

In the last three years the Peer Education Program has been successfully implemented 3provinces (Mpumalanga, Limpopo and North West) Most provinces have indicated a need to have peer educators trained in their provinces. The NDOH is planning to roll out the program in all the nine provinces. The plan is to have 8 master trainers trained for each province. The NDOH would like to develop a standardized peer education curriculum and materials; that will be utilized by all. The NDOH will need to appoint a consultant to compile the curriculum and the materials for the implementation of the program. Technical advice and assistance will be required from CDC.

Integrated School Health Program
The NDOH will be assisting provinces to implement The Integrated School Health Program. The Department is planning to have 3 tri-provincial consultative meetings and one national meeting. The objective of these meetings is to assist and strengthen the Provincial, District and Local Task Teams on drafting their own implementation plans and finalize these plans at the National Consultative meeting for the Integrated School Health Program. Some of the activities to be done are mapping of resources, identify quintal 1 and 2; disadvantaged schools, development of the core packages and monitoring and evaluation.

Monitoring Quarterly Meeting Workshops:
4 national monitoring meetings for the Integrated School Health Program will be conducted to monitor the progress on the implementation of the program, share lesson learned, identify gaps that province needs support from the National task team as well as challenges that provinces are experiencing in the implementation of the program and plan on how these can be addressed.

Capacity building of Integrated School Health
The NDOH would like to appoint a provincial focal point person for youth services in all the 9 provinces. The role of this person will be to support the development and processes of the implementation of Integrated School Health Program, support the province to strengthen effective Provincial, District and local implementing structures of the program including monitoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	400,000	0

Narrative:

In the effort to strengthen HCT services in health facilities, NDOH plans to provide PICT and CHCT Master and basic trainings to health care providers and SAG partners through the Regional Training Centers; provide basic HCT training to lay counselors through the Regional Training Centers; and printing of all training manuals. NDoH will also convene a National PPM Seminar that will bring together various USG agencies, PEPFAR supported implementing partners, National Department of Health and private health sector involved in the HIV programs, to enhance the role of the private sector in the delivery of provider Initiated HIV counseling and Testing. In addition, to ensure synergy of activities, NDoH will host lay counselor HCT and QA consultation meeting to improve the quality of counselling; systems and data .These efforts should see HIV testing increasing from 3% to 50% of patients being tested in health facilities as a standard of care.

• NDOH plans to strengthen the testing of children. Health care providers will be trained on how to appropriately counsel children and test them for HIV following the guidelines.

• Lastly, NDOH plans to strengthen the implementation of couple HCT and home-based HIV testing together with linkages to care, support and treatment so this funds will be used to execute these activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	80,000	0

Narrative:

The NDOH has been involved in the Adaptation and pilot of the FMP by CDC through its partners by attending planning meetings and training workshops. The department have observed the impact of this program in areas where it is currently being implemented where it capacitate, teach and develop skills of parents and caregivers of the children between the age of 9 to 12 yrs old on how to communicate effectively with their children about sexuality and values. FY 2012 funds will be used capacitate NGOs to implement the FMP program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	300,000	0

Narrative:

Out of the 48 million people currently residing in South Africa (SA), over 5.7milllion are infected with HIV. Among those living with HIV it is also estimated that 240 000 are children under the age of 15. As of June 30th, 2008, approximately 500, 000 people were on ART in the public and private sector; approximately 9% of those on ART were children. South Africa is still one of the countries that are still experiencing very high infant mortality rates, which might be attributable to HIV exposure or infection in

infants. Follow up of HIV exposed infants in South Africa is beyond 6 week is still a challenge, most of the infants do not access the final confirmatory test at 18 month after initially testing HIV negative at 6 weeks. Of the infants that test HIV positive, access to ARVs is often difficult due to few sites that initiate ARVs in children.
Funds will support the implementation of the pediatric guidelines and strengthen PICT in children and improve access into care and treatment for children through IMCI training, task team meeting, providing support to the provinces and districts as well as building the capacity of managers at NDOH to support and monitor the program. Activities will include:

• Printing of IMCI training manuals
• Supporting psychosocial support training
• Printing of job aids and patients IEC material on psychosocial support for children infected by HIV
• Sponsor two pediatric trainings for NDOH program managers
• Sponsor two international pediatric conference for 2 program managers at NDOH
• Formation of the pediatric task team to review guidelines
• National Quarterly steering committee meetings for Paeds
• TOT for pediatric CCMT (IMCI) to all provinces
• Printing of integrated postnatal care IEC materials (posters and baby registers)
• Support National Quarterly steering committee meetings for Paediatric HIV treatment and care

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	270,000	0

Narrative:

South Africa has one of the largest treatment programs in the world. There is however a need to increase access to ART. The government has adopted NIMART as a strategy to increase access to treatment. The NDOH is involved in strengthening Primary Health Care services and the development of a comprehensive care package for people living with HIV. The 'Increasing Access to Care and Treatment (I ACT) funding will support:
• NIMART training in all 9 provinces
• Printing and distribution of revised guidelines for ART
• Support the national quarterly working group meetings on 'I ACT'
• Support re-engineering of PHC with a comprehensive care package for people living with HIV
• Support provinces and grassroots for implementation of the 'I ACT' and the comprehensive care package

Implementing Mechanism Details

Mechanism ID: 9866	Mechanism Name: NIAID/NIH Project 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,163,145	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	2,163,145

Sub Partner Name(s)

Henry M. Jackson Foundation Medical Research International, Inc.	Lancet Laboratories	Scientific Application International Corporation

Overview Narrative

This activity will support the continuation of ART for approximately 2744 South African National Defense Force (SANDF) personnel and family members (as of June 2011) that were previously receiving ARVs via a collaborative clinical trial with the SANDF, HHS/NIH/NIAID, and US DoD. By the end of FY12 we anticipate that the number of HIV+ patients who will be on ART will exceed 2,900 patients as they are identified from a natural history cohort. This PEPFAR funding will ensure continued ARV therapy for these individuals as they are transitioned from the clinical trial to HIV treatment and care still provided through Phidisa clinics and service delivery personnel. This is a very high priority for the SANDF and the South African Military Health Service (SAMHS) and all ART will be prescribed and managed (which will include lab testing and patient monitoring) according to SAG national guidelines. Patient monitoring will be done by dedicated personnel at Phidisa clinics. The labs monitoring tests done in accordance with guidelines will performed at the clinical sites in the same manner for the currently enrolled Phidisa patients. This is done through the current mechanism set by NIAID. PEPFAR funds allocated under this activity will be used by NIAID to procure and distribute ARV drugs to the 6 existing SAMHS clinical sites and for lab monitoring tests to continue coverage for these patients.

Background: Project Phidisa initiated Protocol II, a randomized clinical trial, was started in January 2004 at the request of the SANDF, with the support of the US Ambassador to South Africa, and the US DoD. It is the aim of this PEPFAR activity to maintain continuity of the ARV drug supply chain, which has been well integrated with the military clinical sites.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Military Population

Budget Code Information

Mechanism ID:	**9866**
Mechanism Name:	**NIAID/NIH Project Phidisa**
Prime Partner Name:	**South Africa National Defense Force, Military Health Service**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	830,123	0

Narrative:

Activities will be focused on procurement, accountability and storage measures. These drugs include: Lopinavir/Ritonavir, Saquinavir, Truvada, Emtricitabine/tenofovir/efavirenz , Atazanavir, and other ART drugs needed to continue therapy for these patients. Phidisa Pharmacist is to be accountable and

responsible for acquiring, storing, dispensing and monitoring of Project Phidisa antiretrovirals (ARVs). Since the Project Phidisa began patient enrollment in 2003, there are a number of patients who had failed first line or second line antiretroviral therapy. In these cases, patients have been put on salvage ARVs that are currently not available in the SAMHS procurement supply chain management system. The US NIH-NIAID through an existing contract mechanism will assist with the procurement of these drugs. Since the NIAID contractor has been used in the ARV procurement since the beginning of Project PHIDISA, a fully-functional, effective, existing infrastructure and logistics strategy has already been in place.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	1,312,924	0

Narrative:

The activiites will include clinicians and other personnel, training of personnel, clinical monitoring, related laboratory services, and treatment and patient adherence activities.Training activities will include intermittent in-service training, mentorship to address clinical care and delivery of the HIV infected patients. Personnel will be dedicated to support treatment and monitoring of these patients. All Phidisa sites will continue efforts to improve efficiencies to allow for continued expansion of services and improved delivery of care and treatment. Efforts to retain patients iniated on antiretrovirals (ARV) and adherence modalities that is currently performed will continue at the Phidisa sites. Outcomes of these activities will be monitored periodically to include incorporating suggested performance improvement strategies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	20,098	0

Narrative:

The primary activities and strategies will be aimed at building the capacity of health care providers and facilities to treat children that are being treated at Phidisa sites. This includes training clinicians and other providers, clinical and laboratory monitoring of children on treatment. There are a limited number of pediatric patients as most are treated at SAMHS rollout sites. As these rollout sites expand, activiites will be made to faciliate transitioning of these patients.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	0

Sub Partner Name(s)

Christian Social Council	Future Families	Kebogile Multi Purpose Centre
Luncedo Lwesive	Pholo Modi Wa Sechaba	Progressive AIDS Project
Sizanani Home-Based Care	Thibela Bolwetsi	Thuthukani Home-Based Care
Valley Trust	Winterveldt	Zimeleni

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			

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: TB/HIV Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

Edzimkulu	Jongiphilo	Medical Research Council
Sinethemba	Siyaphambile	Thandukuphila
University of Cape Town	University of the Western Cape	Vukuzithathe

Overview Narrative

This mechanism is not receiving FY 2012 funds. It is only included here to provide FY 12 targets.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**9957**
Mechanism Name:	**TB/HIV Care Association (TB/HIV Care)**
Prime Partner Name:	**TB/HIV Care**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	MTCT	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			
None			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	PDTX	0	0
Narrative:			
None			

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0

Narrative:

Implementing Mechanism Details

Mechanism ID: 11498	Mechanism Name: U.S. Peace Corps
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 425,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	425,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Peace Corps South Africa PEPFAR program is a hybrid program consisting of two-year PEPFAR funded Volunteers and Response Volunteers working to support the HIV strategic goals of the South African Government through the placement of Volunteers at different organizations; and provide technical training and funding through Volunteer Activity Support and Training (VAST) to support community driven HIV/AIDS activities. Peace Corps in collaboration with Civil Society Organizations and Government Departments will strengthen and support the capacity of communities to meet the community and development needs of vulnerable groups including those infected and affected by HIV/AIDS. Peace Corps have 182 Volunteers, including Peace Corps Response Volunteers working in the following provinces: Eastern Cape, Free State, Limpopo, Mpumalanga, Northern Cape, North West, Kwa Zulu- Natal, and Western Cape. These Volunteers are working under two programs, The Community HIV/AIDS Outreach (HIV/Health) and Schools and Community Resources (Education) projects. Currently, thirteen two-year Volunteers are funded under PEPFAR. Peace Corps focuses primarily at the grass-root level responding to needs of the community. In FY 12, Peace Corps plans to fund more two-year Volunteers and Peace Corps Response Volunteers with whom Volunteers will work in schools, local Non-Government

Organizations and other South African government agencies to strengthen HIV/AIDS programs.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	85,000
Education	382,500
Food and Nutrition: Policy, Tools, and Service Delivery	212,500
Gender: Reducing Violence and Coercion	170,000
Human Resources for Health	212,500
Water	42,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Child Survival Activities

Budget Code Information

Mechanism ID:	**11498**
Mechanism Name:	**U.S. Peace Corps**
Prime Partner Name:	**U.S. Peace Corps**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	52,200	0

Narrative:

Peace Corps Volunteers work in civil society organizations focusing on home based care activities aiming to address stigma and discrimination against those with HIV and AIDS. PEPFAR funds are used to train Volunteers and their Counterparts in organizational capacity building which helps in strengthening of organizational and human capacity. Volunteers provide caregivers with support that enables them to meet the physical and psycho-social needs of those living with HIV/AIDS. Employees of the civil organization together with the HBC Volunteers are also empowered by Peace Corps Volunteers on addressing discrimination and gender-based violence. Peace Corps Volunteers are primarily based in rural areas of the provinces that PC in operating in Eastern Cape, Limpopo, North West, Northern Cape, KwaZulu-Natal, Mpumalanga, and Western Cape. Peace Corps Response Volunteers serve in most of the Provinces where there are two-year Volunteers. Funds requested in FY12 will cover the costs of training PCVs and their counterparts through VAST funding, capacitating the Civil Society Organizations, People Living with HIV/AIDS and Home Based caregivers. Peace Corps will also conduct In-service training on developing economic and household strengthening activities appropriate for child headed households and adults. Appropriate prevention messages will be communicated to individuals, groups and to the community as a whole. Peace Corps is assisting communities by developing skills in permagarden as a means of providing food assistance and income generating projects for people infected and affected by HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	172,800	0

Narrative:

FY12 funds will be used to train Volunteers and Counterparts to strengthen community structures to be able to respond to children and families in need by providing knowledge needed to meet the physical, psycho-social and financial needs of the OVC and caregivers. Peace Corps will also use the funds to train Volunteers and counterparts working within NGO and schools on organizational development, covering areas such as strategic management, leadership, fund development strategies and monitoring and evaluation. Peace Corps Volunteers will work with their community counterparts to implement the life skills education through after school clubs and peer education groups that focus on OVC between the ages of 15-18 years, these are boys and girls. Volunteers and Counterparts will gain knowledge and skills to be better prepared to identify resources such as child protection agencies, health referral centers, educational facilities that addresses children in need. As a result of the Organizational Development training, Volunteers have been able to improve government and management of civil society and

schools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	0

Narrative:

Peace Corps will target Volunteers and Counterparts working with OVC between the ages of 0-14years for training on Life skills education. Peace Corps will administer Volunteer Activities Support and Training (VAST) grants to Volunteers and Counterparts to develop projects that seek to educate children on HIV/AIDS appropriate messages, child protection rights and advocacy training in communities. Projects may be after school clubs and peer education groups. PEPFAR funds will train Volunteers and Counterparts in interactive and experiential training methods and the use of appropriate AB messages for children at school.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

Peace Corps will target Volunteers and Counterparts working with youth between the ages of 15-18 years on appropriate prevention messages, reduction of concurrent partners, and through promotion of counseling and testing services. Peace Corps will administer VAST funding to Volunteers and counterparts to develop sound and appropriate HIV related community projects base upon the needs of specific target population. Violence against women, including sexual violence, is widespread in South Africa. Peace Corps Volunteers hope to address the inequalities through the VAST funding that are granted to Volunteers to address life skills programs for boys and girls through educational camps, girl's leadership programs and life skills programs at schools. Peace Corps Volunteers also work with rural women to empower them on economic strengthening programs.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 1,490,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,490,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

"Community Grants assist grassroots, community-run projects throughout South Africa. It aims to strengthen health service delivery in communities affected by HIV and AIDS who provide OVC and HBC support with an emphasis on economic strengthening activities such as income generation and organizational capacity building. Coordinators strive to link predominantly rural community and faith-based organizations with larger PEPFAR partners and SAG departments to build capacity and ensure project sustainability.

Only projects that are working with local SAG departments (DOE, DSD and DOH) are accepted for funding. Organizations providing HBC services and community awareness activities must partner with local clinics with respect to messages, information and programs supported. In addition, the NSP calls for a greater focus on TB and many of the grant partners are being equipped with training in TB treatment in FY11.

Community Grants continues implement cost efficient mechanisms. Grouping visits to potential recipients, combining workshops and evaluating staffing needs are examples of cost saving measures.

Grants must conform to the PEPFAR Community Grants Guidelines. Coordinators vet the potential recipients by phone and a site visit. Projects are reviewed by Community Grants Mission Coordinator, Grants Officer, local review committee at the Consulate and Embassy, a technical Mission Health Committee and the Ambassador. Once awarded recipients receive training on implementation, expenditure documentation and documentation of beneficiaries based on PEPFAR's indicators. This training is aimed at increasing their accountability and equipping them to be stronger SAG partners to enable a transition from direct USG funding support to a NGO-SAG relationship.

"

Cross-Cutting Budget Attribution(s)

Economic Strengthening	1,100,000
Education	250,000
Human Resources for Health	400,000
Water	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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:	**11500**
Mechanism Name:	**Community Grants**
Prime Partner Name:	**U.S. Department of State**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	345,000	0

Narrative:

Coordinators select projects that work to reduce vulnerability of people affected by HIV through timely treatment interventions, support groups, prevention campaigns and which adopt a multi-sectoral approach that includes partners across SA government departments, NGOs and other resources. Most of the projects being supported by Community Grants are home based care programs although there are

some clinic projects that are receiving funding. Caregivers at projects provide care to terminally ill HIV+ patients throughout South Africa. They are usually work with their local clinics, sharing patient information, making referrals and training family members in home based care. All ages and gender receive care. Visits generally take place two to three times a week to ensure that patients adhere to treatment.

During visits, caregivers may help patient(s) or his/her family with cleaning the house, cooking a nutritious meal, bathing or providing transportation to the clinic. Door-to-door campaigns are regularly conducted to identify new beneficiaries. Caregivers frequently assist children in obtaining foster grants, identification cards and birth certificates. Compensation ranges for caregivers from volunteers to R700 per month for organizations supported by the Department of Health. Community Grant funds cannot be used for compensation of caregivers. These organizations must provide clinical care, plus one or more of the following psychological care, spiritual support, social assistance and/or preventative care. Programs must conform to the PEPFAR Community Grants Guidelines. Programs report beneficiaries based on PEPFAR's indicators.

Projects are required to report not only on the number of patients served but on the successes and achievements which reflect the quality of care.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,145,000	0

Narrative:

"Community Grants works with NGOs in rural or peri-urban communities. Community drop-in centers that offer a safe place for children (under 18) to play. Target groups are orphaned and vulnerable children. Caregivers working in these after-school programs usually assist children with homework; orchestrate sport, dance and drama groups; bathe children when necessary; wash clothes; offer daily nutritious meals; and provide emotional/spiritual support. Caregivers frequently assist children in obtaining foster grants, identification cards and birth certificates. They work closely with local educators to monitor school progress and identify children who may be struggling due to complications at home. Many of the organisations work closely with the local schools and educators to identify children at risk and will often make continued home visits to these identified children in order to strengthen their coping strategies at home, identify and report abuse and work with the family to absorb an orphaned or vulnerable child more smoothly into their family unit.

Compensation ranges for caregivers from volunteers to R700 per month for organizations supported by the Department of Social Development. The average drop-in center serves 75-150 children per day. These organizations must provide one or more of the following services: food and/or food parcels, shelter intervention, child protection, general healthcare, HIV prevention, psychological care or referral, general education, vocational training, economic strengthening, prevention and referral of children with HIV+

status to clinics for antiretroviral treatments. The small community based organizations that are supported by Community Grants are being linked with PEPFAR district partners where possible for mentoring and resource sharing. This strategy is aimed at improving opportunities for sustainability and reducing duplication of services although is not possible across the spectrum of community grants. "

Implementing Mechanism Details

Mechanism ID: 12509	**Mechanism Name: WAMTechnology**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: WamTechnology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 900,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

During FY 2012/13, WAMTech will continue to support the South African Department of Health (DoH) at all levels, i.e. national, provincial, district, sub-district and facility levels with software development, maintenance, project management, equipment acquisition/configuration, end-user support, training and implementation assistance for the national TB and DR-TB surveillance tools, i.e. ETR.Net and EDRWeb. In addition to ongoing software maintenance and improvements, it is expected that the major software development activities during this period will revolve around integration of ETR.Net and EDRWeb with other relevant, authorized software systems used by NDoH.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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**
Care	HVTB	900,000	0

Narrative:

During FY 2012 and beyond, WAMTech will continue to support the South African Department of Health (DoH) at all levels, i.e. national, provincial, district, sub-district and facility levels with software development, maintenance, project management, equipment acquisition/configuration, end-user support, training and implementation assistance for the national TB and DR-TB surveillance tools, i.e. ETR.Net and EDRWeb. Currently ETR.Net has ±450 users, while EDRWeb has ±100 users.

It is expected that by 2014 the user base for EDRWeb would have grown to ±250, owing to NDoH's move

towards decentralization of DR-TB management. For this reason, end-user support and training activities will probably need to be intensified.

During implementation, it might be required from WAMTech to provide new equipment or upgrade existing equipment in order to facilitate the implementation process and the smooth running of the systems.

In addition to WAMTech's normal services (listed above), we will guide and train NDoH personnel in preparation for the transitioning of certain functions performed by WAMTech to the NDOH. In doing so, we hope to further the transfer of ownership of the software systems to NDoH and to ensure their long term sustainability. The activities which will be targeted are:

(i) system requirements definition,
(ii) software compliance testing,
(iii) maintenance of the national databases,
(iv) end-user support,
(v) end-user training and sponsorship of equipment and
(vi) other direct expenses (e.g. travel) related to the project.

Transitioning of the ownership of the system to NDOH will ensure country ownership and sustainability as it will be done in a manner so as to build the capacity of the NDOH.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,400,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	1,400,000

Sub Partner Name(s)

Health Information Systems Programme	Ibhayi Living Centre	JRI Health Center for Traning and Professional Development
University of Fort Hare Psychological Services Centre		

Overview Narrative

SA Partners (SAP) has a dual role in Integrated Access to Care and Treatment-(I ACT) Program: 1) Expansion of I ACT in Eastern Cape (EC) working with ECDOH on implementation in 7 districts; 2) Provision of a technical advisor for expansion of I ACT nationally. SAP coordinates with NDOH quarterly National Working Group, Task Team and Annual Stakeholder meetings. They provide training of partners and DOH to apply IACT. Goal of I ACT is to promote early recruitment of PLHIV into care & support programs, reducing loss to follow-up rate from time of diagnosis until commencing ART. SAP objectives include to increase early identification and referral of PLHIV into Care and support services; Increase retention of PLHIV in Care & support services; Empower PLHIV to advocate and manage their healthcare needs; Strengthen active engagement of PLHIV, families, healthcare providers & communities in the continuum of Care & Support and Prevention with Positives. I ACT supports Goal 2 of the partnership framework in support of SA's National HIV/AIDS and TB response. I ACT supports PHC re-engineering by Group Facilitator training through an in-service program for clinic staff collaborating with ECRTC; I ACT groups include content on the identifying of chronic illness and opportunistic infections, e.g. TB. I ACT is implemented in EC districts and nationally in collaboration with other Partners; target population is adult diagnosed PLHIV. I ACT's strategy to be more cost efficient is to include I ACT into ECDOH strategic plan. I ACT will transition to SAG, through National discussions to include I ACT in NDOH policy and implementation plans. Transition to a local organization will ensure sustainability of the program. One Vehicle request: $15,000 for EC staff travel.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	31,500
Human Resources for Health	325,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

TB

Family Planning

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	1,400,000	0

Narrative:

I ACT group is a psycho-social support activity for PLHIV and their families in the community and health facility. Type of Care and Support given is an interactive group activity facilitated over 6 weeks that follows a set curriculum aiming to empower participants to manage their care. Target audiences include all who test, focusing on persons 15 years and above. The program is health facility and community based and is implemented nationally and specifically by SA Partners within all districts of Eastern Cape. Collaboration with DOH, partner NGOs and PEPFAR funded partners is essential for success. Participants are referred by health facilities and partners who do HCT. The aim is to place I ACT group activities firmly in Provincial and National Strategic Plans and policy. Mapping of program and HIV care, treatment and prevention sites in districts is done as part of implementation process ensuring referral between program sites is effective. Participants are referred to NGO activities where there are I ACT

Groups assisting to retain PLHIV in a support structure that is in the communities. Provision of Training for implementing partners is a big focus of SA Partners role as a national TA organization. Training is also provided in all Provinces. In Eastern Cape there is a Community Based Income Generating Small Grant Program implemented through I ACT program. NGOs are assisted to commence small projects to provide skills development and support to past participants of I ACT Groups. SA Partners has a sub agreement with HISP (Health Information Systems Program) to administer the monitoring and evaluation. A sub agreement with the University of Fort Hare Psychological Services Centre provides aspect of Caring for the Carer by providing a program of self-reflection and debriefing for facilitators of I ACT Groups. Target participants in the program for Eastern Cape for FY2012 = 40 000 scaling up to FY2013 = 60 000. I ACT program supports goal 2 of SAG-USG Partnership Framework, “increasing life expectancy and improve the quality of life for people living with and affected by HIV and TB.

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012,narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 12840	**Mechanism Name: Pathfinder**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	

G2G: N/A	Managing Agency: N/A

Total Funding: 618,145	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	618,145

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Pathfinder International will 1) improve HCT access; 2) strengthen the capacity of youth-friendly clinics to provide comprehensive HCT services 3) improve access to youth-friendly MTCT services including: prevention of HIV, prevention of unwanted pregnancies, protection and treatment of positive mother and baby and support and treatment for the mother and baby; 4) expand access to youth friendly sexual and reproductive, STI, TB and HIV/AIDS care and treatment services including treatment of opportunistic infections; and 5) improve the quality of life of young PLHA.. The goal is to reduce HIV rates among youth aged 10-24 years and reduce MTCT.. This includes expanded prevention, treatment and care coverage, as tracked through the national HIV/AIDS indicator surveys. For those infected through MTCT, services will be available at the clinic. These people transitioned to adult clinics at age 25. In order to contribute to the PHC re-engineering, the project will work with school health to address issues such as contraceptive health rights, teenage pregnancy, drugs and alcohol in schools, and HIV and AIDS among learners. The project is being implemented in Amathole District in the Eastern Cape, Uthukela district in KwaZulu Natal, Orange Farm in Gauteng and North West and Mpumalanga provinces. Where NAFCI clinics existed, the project will work with the clinic staff so needs of young people are served using the youth friendly approach. Target group is young people aged 10-24 years. Vehicles - None purchased so far. New request is for 2 vehicles. Total purchased vehicles will be 2. The purpose of the vehicles is for ongoing monitoring and support of the sites in the Eastern Cape and Kwa Zulu Natal. The cost of the vehicle is approximately US$ 38500 each.

Cross-Cutting Budget Attribution(s)

Education	50,000
Human Resources for Health	50,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	**12840**
Mechanism Name:	**Pathfinder**
Prime Partner Name:	**Pathfinder International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	200,614	0

Narrative:

The target group for this intervention is HIV positive young people between the ages of 10-24 years. The project will be implemented in: Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest, and Mpumalanga provinces (district and sites still to be allocated by the provincial department of health in Northwest and Mpumalanga provinces). Clients that are HIV positive will be linked immediately with a peer educator whenever possible to provide ongoing support and additional counseling, planning, and support. These clients will also be referred for community resources such as community-based home care which consists of identification of and referral

for useful resources within the community, support to the families of the clients, and creating a conducive atmosphere for positive living. Young people beginning ART will be linked to youth support groups for treatment literacy training and will be provided with ongoing support for facilitation of healthy living and positive prevention, identifying a buddy, and disclosing to family, friends, and community members when the person is ready. An important activity in the support groups will be adherence support with young people exchanging experiences and finding solutions together. This activity will be conducted at each of the clinics in small groups and will focus on: difficulties in adapting to the requirements of ART; discussion of and concrete means and methods of coping with side effects of the drugs; discussion on secondary prevention, discordant couples, and reproductive/fertility counseling; the impact of stigma and discrimination and coping strategies; accessing other available services and resources; and optimal nutrition and positive living. For families with a PLWHA, peer educators will provide adherence support, including home visits, follow-up, and linkages to referral centers. Peer educators will be trained on referral systems, knowing when to refer clients, and how to refer appropriately. Peer educators will plan a key role in community sensitization and addressing stigma reduction around HIV and AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	0	0

Narrative:

During intake and counseling sessions, counselors will offer HCT to all clinic clients and will provide crucial information on prevention and the importance of being tested for clients and their partners; importance of early diagnosis and initiation of treatment; and safer sex using condoms consistently and correctly; and double method for dual protection against STIs/HIV and pregnancy. Counseling will be conducted with all clients individually and will provide referrals to other health services and care and support services within the facility or at nearby facilities e.g referrals for male circumcision, sexual abuse, adolescent mental health problems substance abuse, etc. Youth testing negative will be offered the option of enrolment in the facility's support group system. These support groups will reinforce the HIV prevention strategies - condoms, reduction in multiple partners, HIV testing, and treatment of other STIs. Emphasis will be on building young people's skills to make appropriate choices around their sexual behavior so that they can protect themselves. They will also be invited to participate in local social mobilization activities planned for the youth within the catchment area. Irrespective of HIV status, all youth will be encouraged to enrol with local community based youth clubs that will serve as a liaison with the facility and will address other issues and goals chosen by the group members in addition to health issues to sustain the groups beyond the health issue component. The project will train peer educators from CBOs within the clinic catchment area to provide information on HIV/AIDS & SRH issues, provide individual and group support to youth who utilize the health care services and do home visits when they are needed. The peer educators will conduct a mapping exercise within surrounding communities to

identify the different venues (schools, sports associations, faith-based organizations, etc.) where they will be able to reach young people. For instance, at schools, peer educators will give talks during classes and set up “youth corners” that the students can visit for more information or one-to-one sessions with the peer educators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	210,000	0

Narrative:

This project will be implemented in Amathole District in the Eastern Cape, Uthukela District in KwaZulu Natal, Orange Farm in Gauteng, Northwest province, and Mpumalanga province (districts still to be allocated). HCT and provider initiated counseling and testing will be routinely offered to young pregnant women. Their partners will also be encouraged to test and testing will be offered to couples. Efforts will be made to ensure that the pregnant women is offered PMTCT counseling and testing during her first ANC visit and subsequently if she declines during her first ANC visit. The project aims to increase access to family planning services for young positive women by integrating FP and HIV services and establishing referral systems, including counseling during pregnancy regarding future fertility planning. Service providers will be trained to offer up to date FP counseling and contraceptive services. Pathfinder will also provide treatment of the positive mother and baby through integrated quality ANC/PMTCT including initiation and continuation of treatment for the mother, PCR at six weeks for the HIV exposed infant, identification of HIV infected infants that are eligible for HAART, and initiating therapy according to national guidelines. Various activities will be implemented to reduce the loss to follow up in the PMTCT services, including reinforcement of the counseling process, tracing of mother-baby pairs using peer educators, and initiating support groups. Counseling on exclusive breastfeeding will also be offered to all positive pregnant women. The community will be mobilized through existing networks of peer educators and local NGOs. They will be trained and supported to identify young pregnant women; provide support to young women during pregnancy; promote safer sex; encourage facility delivery; provide information on PMTCT; and promote exclusive breast feeding. In addition, community mobilization campaigns, awareness raising campaigns, community workshops, street events, and health calendar awareness will be conducted to promote HCT and PMTCT. Support groups will also be formed at the sites. Activities for the support groups will include: ART adherence, palliative care, and reduction of stigma and discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	207,531	0

Narrative:

Pathfinder will conduct Youth Friendly Service Assessments, using practical tools to assess gaps that

need to be considered to improve community and facility services for young people. These will inform training content and approaches. Pathfinder will enhance/build the capacity of public sector providers, facility managers, peer educators, and organizations working at the community level around targeted facilities. The project will provide training to service providers and peer educators on technical subject matters that have been identified in the assessment such as HIV and AIDS management, NIMART, integration of services, provision of quality services, mentoring, and facilitation skills. There will also be service provider monthly supervision meetings, including participation of peer educators working in the clinic. These meetings will be conducted to ensure that the youth friendly approach is being practiced, and to exchange experiences and provide mutual support to avoid burnout. Periodic refresher training will also be conducted for the providers and peer educators. For youth that are on ART, providers will be trained to facilitate monitoring of illness stages through clinical staging, with CD4 counts and through viral load monitoring. Services will include Septrin prophylaxis, diagnosis and treatment of opportunistic infections, diagnosis and treatment of TB, and administration and monitoring of HAART. For youth receiving ARVs, providers will facilitate adherence and monitoring of treatment failure with CD4 counts. To monitor performance, an internal program monitoring system will enable staff and stakeholders to track progress against output indicators and generate progress reports on a quarterly and annual basis. Reports will allow for quick identification and dissemination of lessons learned, even during the life of the project. Data sources used to measure the proposed indicators will include: facility service statistics, training records, and project activity records.

Implementing Mechanism Details

Mechanism ID: 12887	**Mechanism Name: GH11-1152 Comp Prev**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: AIDS Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 730,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	730,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

AIDS Foundation of South Africa (AFSA) will work with four community-based organizations (CBOs) in uMgungundlovu District to increase the number of people who know their HIV status and are linked to prevention, care, and treatment services. AFSA will work with four CBOs to implement gender-responsive prevention interventions, provide HIV counseling and testing, promote the prevention of mother-to-child transmission,refer HIV-negative men to medical male circumcision services, and implement sexual behavior change interventions . This includes: 1) equipping the CBOs with organizational development and management resources ; 2) developing capacity to strengthen intervention planning, implementation, monitoring and evaluation; 3) building the organizational capacity to improve governance; and 4) providing support for an inclusive, multisectoral, community-based HIV prevention response. Vehicles for use by sub-contractors: 4 vehicles for use by community based sub-contractors to conduct field work. The purpose is to mobilise the communities for uptake of HCT and to bring services within reach and make referrals. Vehicle Purchased for sub contractors (community organisations) Nissan Hardbody 2.5 litre double cab vehicle x 4 vehicles for use by sub-recipient community organisation- @ $ 34,000 per vehicle. TOTAL= $134,223.62. AFSA vehicle: AFSA to purchase 1 x Nissan for use by Project Officers for the purpose of travelling for site visits. Vehicle for AFSA - Nissan for use by AFSA Project Officers x 1 vehicle- Vehicle cost @ $34722 per vehicle. GRAND TOTAL= $ 154,394.04. COP FY 2012: no procurement of vehicles between period: October 2012-Sept. 2013.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	393,500

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**12887**
Mechanism Name:	**GH11-1152 Comp Prev**
Prime Partner Name:	**AIDS Foundation**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	350,000	0

Narrative:

The activities include: 1) soliciation and selection of CBOs; 2) producing a synthesis report of the epidemic and response in the district; 3) capacity building and training ; 4) conducting onsite visits and mentoring ; 5) reporting and monitoring; and 6) implementing HIV evidence based risk reduction education and campaigns. Using open competition best practices, AFSA will screen and select four CBOs with the best potential to implement evidence based HIV prevention interventions and health promotion services that reduce risk behaviours and determinants , including gender-based violence in the selected four areas of the Umgungundlovu district. After selection and project orientation, AFSA will produce a synthesis report of the district HIV epidemic, response, and current HIV services in selected areas. The prevention interventions and awareness campaigns will be informed by this report. To effectively deliver , AFSA will build organisational management capacity of CBOs by conducting training workshops, onsite support and mentoring to enhance skills for project management and implementation and monitoring and financial accounting and organizational governance. Workshops will focus on HIV & AIDS Counseling and HIV (HCT) screening (accredited course); gender, culture and HIV; strategies for community mobilization and consultation; and financial accounting & compliance. AFSA is an accredited training service provider with the Health and Welfare SETA . AFSA will establish and strengthen ward-level community dialogue groups to address structural, social HIV determinants, including culture, masculinity and gender relations. CBOs will gain capacity to produce workplans, budgets, project reports and establish governance, financial and operational structures and policies to implement prevention interventions. Through this activity, 24 CBO project coordinators will be trained; 72 project reports with 20 audited annual income & expenditure verification reports will be produced; 240 onsite support and mentoring visits wil be conducted and 28 080 beneficiaries reached .

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	180,000	0

Narrative:

AFSA works with four community-based organizations (CBOs) to: increase the number of people who know their HIV serostatus; provide HCT training to peer educator and lay counselors, and implement mobile HCT. AFSA will train six HIV & AIDS lay counselors from CBOs to become educators and perform HIV screening tests at local level with the delivery of HCT at mobile clinic service points and in non-health care environments. The CBOs will mobilize and advise community members of the dates and venues for HCT and specially organized health screening days in their communities. In addition the CBO sub-contractors will be equipped with portable equipment to set up temporary HCT facilities (AFSA will purchase the equipment and loan this to the CBO sub-contractors for use). In addition, CBOs will procure mobile HCT equipment; provide HCT education and information group sessions on HCT, SRH, MMC, PMTCT; conduct HIV screening testing and refer HIV negative men to MMC and HIV positive clients to DoH professional health care practitioner (on site) for CD4 count. Through this activity, 12,960 community members will undergo HCT.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

Narrative:

The target populations for the HIV prevention intervention include: men & boys, communities residing in rural areas and informal settlements, traditional medical practitioners and their clients, women & girls in vulnerable households, people in polygamous relationships, out-of-school youth, and LGBTI groups. To increase the uptake of MMC and ensure appropriate education and information on the MMC procedure, AFSA and its CBOs will:

Work with men's groups to initiate discussion on the subject of HIV and MMC;

Conduct education workshops and provide individual counseling for boys and men interested in undergoing MMC; Organize with the DoH for groups of men and boys to undergo MMC; Conduct follow-up visits or ensure that men who have undergone MMC visit the clinic for post-procedural care and to promote sustained behavior change. To increase the uptake of PMTCT, AFSA will: Educate women and men on the benefits of antenatal care and facilitating early access to quality care via local clinics; Assist the local antenatal clinics with HCT and patient preparedness education and treatment compliance as requested by the DoH; Conduct family visits to provide advice and monitor health of mother and baby; Facilitate support groups to promote men's active participation in securing the health, safety and wellbeing of their female partners and children. The project will promote increased access and uptake of appropriate and high quality sexual and reproductive health services, focusing on:

Sensitizing public health facility staff to the diverse needs of target communities (including LGBTI, single people, children and youth, and people in polygamous unions); and promoting safer sexual behaviors,

including consistent and correct use of barrier methods, increased sexual responsibility, and reduced gender-based violence. Through this activity, 12,960 community members will be referred for MMC, PMTCT, and/or SHR services.

Implementing Mechanism Details

Mechanism ID: 13000	**Mechanism Name: Council of Scientific and Industrial Research**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,012,500	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,012,500

Sub Partner Name(s)

University of Cape Town	University of Pretoria, South Africa	University of Venda, South Africa

Overview Narrative

Under its objective to assist the South African National Department of Health (NDoH) and provincial departments of health to integrate TB/HIV, counselling and testing, and care and treatment in the Republic of South Africa via a set of identified activities which form the basis of the South African NDoH policy analysis and systems strengthening program, a PEPFAR Cooperative Agreement 1U2G/PS002710-01 was awarded to the Council for Scientific and Industrial Research (CSIR). This award is to allow the CSIR and its sub-contracted partners to provide a programme in assistance for strengthening the NDoH, provincial governments and PEPFAR partners on infection control. The project is undertaken in close collaboration with the CDC SA, NDoH, provincial government departments of health, and PEPFAR partners. CSIR has formally engaged the Healthcare Technology Management programme at the University of Cape Town, and the Division of Infectious Diseases in the Department of

Internal Medicine at the University of Pretoria. The CSIR has informally engaged the Medical Research Council (Tuberculosis Epidemiological) to support this objective.The CSIR Infection Prevention and Control Support Project addresses the challenges of South African NDoH policy analysis and systems strengthening program via four project activities enhancing enabling systems (Activity 1); providing implementation support (Activity 2); capacity development (Activity 3) and education support (Activity 4).

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Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13000		
Mechanism Name:	Council of Scientific and Industrial Research		
Prime Partner Name:	COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	1,012,500	0

Narrative:
The CSIR is providing assistance to the South African National Department of Health and the Provincial and District Departments of Health on the improvement of infection control measures in hospitals, primary health care facilities, community health centers and other settings where infection control needs to improve. The CSIR is supporting the DOH with the development of one integrated infection control program that combines bio-medical, financial, sociological and psychological knowledge to educate healthcare workers and hospital managers to follow best practice models in infection control. Tools will be developed to monitor and evaluate the effectiveness of infection control practices in order to reduce and limit infection control risks to service providers. This will cover a range, including the effectiveness of DOTS (direct observed treatment strategy), the efficacy and adverse implications of technical infection control interventions, the management impacts on infection control, the financial implications of infection control for service, home based versus facility infection control management. The clinical associate program will iniate the program into at least eighteen hospitals. The CSIR will iniate establishment of one national UV measuring instrument calibration laboratory, will develop and consolidate ongoing continued education courses related to Environmental Health, Facility Design and Engineering Approaches to Airborne Infection control for TB/HIV, will develop an integrated healthcare infrastructure postgraduate program, will continue in the development of the strategic planning framework GIS tool.

Implementing Mechanism Details

Mechanism ID: 13129	**Mechanism Name: Foundation for Innovative New Diagnosis**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Foundation for Innovative New Diagnostics	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

FIND aims to strengthen the quality of laboratory services, introduce new and more rapid diagnostic tools, increase human resource capacity and support the integration of laboratory services for diagnostic testing of tuberculosis (TB), and HIV. FIND will support the National Health Laboratory Services NHLS South Africa to continue the roll out of the Xpert MTV/Rif (Cepheid) new test, recently endorsed by WHO, at an additional five high burden testing sites along with an appropriate EQA scheme at all already established testing sites. A recent study revealed variable compliance with some of the steps involved, ranging from patient verification (for TB sputum testing), to proper testing procedures, particularly with respect to biosafety (wearing gloves – TB and HIV specimen collection), to reporting, and to referral back to the health care provider (HIV testing). The causes for non-compliance as identified in the study include: lack of training, lack of supplies (blood – HIV testing and folders/registers –TB), and deliberate staff error (not wearing gloves). Rectifying these issues will require a multifaceted approach including: i) review of training and training refresher procedures and materials; ii) record-keeping/administrative procedures (e.g. examining whether these could be simplified or automated to facilitate compliance); and iii) logistics (to ensure needed items are in stock).Working with the NHLS and the CDC, FIND will first identify activities that can be prioritized.. Procedures for monitoring to ensure process compliance, and quality improvement activities will be designed and implemented.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID:	**13129**
Mechanism Name:	**Foundation for Innovative New Diagnosis**
Prime Partner Name:	**Foundation for Innovative New Diagnostics**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	1,000,000	0

Narrative:

FIND will facilitate the implementation of Xpert/Rif testing at 5 high burden testing sites with training equipment and reagents with two technicians to be trained per site with the assay. FIND will also facilitate the wider roll-out and EQA of the Xpert/Rif assay for of rapid detection of drug resistant TB . This will include the development and piloting of an EQA scheme, building on the work already done by NHLS, the development of a computer-based monitoring system for Xpert/RIF which will support EQA, as well as system monitoring to provide timely feedback on quality indicators, corrective actions, testing capacity and benchmarking of testing sites.This will be planned to cover 10 sites in COP11, and in COP12, FIND will continue to support the NHLS with the phased implementation of the system to all testing sites. FIND will also assist the NHLS with revisions of training materials and SOPs for Xpert/Rif. In order to strengthen the clinical laboratory interface in the country FIND will work on the development of a mobile phone based system and software that will support improved processes for specimen collection, tracking and transportation. This will be linked to the in-built capacity of the Xpert device. In order to strengthen the clinical laboratory interface in the country FIND proposes to work on the development of a mobile phone based logistics improvement system and software. Improving the pre-analytic and post-analytic phases of laboratory services. FIND will work with NHLS and CDC to identify key areas , such as improving processes, redesigning recording requirements and forms, and providing selected trainings. Throughout all these activities, FIND will build on existing systems and work already done by the NHLS. In all these areas, FIND will carefully evaluate the current systems, and consult closely with NHLS and CDC.

Implementing Mechanism Details

Mechanism ID: 13389	**Mechanism Name: Fogarty**
Funding Agency: U.S. Department of Health and Human Services/National Institutes of Health	Procurement Type: USG Core
Prime Partner Name: National Institutes of Health- Fogarty International Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 750,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	750,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Fogarty International Center, NIH is supporting supplements through several research training grants to South African (SA) universities to develop fellowships for SA health professionals to develop expertise in implementation science. The fellowship includes short courses in implementation science and a mentored project designed to address specific barriers to HIV-related services identified at PEPFAR-funded sites. Each university is provided the flexibility to propose how to implement the fellowship. Annual meetings are planned to allow the universities to share their implementation model, and to explore pros and cons experienced with each. These meetings will also provide an opportunity for the fellows to share their mentored research project results. Experiences from the various fellowship programs will help identify best practices for the continuation of existing fellowship programs and the development of new programs at other SA universities. The objective of this activity is to strengthen the capacity of SA universities to provide health professionals with the knowledge and skills need to solve barriers to the provision of HIV and TB prevention, care and treatment services. While the fellowship program is focused on current barriers, the knowledge and skills included in a fully developed fellowship program should be able to will support future fellows to address new barriers as they evolve over time in both HIV- and non-HIV-specific services. This activity supports HSS and the PF by increasing the capacity of SA institutions to train health professionals to conduct operational research and basic program evaluations.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	750,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13389**		
Mechanism Name:	**Fogarty**		
Prime Partner Name:	**National Institutes of Health- Fogarty International Center**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	750,000	0

Narrative:

The supplements through Fogarty research training grants supported through this activity will support the strengthening of the capacity of South African universities to provide postgraduate fellowships in implementation science to health professionals in South Africa. As HIV and TB prevention, care and treatment programs expand throughout South Africa and adjust to the evolving epidemics and the availability of new interventions, there will be a continuing need to have a cadre of health professionals who is able to address the barriers that prevent access to services or to improve the quality of existing

services now and in the future. These fellowship programs should provide health professionals with the broad-based implementation science knowledge and skills that can be applied to address these barriers across prevention, care and treatment services for HIV, TB and other health conditions. As Health professionals will be recruited from all over SA for the fellowship, District Management Teams are encouraged to recruit suitable candidates from their districts to apply for a fellowship.

Implementing Mechanism Details

Mechanism ID: 13504	**Mechanism Name: Right to Care UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,049,695	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,049,695

Sub Partner Name(s)

(No data provided.)

Overview Narrative

South to South (S2S), a local Specialist Provincial Support Partner based at the University of Stellenbosch, aims to strengthen the capacity of health care workers (HCWs) formally engaged in the national HIV and TB response. S2S addresses existing HCW knowledge, skills and system gaps in PMTCT and Pediatric HIV/TB care and treatment programs, linking with the National Strategic Plan to decrease maternal & child mortality, combat HIV/AIDS & TB, and strengthen health system effectiveness. S2S provides technical assistance to Department of Health at national, provincial, and district levels and PEPFAR implementing partners to capacitate individual healthcare workers, trainers/mentors, and specialist district teams. This is accomplished through specific skills and knowledge transfer activities (training and clinical mentoring) which emphasize patient data management. With a small, mobile team of

technical experts, S2S is able to support multidisciplinary health teams at district and facility level to scale up quality, integrated, and sustainable maternal and child HIV care and treatment services. S2S further supports information and best practices sharing, and elimination of duplicative training curricula & tools, through the ongoing development and maintenance of a web based PEPFAR Repository. S2S supports District teams, consisting of doctors, nurses, counselors, social workers, data capturers and managers in NorthWest. S2S further trains healthcare workers from all 9 provinces in PMTCT, Pediatric HIV and adherence, and psychosocial support. S2S reports on total number of capacity building events and number of HCWs trained or mentored. DHIS patient outcome data (PMTCT and Pediatric HIV), although not reported on, is used to track progress in S2S supported districts.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,049,695

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Child Survival Activities
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13504**

Mechanism Name:	Right to Care UGM
Prime Partner Name:	The South-to-South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	1,045,068	0

Narrative:

S2S will provide technical assistance to the SAG at national level through participation in the PMTCT national steering committee meetings, and in developing a series of booklets on psychosocial support as tasked by the NDOH PMTCT and Maternal and Child Health Directorates.
S2S will be supporting USAID Partners and DOH through the following training of trainer events in FY2012: 1 ten day workshop for 20 participants on Adherence and Psychosocial support for HIV infected pregnant women and 12 one day Pediatric & PMTCT Toolkits Orientation workshops for 240 participants from Regional Training Centres in all provinces. At provincial level, S2S will provide input in workplans, capacity building activities and resource distribution based on needs identified. S2S will support District Health Management Teams and District Specialist Teams in 3 high need Districts in the North West Province (Moretele and others TBD) to implement quality improvement models for integrated Maternal (PMTCT), Child & Adolescent services.
To provide strategic information for service delivery, S2S will conduct program evaluations; looking at quality of maternal & child HIV care, healthcare worker competency, data quality (at source and DHIS level), patient outcomes and use of data for patient management. 37 in-service trainings for 295 HCWs and 1152 follow up clinical mentoring sessions on integrated maternal & child health services will be conducted by S2S mentors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	1,004,627	0

Narrative:

S2S will provide technical assistance to the SAG at national level through participation in the HIV Clinicians Society Pediatric sub-committee and national meetings.
S2S will support USAID Partners and DOH through provision of: Pediatric HIV management Trainings; Basic Paediatric HIV Management training of trainers for physicians; Pediatric NIMART training of trainers for nurses; Pediatric & Adolescent Disclosure training; Pediatric Toolkit Orientation workshops for trainers from Regional Training Centres; and the Role of the Rehabilitation Team in the Identification and Management of Pediatric HIV training.
At provincial level, S2S will provide input in workplans, capacity building activities and resource distribution based on needs identified. S2S will support District Health Management Teams and District

Specialist Teams in 3 high need Districts in the North West Province to implement quality improvement models for Child & Adolescent services. To provide strategic information for service delivery, S2S will conduct program evaluations; looking at quality of child HIV care, healthcare worker competency, data quality (at source and DHIS level), patient outcomes and use of data for patient management. 37 in-service trainings for 295 HCWs and 1152 follow up clinical mentoring sessions on integrated maternal & child health services will be conducted by S2S mentors. Specific best practices to strengthen child & adolescent health services include: • Capacity building and technical assistance to improve early identification of HIV infection in all children and early initiation of children on ART at PHC level through training, mentoring (doctors & nurses/IMCI) & distribution of the S2S Pediatric HIV management toolkit. • Implement structured competency-based assessment tools to guide pediatric HIV care mentorship for doctors and nurses based on the South African Clinical Mentorship Guidelines. • Improve follow up care and retention of HIV exposed infants with final HIV diagnosis at 18 months. • Improve adherence and psychosocial support for children living with HIV through the establishment of District Psychosocial Forums • Establish adolescent support groups

Implementing Mechanism Details

Mechanism ID: 13558	**Mechanism Name: GH1151**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 225,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	225,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to pilot and field test culturally adapted prevention with positives (PwP) material for use by health care providers and lay counselors providing services to HIV-infected MSM and CSWs. These materials will be piloted and field tested in Gauteng, KwaZulu-Natal and Western Cape for future use throughout South Africa. The aim of this project is to develop population appropriate PwP materials to increase the number of HIV infected MARPs receiving appropriate PwP messages and interventions. Upon finalization, materials will be made available to the DoH and trainings and training of trainers will be conducted to ensure sustainability and local ownership. The successful implementation of this project will contribute directly to PEPFAR's overall goal to reduce new HIV infections in South Africa among MARPs and their partners by: (i) Achieving prevention of HIV infection through evidence-based activities (ii) integrating new effective technologies and innovative HIV prevention intervention when found efficacious (iii) promoting a comprehensive package of prevention services for HIV-positive individuals in the target populations, including better integration of these individuals into care and treatment programs, to reduce the potential for further spread of HIV among MARPs. Additionally, by targeting HIV-positive MARPs with prevention interventions (preventing secondary transmission), this project contributes to the PEPFAR goal of preventing 12 million new infections by 2013. HSRC's project information system includes a customized module developed for this project designed to support reporting requirements. As such HSRC plans to comply with all CDC and PEPFAR reporting requirements and submit interim and annual progress and financial reports.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13558**
Mechanism Name:	**GH1151**
Prime Partner Name:	**Human Science Research Council of South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	225,000	0

Narrative:

In FY2012 HSRC will conduct focus groups and key informant interviews with health care providers (professional nurses, doctors and lay counselors) to obtain feedback on PwP material that have been adapted for most at-risk populations (MARPs) in South Africa. These materials were initially developed by CDC-HQ and have been used elsewhere in sub-Saharan Africa (Tanzania, Namibia, etc). HSRC will introduce these material and train health care providers on their use. Health care providers will pilot the developed materials in their clinic settings and feedback information to HSRC regarding acceptability, utility and appropriateness of the provided materials. The information collected during interviews and focus groups will be used to refine PwP materials to be used by service providers and outreach workers addressing the prevention needs of MARPs. In each of the pilot sites, monitoring and evaluation reports will be compiled as to the implementation of the intervention by health care workers. In addition a report on the lessons learnt during the pilot will be compiled. Through the development of PwP materials appropriate for use with MSM and CSW clients, this project will build the capacity of the health sector to respond to the prevention needs of HIV-positive MSM and CSWs and allow for greater integration of PwP services for MARPs with other HIV services. In the later years of the project, distribution of materials and training will be scaled up (through trainings and training of trainers) to promote sustainability. In FY2012, $225,000 will be used to pilot materials and conduct focus groups and key informant interviews with service provider.

Implementing Mechanism Details

Mechanism ID: 13567	**Mechanism Name: GH1151**
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 California at San Francisco	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,260,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,260,000

Sub Partner Name(s)

San Francisco Department of Public Health	University of Cape Town	

Overview Narrative

In the NSP, the NDOH recognized the need to address growing HIV epidemics in the key populations of commercial sex workers (CSW), men who have sex with men (MSM), injecting drug users, and mobile populations However, South Africa's ability to monitor progress towards meeting the targets for these populations has been hampered by poor coordination of program activity and lack of data. To date, there has been little coordination on inputs, outcome measures, and feedback of ethnographic, survey, and program monitoring and evaluation (M&E) data to understand the dynamics of these epidemics and to effectively allocate resources to the areas of greatest need among these high-risk populations. The strategy of this project is to work with local institutions to provide the training, technical assistance and long-term capacity building to improve the quality of HIVprevention interventions by enhancing local organizations' capacity to conduct routine HIV surveillance and program M&E related to high-risk, underserved populations of MSM, IDU, and SW; and to utilize surveillance and M&E data to guide planning, program improvements and allocation of resources for these populations. The proposed project will build local institutional capacity to sustainably reduce HIV transmission and improve the capacity for collecting and using high-quality data among high risk populations. In addition, UCSF will also be implementing a Public-Private Partnership (PPP) with the Gates Foundation targeting HIV prevention activities among truck drivers and commercial sex workers along one high volume trucking corridor in South Africa by conducting the baseline assessment including mapping, population size estimations and a bio-behavioral survey in the target geographic area.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Mobile Population

Budget Code Information

Mechanism ID:	**13567**
Mechanism Name:	**GH1151**
Prime Partner Name:	**University of California at San Francisco**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	400,000	0

Narrative:

This is Year 2 of a surveillance activity targeting high risk populations including mapping, population size estimation, and bio-behavioral surveillance. FY 2011 activities for UCSF focused on female commercial sex workers include baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, training for study team members and data collection in two sites. In year two, FY 2012 data collection will take place at two additional surveillance sites including HIV and STI testing and a behavioral interview for each participant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	860,000	0

Narrative:

This is Year 2 of a surveillance activity targeting high risk populations including mapping, population size estimation, and bio-behavioral surveillance. FY 2011 activities for UCSF focused on female commercial sex workers include baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, training for study team members and data collection in two sites. In year two, FY 2012 data collection will take place at two additional surveillance sites including HIV and STI testing and a behavioral interview for each participant.

In addition, UCSF will also be implementing Year 2 surveillance activities truck drivers and commercial sex workers along one high volume trucking corridor in South Africa by conducting a bio-behavioral survey including HIV and STI biomarkers and a behavioral survey among these two populations in the targeted geographic area.

Implementing Mechanism Details

Mechanism ID: 13570	**Mechanism Name: GH1151**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,900,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Through its consolidated local affiliate SFH, Population Services International (PSI) will contribute to the

goals of PEPFAR and the objectives of NSP by preventing new HIV infections through supporting SAG to increase the prevalence of MMC in underserved areas of Gauteng, KwaZulu Natal and Mpumalanga. The target population is HIV-negative males aged 15 and higher.SFH will set up six high volume medical male circumcision (MMC) centers. Two of the sites will be managed by SFH. The remaining four will be managed by to-be-determined franchise subawardees. SFH will provide financial, training, quality assurance, marketing and technical support to franchisees. All MMC centers will be located on the grounds of SAG health facilities for seamless transition to SAG ownership at the completion of project; mobile teams will be used for hard-to-reach populations. SFH will coordinate with a wide variety of on the ground partners including government, other PEPFAR-funded partners and other NGOs to optimize service delivery efficiency and coverage in target areas. SFH will implement an internal and external quality assurance system to ensure that services provided are in line with South African and international standards. A monitoring and evaluation plan will be developed in the first months of the program and include monthly, quarterly, semi-annual and annual reports. PSI requires 7 vehicles for all the MMC sites to be opened within COP2011. Each MMC site requires a vehicle in order to provide mobile services. 3 sites will use vehicles purchased through previous CDC CoAgs and SFH plans to purchase 4 vans for program implementation at the other sites. The estimated unit cost for the vans is based on current market prices at $28,571 per van.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	133,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	13570		
Mechanism Name:	GH1151		
Prime Partner Name:	Population Services International		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	6,900,000	0

Narrative:

SFH will maintain high volume MMC sites in KwaZulu-Natal, Gauteng, and Mpumalanga provinces, accomplishing 48,600 MMCs (at $142/MMC) in FY2012 and 134,400 MMCs (at $51/MMC) in FY2013. SFH will conduct MMC on SAG facility premises and deploy one additional team per catchment area to perform mobile outreach and MMC. Unit costs per MMC will decrease as site efficiencies are established and a trained cadre of staff amass the skills to manage the patient volumes of high through-put sites. SFH will operate against a sustainability plan to transfer their skill set to facility staff for impact past the completion of the project. SFH will support SAG monitoring efforts by using reporting mechanisms that fold into district, provincial and national systems, avoiding parallel reporting structures. The MMC program will build on best practices including forceps-guided surgery, using models to optimize volume and efficiency (MOVE), incorporating gender messaging on male norms and proper treatment of females, and delivering these as part of a package of HIV prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Partner will make efforts to retain patients in care through healing to minimize complications and reinforce risk reduction messages. Demand creation will be essential and entail community dialogues, mass media, local media, engagement of female partners and caregivers, engagement of key influencers, employers, and community stakeholders, peer referral networks, “word of mouth” campaigns, and strong linkages from HCT, PMTCT and other touch points within the health system. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males’ improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 13577	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: HIV Managed Care Solutions	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,175,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,175,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The aim for this project is to provide comprehensive HIV prevention services in six discrete mining communities in Mpumalanga province. Mpumalanga reportedly has the second highest provincial HIV prevalence in South Africa. The goal of the project is to reduce the number of new HIV infections in this community by a comprehensive HIV prevention service that includes behavioural, structural and biomedical strategies. The project objective is to reach a minimum of 80% of the community with a combination of interventions which include HIV training, HCT, behavioral change, referral to MMC and linkages to treatment for HIV, TB, STI and drug rehabilitation where appropriate. To achieve this reach, an innovative incentivized field marketing approach is proposed to gain community participation via word-of-mouth marketing and social entrepreneurship. Use will be made of new locally developed bio-metric technology to gather information anonymously on HIV status and to link it to changes in patterns of knowledge, attitude and practices (KAP) over time. Based on this information, it is intended to adjust the interventions to achieve the optimum reduction of the number of new HIV infections in this community over the 5-year period of the project. The project has a strong emphasis on developing indigenous capacity and coordination with South African, United States and international agencies. Over time, the functions will be transferred on a managed basis to the community and health systems so as to ensure sustainability on the conclusion of the project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**13577**		
Mechanism Name:	**GH1152**		
Prime Partner Name:	**HIV Managed Care Solutions**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	1,000,000	

Narrative:

In South Africa most men are not circumcised and if they are traditionally circumcised they are often not fully circumcised (and thus have no protection). As an HIV prevention intervention medical male circumcision requires a number of additional interventions in order to ensure it is effective. Firstly people have to know about MMC and men have to present themselves to the appropriate services. Post circumcision they have to remain abstinent until the wound is completely healed and then they have to continue to have safer sex for the rest of their lives. HIV Managed Care's social mobilisation intervention will work with male-dominated sectors (e.g., mining, transportation, and others) to provide education about MMC (both men and women) and establish direct link between mobilization and service delivery. HIV Managed Care has a proven track record of working with businesses to establish HIV prevention, care and treatment services, the MMC funds will be used to leverage those existing partnerships as well

as expand to other areas. HIV Managed Care will work closely with service delivery partners in designated areas to ensure linkage between mobilization activities and service delivery. This activity is entirely PEPFAR funded.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	175,000	0

Narrative:

The target area of the project is six discrete communities totaling about 85,000 people situated in settlements adjacent to large mining activities in the Mpumalanga province of South Africa. The overall project goal to reach 80% of the target population with prevention interventions, including HIV training, HCT, behavioral change, referral to MMC and linkages to treatment for HIV, TB, STI and drug rehabilitation where appropriate. Annual targets for this project include conducting 19,500 HIV tests. Additionally, the 240 Peer Educators (PEs) will reach at least 4,800 individuals with HIV prevention messages, including referral to MMC services being offered by CDC-funded partners in the province. Additionally, those testing HIV-positive will be referred to HIV treatment services and receive a minimum package of Prevention with Positive services.

Implementing Mechanism Details

Mechanism ID: 13585	**Mechanism Name: GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Shout It Now	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 900,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to increase knowledge of HIV status through increased access to HCT services using mobile vans and to link HCT services to other clinical and community HIV prevention programs for a comprehensive care package. The program is targeting youth: 60% females and 40% males aged 15 – 29 and 10% children less than 15 years of age in Gauteng and Limpopo.This program directly supports the prevention goal of the PF, including addressing female vulnerability to HIV and STIs by reducing incidence in the number of sexual partners. It is similarly supportive of the NSP goal to reduce new HIV infections by 50% and ensuring that 100% of the people diagnosed with HIV infection are linked to appropriate care, treatment and other support services. For sustainability HCT test kits will be obtained from the SAG health facilities in the supported districts. Shout It Now will procure medical consumables and HCT test kits (buffer stock only) for effective and safe clinical HIV testing. Shout it now will ensure that all program staff is trained by the approved external service provider on Quality Assurance to ensure quality of rapid HIV testing in line with the SAG HIV Policy guidelines. The project will contribute towards creation of a cadre of trained professionals for seamless transition to SAG management. Shout It Now will ensure all program activities, outputs, outcomes and impact are tracked effectively and generate monthly, quarterly, semi-annual, and annual reports. Shout IT Now will integrate data systems to avoid duplication with SAG systems. Data systems will be electronic in order to permit timely reporting of all activities and outcomes.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13585		
Mechanism Name:	GH1152		
Prime Partner Name:	Shout It Now		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	100,000	0

Narrative:

Shout It Now will build off of its successful community based HCT model to specifically target and link males aged 15-49 to medical male circumcision (MMC) services in geographic areas with significant PEPFAR MMC investment. Shout it Now will target males in numerous districts across Gauteng, Mpumalanga, and Limpopo provinces. The program will strengthen and utilize existing referral networks to directly link HCT clients to MMC, as well as care, treatment, prevention, and supportive services such as STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout It Now will ensure follow up for referred HCT clients using effective tracking and tracing mechanisms. Shout It Now will conduct community outreaches where they will utilize marquees and tents to provide HCT services. One on one interactive video and modern technology will be utilised dring the outreach programs to provide standardized Sexual Reproductive Health messages and HIV prevention information. The videos will feature popular musicians and celebrities to provide HIV prevention messages in a manner that appeals to the youth.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	800,000	0

Narrative:

Shout IT Now will provide community based HCT services targeting youth: 60% females and 40% males aged 15 – 29 and 10% children less than 15 years of age at Ekurhuleni & Metsweding District, Gauteng (GP) Province & Waterberg District in Limpopo Province. The program will strengthen and utilize existing referral networks to directly link HCT clients to care, treatment, prevention, and supportive services such as MMC, STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout IT Now will ensure follow up for referred HCT clients using effective tracking and tracing mechanisms. Shout It Now will conduct conduct community outreaches where they will utilize marquees and tents to provide HCT services. One on one interactive video and modern technology will be utilised dring the outreach programs to provide standardized Sexual Reproductive Health messages and HIV prevention

information. The videos will feature popular musicians and celebrities to provide HIV prevention messages in a manner that appeals to the youth. The program will strengthen and utilize existing referral networks to directly link HCT clients to care, treatment, prevention, and supportive services such as MMC, STI treatment, CD4 services, PMTCT, and substance abuse programs. Shout IT Now will ensure follow up for referred clients using effective tracking and tracing mechanisms.

Implementing Mechanism Details

Mechanism ID: 13608	**Mechanism Name: University of Washington**
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 Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,220,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,220,000

Sub Partner Name(s)

University of California at San Francisco		

Overview Narrative

The purpose is to support scale-up of prevention with positive activities in Bonjanala Platinum and Dr. Ruth Segomotsi Momapti districts, Northwest province to reduce new HIV infections. I-TECH, will collaborate with, and increase the capacity of provincial government programs.. I-TECH will expand and augment HCT with sexually transmitted infections syndromic management; tuberculosis screening; pregnancy testing; personalized risk-reduction counseling for promoting safer sexual behaviors, consistent and correct condom use, reducing the number of multiple concurrent sexual partners, and disclosure to sexual partners and appropriate family members; family planning; provision of male and

femalcondoms; and referrals for medical male circumcision. This will be accomplishedby hosting eight community-based “Wellness Days” per month in Bonjanala Platinum district and 8 “Wellness Days” per month in Dr. Ruth Segomotsi Momapti district. A minimum of 43,200 people will be screened and counseled over the course of five years in Northwest Province. Referrals and linkages to Primary Health Centers (PHCs) will be a primary focus. I-TECH will also strengthen health systems by implementing a positive prevention training program for PHC nurses in 130 PHCs. I-TECH will train 300 district trainers to implement the PP program and train 520 clinical nurse mentors to build sustainability and local support for nurses initiating and managing ART in the North West Province. I-TECH will conduct training-of-trainers for local community members to facilitate the post test clubs (PTCs), building long-term sustainability for the program at the district level. Women will be prioritized for the TOTs.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	45,000
Human Resources for Health	45,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**13608**

Mechanism Name:	University of Washington		
Prime Partner Name:	University of Washington		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	720,000	0

Narrative:

I-TECH will support the NDoH HCT campaign by hosting sixteen Wellness Days per month in eight community-based venues in two districts in North West Province for any person over the age of 18 years of age. Wellness Days will include client-initiated HIV counseling and testing (using Bioline rapid tests) augmented with pregnancy testing, rapid RPR syphilis testing in pregnant women, syndromic management for STIs (using the NDoH guidelines), symptomatic screening and referral for TB, personalized risk-reduction counseling for family planning, education on one's sero-status, actively and safely facilitating mutual disclosure to sexual partners and appropriate household members, screening for interest in safe medical male circumcision, promotion of safer sexual behaviors (including partner reduction and alcohol risk-reduction), and emphasizing the importance of consistent and correct condom use. Condoms will be widely disseminated and female and male condom demonstrations will be integrated into counseling activities during Wellness Day activities, post-test clubs and in training at PHCs. The counseling standard for this program will be modeled on the client-centered, personalized risk model recommended by the U.S. CDC and World Health Organization (WHO). This counseling model is grounded in personalized risk assessment and the development of a realistic, personalized risk reduction plan for each participant. Furthermore, to optimize HCT services, I-TECH will encourage use of couples-based HCT for wellness days, where both partners are tested simultaneously and disclose their results to each other during post-test counseling, a strategy that has been documented to decrease rates of sero-conversion and reduce sexual risk behavior. A standard protocol for conducting couples-based HCT (including training testing counselors) will be used.

Referrals and linkages to follow-up services are a primary focus during Wellness Days. Persons testing positive for HIV, women presenting with vaginal discharge and lower abdominal pain, persons screened positive for TB using the screening tool, any pregnant woman regardless of HIV status, and men seeking medical male circumcision (MMC) will be referred to local PHCs. In order to increase linkage to care, those referred to a PHC will be given "incentive cards" to present to staff at the PHC in addition to the patient passport. If persons referred for follow-up at a PHC present their incentive card at primary health centers within two weeks of the Wellness Day, they will be given 20 Rand of cell phone air time at the conclusion of their appointment. All routine testing and treatment patient data will be collected during Wellness Days using the national data collection forms to ensure standardization of data collection and reporting. The data process will mirror that of the PHCs; HCWs will use tick sheets, registers, and other national tools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,500,000	0

Narrative:

I-TECH will conduct community mobilization through Post Test Clubs (PTC's). This will include establishing 64 PTC's (12 members each) and they will reach 302,400 community members. I-TECH will also conduct training for about 768 PTC members (the course will cover PwP messaging, HIV transmission risks, STI and other related content). I-TECH will conduct training on Prevention with Positives (PwP) for healthcare workers (HCWs). PwP will be added when training the clinical nurse mentors for NIMART. The target is to produce 1020 Nurse Trainers and 540 Nurse mentors. In addition, I-TECH will develop training and mentoring programs for M & E assistants and HCW in selected Primary Health Care facilities. The target is to train 20 officers per year. I-TECH will conduct a training of trainers which will includes staff in the NW-DOH supported by I-TECH, as well as staff from other districts in Northwest, so that they can roll out the training in their areas. The HCWs that will be trained on PwP will include lay counselors, nurses, health promoters and others staff who conduct patient counseling. This will enhance integration of PwP in all service points and it will improve linkages to care and treatment. This program plans to reach about 1,700,000 people in 5 years (340 000 per year) and the estimated unit cost is about $4.5 for each person reached.

Implementing Mechanism Details

Mechanism ID: 13618	**Mechanism Name: GH1151**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,410,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,410,000

Sub Partner Name(s)

Institute of Health Programs and Systems (IHPS)		

Overview Narrative

There are two objectives of this project; 1)To build governmental and community-based capacity to reduce HIV infections in South Africa among MSM and their partners by providing appropriate comprehensive HIV prevention services to MSM in Eastern Cape, KwaZulu-Natal, Free State, Northern Cape and Limpopo, and 2)To strengthen capacity of NDOH and other stakeholders to develop HIV-related strategic information systems for MARPs in South Africa. This project aligns with PEPFAR goals and the Partnership Framework in that it aims to strengthen evidence-based decision making to increase HIV prevention, and build local capacity, sustainability and country ownership. The project contributes to prevention within a subgroup at high risk in the country with the highest number of HIV-infected individuals, thus making a significant contribution to the PEPFAR prevention goal of preventing 12 million new infections by 2012. ICAP will ensure that project activities have full government ownership and buy-in, and are increasingly financed and directed by the SAG. ICAP's M&E activities incorporate new indicators, identified based on consensus with the NDOH. M&E CQI exercises include root cause analysis and participatory methods so that service delivery is adjusted based on monitoring results. Indicator reporting will be developed for project milestone and used for programmatic and financial reporting using PEPFAR's Next Generation Indicators as adapted for the South African context (described in the 2010 South African Strategic Information Guidelines). As the project advances, ICAP will incrementally transfer project activities to local and community organizations ensuring that subsequent MSM projects and MARPs strategic information systems are completed and implemented by South Africans.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	125,000
Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13618**
Mechanism Name:	**GH1151**
Prime Partner Name:	**Columbia University Mailman School of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	810,000	0

Narrative:

In FY2012 ICAP will provide MSM appropriate services for HCT and STI screening, and increased access of MSM to post-exposure prophylaxis for HIV exposure. Innovative HCT methods such as peer outreach and social networking strategies (utilizing trained MSM peers to encourage members of their social and sexual networks to be tested); couples testing, venue-based testing and home-based testing will be conducted. Those found to be HIV-positive or screen positive for STIs will be effectively linked to appropriate clinical and support services. Social mobilization, anti-stigma campaigns and innovative technologies, such as the use of mobile phone technologies, will be employed to increase the utilization of HCT and prevention services by MSM. ICAP will provide technical assistance and capacity building to the DOH and other implementing partners on indicator selection, M&E and reporting of HCT interventions targeting MSM and other MARPs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,600,000	0

Narrative:

ICAP activities in FY2012 will promote the development and implementation of comprehensive

prevention packages for MSM that incorporate behavioral, biomedical, structural, and community elements. Behavioral interventions will be delivered through one-on-one or small-group sessions or at the community level to address mediators of risk behavior (i.e., HIV risk-related knowledge, emotional states, social influences, and service utilization, including testing and treatment for HIV/ STI, substance abuse treatment and men's health). Evidence-based behavioral risk reduction interventions aimed at behaviors and norms related to MSM risk will be tailored to the needs and resources of the project areas. Sustainable provincial and district-level systems will be strengthened to distribute condoms and water-based lubricant to MSM. To address barriers to HIV prevention services for MSM (i.e, homophobia-driven stigma and discrimination in health care settings), ICAP will support integration of MSM Peer Educators in health facilities. ICAP will establish and integrate Prevention with Positives into the package of care for MSM, and strengthen linkages for entry in care and treatment and referral systems to coordinate social, mental health, medical, and HIV prevention services for MSM. Community mobilization aimed at decreasing community stigma and discrimination and increasing awareness and demand for MSM-specific health services will be conducted. ICAP supports development of sustainable government-led mechanisms to identify and prioritize knowledge gaps about MARPs and has developed a coordinated MARP strategic information agenda at national and provincial levels, which will include data dissemination and the promotion of data use to inform MARPs programming and policy. ICAP will provide technical assistance and conduct capacity-building activities for DOH and other organizations providing prevention services for MARPs on M&E of MARPs-specific interventions and activities, and will capacitate other implementing partner and DOH to provide appropriate and non-judgmental health services to MSM, PWID and SWs through the printing of sensitization materials, and provision of sensitization training to health care workers.

Implementing Mechanism Details

Mechanism ID: 13619	**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	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,320,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	3,320,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

JHPIEGO MMC program goal is to build sustainable capacity within Nkangala District to promote primary prevention of HIV by scaling up safe, comprehensive MMC services with: provision of high quality, high-volume, integrated adult MMC services; collaborate with circumcising communities and leaders to offer MMC as a component of traditional initiation rites; work in partnership with local workplaces and unions generate demand for MMC services; and collaborate with other HIV partners in the district to ensure the continuum of care and promote and refer clients to MMC. JHPIEGO will enter year 2 of an intensive MMC program in 3-4 hospitals and roving services. This program directly supports the prevention goal of the PF, including addressing female vulnerability to HIV and other STI infection. It is also supportive of the NSP goal to reduce new HIV infections by 50%. Providers of HCT and other health services will be oriented to MMC and provided with tools to refer HIV-negative men. This and regular follow up from JHPIEGO will strengthen bidirectional referrals and linkages between MMC and other services. Clients recruited for MMC will be encouraged to bring their partners. Training and knowledge development of staff from area clinics will increase cost efficiencies by reducing JHPIEGO's follow up burden. Bulk procurement of MMC consumables will ultimately reduce costs as well. The project will build sustainable local capacity with a cadre of trained professionals and equipped facilities for transition to SAG management at the end of project period. JHPIEGO will work with SAG and other partners to implement a quality assurance training program per national guidelines. JHPIEGO plans to purchase one vehicle with COP 2011 funds; and three with COP 2012 funds.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population

Budget Code Information

Mechanism ID:	**13619**
Mechanism Name:	**JHPIEGO SA**
Prime Partner Name:	**JHPIEGO**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	3,320,000	0

Narrative:

JHPIEGO will contribute towards provincial and national MMC targets by circumcising 32,000 males in FY 2013. Four percent of HIV-negative males aged 15-49.This will be achieved with fixed services at district hospitals and mobile services in hard-to-reach populations in Nkangala District, Mpumalanga. JHPIEGO proposes to conduct MMC in high volume settings. The unit cost for MMC in the second project year in a high volume setting is estimated at $100/procedure, inclusive of the full package of services and supportive activities such as social mobilization and program monitoring. JHPIEGO will conduct MC in District hospital, they will place Doctors and Nurses to support DOH staff in the MC Procedures. JHPIEGO will operate against a sustainability plan to capacitate health facilities and their staff for MMC impact beyond the completion of the project. JHPIEGO will build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies, incorporating messaging on gender norms and proper treatment of females, and delivering these as part of a package of prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion,linkages to family planning, supportive supervision and QA, STI, HIV, TB, and other treatment services.Demand creation will include formative assessments of clients, their partners and communities to understand facilitators, barriers and preferences in MMC service

delivery; resulting demand creation activities will utilize a mix of media and grassroots approaches to attract adequate client flow.The program will use reporting mechanisms that fold into SAG district, provincial and national systems.This will integrate the project within the larger MMC effort in South Africa and avoid creating parallel structures.The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 13634	**Mechanism Name: PHC Evaluation**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 100,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Department of Health is committed to enhancing PHC, and a PHC task team has noted specific opportunities for improvement, including strengthening the district health system, placing more emphasis on population-based health and outcomes, and focusing on a selected number of health priorities. In this context, a drive to "re-engineer" PHC has been launched, and the idea of a sub-district demonstration project is gaining momentum. This project's approach is guided by partnerships with DOH in support of the National Strategic Plan (NSP) 2012-2016 and the US-SA PEPFAR Partnership Framework. The approach is also aligned with the PHC re-engineering document, including the themes of capacity

building at the district health system / district management team (DMT) level, emphasizing population-based health outcomes and community-based services, and focusing on a selected number of health priorities. It is also aligned with the Eastern Cape Department of Health's emphasis on "revitalization" of primary health care (r-PHC). The project is to support the Eastern Cape Department of Health in its efforts to design, develop, and pilot expanded primary health services, with a particular focus on enabling PHC outreach teams and community health workers (CHW) and Specialist Teams focusing on MCH to provide the PHC package as defined by DOH, and to link facility- and community-based services. In partnership with DOH, the project will support a model network within King Sabata Dalindyebo KSD sub-district, supporting the sub-district management team to enhance health workforce management, referral systems, service integration, and quality improvement.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation
Child Survival Activities
Safe Motherhood
TB
Family Planning

Budget Code Information

Mechanism ID:	13634		
Mechanism Name:	PHC Evaluation		
Prime Partner Name:	Columbia University Mailman School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	0

Narrative:

The goal of this project is to undertake the full implementation of the revitalization of primary health care initiative at King Sabata Dalindyebo Sub-district (KSD) in the OR Tambo District of the Eastern Cape Province. The workplan will be strongly aligned with the KSD Plan, consistent with priorities and themes of ECDOH's vision for revitalizing primary health care in the Eastern Cape Province. The key components of the project are:1. Mapping/GIS of health systems outlets; assessment of existing linkage and referral systems; rapid site assessments focusing on key domains including leadership, resources, infrastructure development and needs, clinical systems, equipment and supplies needs, laboratory capacities, supply chain management systems and monitoring, evaluation and quality assurance activities), information about staffing; training needs analysis and existing cadres of health workers including assessment and review of a comprehensive Community Health Worker program. 2. Intensive capacity building efforts to support EC provincial, district and sub-district DOH staff. Activities will include providing support for convening and workshops, train and build skills on implementing r-PHC. Didactic, webinar-based and distance learning platform training and mentoring on germane areas such as health systems strengthening, integration of services and implementation science will also start in this phase and continue throughout the length of the project. The project will also support training and mentoring for DOH staff members (provincial, district and sub-district) who are specifically responsible for the implementation of r-PHC for the province.3. Focus on implementing the M&E strategy and framework and ensuring quality assurance for implementation activities that will make KSD a model network. In collaboration with DOH, activities include: collation and review of available M&E tools, registers and reporting mechanisms; development and implementation of an M&E framework with key stakeholders; development/adaptation of needed tools, databases, analytic frameworks, training and mentorship protocols; support for the development and dissemination of findings.

Implementing Mechanism Details

Mechanism ID: 13644	**Mechanism Name: University of Cape Town**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: University of Cape Town	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 476,281	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	476,281

Sub Partner Name(s)

(No data provided.)

Overview Narrative

University of Cape Town prioritizes pharmacovigilance approaches that are most efficient at assessing the burden of drug-related morbidity and mortality on the healthcare system. The focus is on Adverse Drug Reaction (ADR) in HIV infected patients, but the proposed multicentre hospital surveys will also evaluate serious ADRs in HIV uninfected patients. The aim wherever possible is to strengthen pharmacovigilance for all medicines. The approaches are intended to identify gaps and future priorities of the national drug policy, strengthen and evolve the existing national pharmacovigilance structure and strengthen the link between drug safety surveillance and improving the quality of care for patients infected with HIV/AIDS. The goals are to develop systems to assess the burden of clinically significant adverse drug reactions and to create a sustainable and responsive system for reporting of ADRs, which links ADR reporting to provision of information and clinical advice. The objectives are: to perform a gap analysis and landscaping exercise of existing pharmacovigilance structures and activities, in collaboration with the NDOH; to describe the frequency, nature and preventability of ADRs which result in hospital admission, and ADRs occurring during admission; to determine to what extent ARV and antitubercular medicines contribute to the burden of adverse drug reactions resulting in hospitalisation and occurring in hospital; and to strengthen the capacity to collect ART program surveillance data by establishing reasons for treatment-limiting toxicities in treating adults and children, broadly representative of the national programme, with the possibility of expansion to further sites.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13644**		
Mechanism Name:	**University of Cape Town**		
Prime Partner Name:	**University of Cape Town**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	476,281	0

Narrative:

"The Division of Clinical Pharmacology at the University of Cape Town has been at the forefront of ADR surveillance and drug policy for many years. The Medicines Information Centre of the Division of Clinical Pharmacology at the University of Cape Town was allocated funding by the Department of Health in 2004 to run an HIV medicines information service (HIV Hotline) and to support the passive reporting of ARV adverse drug reactions of the National Adverse Drug Event Monitoring Centre of the Medicines Control Council. All of the objectives of the proposal were met. These activities have been sustainable and have expanded with subsequent funding of the National HIV Hotline from the Foundation for Professional Development (who are funded largely by PEPFAR), and an enhanced ARV passive reporting system was set up in collaboration with the Western Cape provincial government with funding from the Global Fund. Adverse event reporting was nested within routine program monitoring requirements with all facilities reporting serious ADRs as a monthly reporting requirement. The proposal prioritises pharmacovigilance

approaches that are most efficient at assessing the burden of drug-related morbidity and mortality on the healthcare system. The focus is on ADRs in HIV infected patients, but the proposed multicentre hospital surveys will also evaluate serious ADRs in HIV uninfected patients. The aim wherever possible to strengthen pharmacovigilance for all medicines. The approaches are intended to identify gaps and future priorities of the national drug policy, strengthen and evolve the existing national pharmacovigilance structure and strengthen the link between drug safety surveillance and improving the quality of care for patients infected with HIV/AIDS.

Implementing Mechanism Details

Mechanism ID: 13682	**Mechanism Name: Health Information Systems Program**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health Information Systems Program	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	2,000,000

Sub Partner Name(s)

Jembi Health Systems of Cape Town		

Overview Narrative

Health Information Systems Program (HISP) is a new partner whose Cooperative Agreement is initiating at the end of Fiscal Year 2011, whose primary objectives are to provide technical assistance and build the capacity of the South African Department of Health (DOH) at national and provincial levels to strengthen the national health information system. The objectives of the HISP agreement align with the Partnership Framework by strengthening the health system, particularly by building capacity in the health information

sector, and improving the information systems for use for management and decision making. The geographic coverage of the activities will be national, including directed activities within all nine provinces. Target populations to benefit are all patients receiving public healthcare in the country, as the project will impact all data collection and use of the routine health data information system, the District Health Information System (DHIS), which is utilized in all districts nationally. HISP is a local partner, who will hire staff to provide technical assistance to the health information division at each provincial DOH; the sustainability plan which will be developed in the first year of the agreement will outline the process to transition that technical expertise to the DOH staff before the agreement's termination. The monitoring and evaluation plan for the five year project will be developed within the first year, with indicators targeted to health information capacity building in all provinces, the number of data capturers providing timely feedback reports to facilities, and the percentage of districts achieving data quality assessment scores of 80% or greater.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13682**
Mechanism Name:	**Health Information Systems Program**
Prime Partner Name:	**Health Information Systems Program**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	500,000	0

Narrative:

HISP is the developer of the national, primary HIS for routine health data, the District Health Information System (DHIS), and as such they are a natural leader in health information systems (HIS) and SI in South Africa. The SI barriers for the planned HISP SI activities are primarily that there are multiple different HIS which operate in parallel and are non-compatible, only one of which is the DHIS. Facilities are expected to report on required indicators using multiple different HIS, separate HIS for HIV/AIDS, TB, drug-resistant TB, HRH, pharmacy supply management, and primary healthcare routine indicators. There is a lack of interoperability between HIS, even those that seek to collect identical datasets. The new HISP agreement seeks to address these barriers by developing an enterprise architecture for the eHealth strategy which will account for the role and technical functionality of every HIS. The development of the architecture will enlist all stakeholders including NDOH and software developers who created the current HIS, as well as architecture experts and frameworks. HISP will also work towards developing standards for interoperability between HIS, and work to facilitate a national electronic data standards committee. These activities will be done enlisting the approval and cooperation of the NDOH. HISP will also pilot methods of leading the development of governance structures for HIS at the provincial level. They will also works closely with the USAID partner John Snow, Inc/Enhance SI and the CDC partner WAMTech. These linkages pertain to SI activities such as routinely monitoring and improving data quality within the DHIS, and working towards interoperability between the DHIS and the TB and drug-resistant TB electronic registry HIS by revising the database structure and function. The opportunities for future linkages include working towards interoperability in the newly selected ART monitoring HIS, and PEPFAR South Africa will work to ensure that cooperation.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,500,000	0

Narrative:

HISP will strengthen the National Health Information System (NHIS) through facilitating an independent HIS capacity assessment to identify gaps in the overall NHIS. This assessment should at least assess and analyze 1) the Enterprise Architecture of the NHIS, 2) health data standards, 3) health data

governing structures, 4) institutional capacity to support NHIS, 5) inter-sectoral collaboration, 6) country ownership and leadership. The results will be used to develop plans to bridge gaps in collaboration with NDOH and Provincial DOH. HISP will provide technical assistance, guidance and support to implement these plans as determined by NDOH. HISP will give implementation support to Districts and PEPFAR District Partners for Tiers 1 and 2 of the 3-tiered ART monitoring system. This system was selected by the National Health Council of South Africa to be the single ART monitoring system in the country; all ART statistics are to be reported via this system. OHSS activities pertaining to this roll-out are change management and tool-specific training for the district management teams and each facility. HISP will draft a comprehensive capacity building strategy and activity plan and start implementing the initiatives during FY2012. The plan will be drafted in collaboration with NDOH and PEPFAR/SA to ensure alignment with SAG priorities and coordination within the Partnership Framework. HISP will embark on activities aimed at strengthening the HMIS and institutional capacity in South Africa through: 1) providing targeted technical assistance to NDOH, Provinces and Districts. The TA will focus on strengthening data management, data quality, use of data, and reporting at all levels but mainly at facilities; 2) supporting existing or establishing new HIS Coordinating or Data Committees for NDOH, Provinces and Districts. The role of these committees will be to deal with data quality, feedback to data sources, integration of data from parallel sources, security/confidentiality policies, and general data management issues. The idea is to replicate the existing National Health Information Systems Committee structure at Provincial and District levels.

Implementing Mechanism Details

Mechanism ID: 13688	**Mechanism Name: GH1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Health and Development Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 810,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	810,000

Sub Partner Name(s)

Project Support Association	Sonke Gender Justice	

Overview Narrative

The goal of this project is to prevent HIV infections in Gert Sibande, Mpumalanga by combine evidence based prevention programming targeting commercial sex workers (CSWs) and tavern patrons to reach 80% of CSWs in selected drinking places with comprehensive, evidence-based behavioral interventions to reduce high risk sexual behavior; ensure annual HIV testing of 90% of targeted CSWs; increase referral of CSWs to HIV care and support; implement Prevention with Positives; increase awareness of safer sex and alcohol use; and develop a project to be integrated into SAG services at provincial and district levels. When possible, indicators will be internationally recognized and derived from the PEPFAR Indicator Reference Guide. Standard data collection tools will be used to measure training and implementation outputs and outcomes, meetings will be conducted to discuss data and make data-driven decisions, information will be checked for accuracy and reliability, and audits will be conducted using established tools. HDA activities will be coordinated with Soul City's 'Phuza Wize' campaign to ensure resource efficiency. The project aligns with South Africa's strategic plan and partnership framework, and supports PEPFAR and SAG goals of supporting country-led initiatives aimed at primary prevention of HIV infections. HDA has a track record of building the capacity of local organizations, and the Departments of Social Development and Education regard HDA as a key partner in the delivery of capacity-building initiatives. PSASA staff will be trained as trainers and receive management and technical support to scale up interventions. As part of the community mobilization strategy, HDA will pass developed training resources and capacity building interventions to local organizations.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**13688**
Mechanism Name:	**GH1151**
Prime Partner Name:	**Health and Development Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	270,000	0

Narrative:

Reliable data exists neither of the HIV prevalence, current HCT coverage, nor the size of the sex worker population in this geographic area. Using a model that employs community mobilization through peer education and outreach, HDA will provide community-based HIV counseling and testing (HCT), STI screening, appropriate referrals to HIV, STI care treatment and support (including mental health and substance abuse support) to CSWs working at drinking establishments, and their male clients/tavern patrons. All HVCT funding provided through this cooperative agreement will support provision of HCT for CSWs, a most at-risk population. This project aims to reach 80% of identified sex workers in the target area with HCT. CSW peer advocates will be employed to facilitate referral to appropriate care and treatment services. HDA will work with PEPFAR partners and DoH to establish referral systems to ensure ease of access and track and follow up on the service provided. . In FY2012, HDA aims to provide HCT and STI screening to 1000 persons (800 CSWs and 200 of their male clients). In FY2012, HDA will conduct bio-behavioral surveillance as part of the situational assessment to obtain baseline prevalence and risk behavior information. In 2012, this surveillance activity will sample 500 CSWs in Gerte Sibande district at a unit cost of $40.57 per study participant.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	540,000	0

Narrative:
HDA has identified 5 target groups for this project: CSWs, male tavern patrons, tavern owners and managers, primary healthcare workers, and partnering CBOs. HDA's HCT activities will be complemented by sex worker peer advocates and male peer advocates trained through the “One Man Can” campaign, who will provide community mobilizations around HCT and STI screening services, distribute female and male condoms and risk reduction information to sex workers and male patrons at drinking establishments. CSWs identified through stakeholder engagement will participate in formal workshops and trainings (Stepping Stones Intervention) to examine attitudes towards gender and relationships, build on their knowledge of aspects of sexual health and HIV/AIDS, and develop skills to help them communicate their needs to others. The target for the Stepping Stones training in FY2012 is 600 CSWs. Of the CSWs participating in Stepping Stones, those who show leadership and an aptitude for peer education will be trained as peer advocates. The functions of peer advocates are to provide risk reduction education and condoms to their peers, support the practice of preventative behavior, and link CSWs to the primary health care system. HDA aims to train 80 CSW in FY2012 as peer advocates, who will in turn provide risk reduction information, support and materials to 6200 people in FY2012 . The ‘One Man Can’ tools and materials will be adapted to provide men-to-men peer outreach in taverns to discuss alcohol use, violence, and masculinity to ensure a combination of behavior change strategies in drinking locations. 20 peer educators for the One Man Can component of this project will be trained in FY2012. HDA will hold training sessions for tavern owners and managers on how to support the project and CSWs frequenting their establishments as well as ensuring the availability of condoms. The buy-in and support from local health workers is crucial for the creation of a conducive environment in which CSWs able to practice risk reduction behavior and seek appropriate health services. In partnership with Department of Health, DHA will obtain buy-in and provide clinic health staff with information and sensitizations trainings on providing cooperative and friendly places for CSWs (and their sex partners), to obtain appropriate health services, and collect condoms and lubricants. DHA will work with PEPFAR partners and DoH to establish referral systems based on the standard HBC system for their peer educators to ensure ease of access and track and follow up on the service provided.

Implementing Mechanism Details

Mechanism ID: 13695	Mechanism Name: Epicentre AIDS Risk Management
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Epicentre AIDS Risk Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,063,943	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,063,943

Sub Partner Name(s)

Futures Group		

Overview Narrative

In response to national and PEPFAR priorities, Epicentre is establishing an HIV incidence surveillance system in Sisonke District of KwaZulu Natal (KZN) Province. The objectives of the surveillance system are to 1) establish population-level adult HIV incidence and monitor changes in incidence trends over time, 2) determine programmatic factors associated with changes in new HIV infections, and 3) validate laboratory HIV incidence estimation assays against cohort incidence measurements.
This surveillance system will employ a cross-sectional approach with an embedded cohort and is designed to be complementary to the national household survey. The system is being established where PEPFAR partners and the district government are scaling-up intensive, multi-pronged prevention interventions including MMC, HCT and comprehensive prevention services. It will collect localized and detailed information about the HIV response in the geographic area and have the ability to look more closely at associations in scale-up of prevention efforts on changes in HIV incidence in a “real world”, non-trial setting. It will also establish population-level incidence and prevalence baseline in order to monitor future trends as new bio-medical technologies become available including pre-exposure prophylaxis (PrEP), post exposure prophylaxis (PEP) and vaginal or anal microbicides. In addition, it will provide the ability to validate different laboratory assays and algorithms against cohort-derived incidence as well as potentially introducing additional laboratory components. This activity is being conducted with the strong endorsement of the KZN provincial government and in close collaboration with government and PEPFAR partners in Sisonke District. No vehicles are being purchased.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	**13695**
Mechanism Name:	**Epicentre AIDS Risk Management**
Prime Partner Name:	**Epicentre AIDS Risk Management**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	600,000	0

Narrative:

FY 2011 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members. In year two, FY 2012 surveillance data collection will take place including HIV and STI testing and a behavioral interview of each participant. The sample size will be approximately 2,500 men and 2,500 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	463,943	0

Narrative:

FY 2011 activities for this partner included baseline assessments and community mapping, stakeholder sensitization and buy-in, protocol and tool development, ethical clearance, and training for study team members. In year two, FY 2012 surveillance data collection will take place including HIV and STI testing and a behavioral interview of each participant. The sample size will be approximately 2,500 men and 2,500 women in one district in KwaZulu Natal where PEPFAR and the local government are scaling-up medical male circumcision and comprehensive prevention programs.

Implementing Mechanism Details

Mechanism ID: 13709	**Mechanism Name: University of Washington**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 6,025,377	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	6,025,377

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The SAG, PEPFAR, GHI & I-TECH recognize the importance of strong systems for integrated health programs. COP12 activities will be expanded to include TA to the NDoH & PDOH to meet the goals and objectives of the partnership framework and the National Strategic Plan in support of the national HIV/AIDS, and TB response (2012 – 2016). Priority will be given to developing sustainable programs that will be transitioned to country-owned and country-driven. I-TECH SA Goal: To improve the effectiveness, efficiency and sustainability of the SA national HIV, STI and TB Response. I-TECH Objectives: Reduce HIV and TB incidence; Strengthen community systems to prevent HIV/TB transmission; strengthen managerial capacity across the public sector particularly in M&E, information systems, implementation and HIV mainstreaming; Increase institutional capacity to deliver health system

functions; and Invest in OR & new innovative methods to evaluate the true impact of programs. I-TECH SA will strengthen the National Health System with emphasis on 4 of the 6 building block of the WHO HSS framework, which include human resources for health, information, service delivery, and governance. Specifically, I-TECH's TA to the NDOH, PDOH & RTCs will included strengthening the 9 RTCs capacities based on the US AETC model with primary emphasis on: 1. Human capacity development (leadership & governance capacity building, human resource development/ management, financial management); 2. Strategic information (strategic planning, data management and reporting systems, monitoring and evaluation, target indicator development, disseminating best practices to improve program efficiency/ effectiveness).

Cross-Cutting Budget Attribution(s)

Human Resources for Health	4,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13709**
Mechanism Name:	**University of Washington**
Prime Partner Name:	**University of Washington**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	775,377	0

Narrative:

I-TECH aims to reduce HIV and TB incidence. I-TECH SA will support the scale-up of a national advanced HIV, AIDS and TB training program in collaboration with the National and Provincial Departments of Health as well as District Management Teams in three priority districts with possible expansion to other areas, targeting worst performing districts at primary health centres to improve specific TB and HIV quality of prevention, care and treatment indicators. As part of this effort, I-TECH will strengthen programs against TB, MDR-TB and XDR-TB aligned to the decentralized TB prevention, care and treatment guidelines. I-TECH will conduct a baseline assessment, collaborating with the University of Free State to standardize the approach that has already been used in Northern Cape and Eastern Cape, develop a training plan and then scale-up the training program. One of the focus areas of the baseline assessment would be the data quality and reporting tools used at the facility. I-TECH will ensure that national tools are used and that TB indicators are reported correctly so that high-quality data is available for progress monitoring and outcome evaluation. I-TECH maximizes its impact through a “training of trainers and mentors” strategy. This leverages large numbers of new HCW trained and assures that departments of health have internal master trainers/mentors available who allow them to rely less and less on external technical assistance (TA). Using this model, I-TECH will work closely with the RTCs to develop a network of district trainers to implement the national training program at the sub-district level. I-TECH will train nurse mentors to support knowledge into practice at the district level. Additionally, I-TECH will work with the Department of Correction Services to develop and implement an HIV and TB training program. The goal of the program is to support health care workers working in the prison system to provide essential HIV and TB prevention care and treatment for inmates. As with the facilities, I-TECH will assist in improving the quality of the treatment data and evaluate the flow of data to ensure that Correction Services TB data is included in national reporting. I-TECH will conduct on-going monitoring and an outcome evaluation to ensure that the TB and HIV quality of prevention, care and treatment indicators improve as a result of the interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	4,500,000	0

Narrative:

During FY 2012, I-TECH’s OHSS-funded activities will assist the strengthening of the South African Health System mainly as follows:

1. Regional Training Center (RTC) Capacity Building: Using the International AIDS Education and Training Center (IAETC) model, I-TECH SA will capacitate the Provincial Regional Training Centers (RTCs) to ensure a sustainable, high-quality and standardized training program in the management of

HIV, AIDS, TB, STIs, chronic diseases and mental health. I-TECH will:
(i) Conduct a situational analysis of the RTC models identifying best practices and lessons learned, the envisaged role of RTCs in the PHC re-engineering process in collaboration with the HRD at NDOH.
(ii) Analyse potential models for a decentralized RTC structure that includes recommendations for leadership and managerial capacity, human resources needed to support RTC functions, a standardized training program (including distance learning options), infrastructure, data management, and trainer competencies required to implement continuing education for health care workers using the IAETC model.
(iii) Develop a standardized training program working with the NDOH and key partners.
(iv) Develop six provincial plans for RTC strengthening. Implementation will begin in 3 priority RTCs in COP12 with scale-up in COP13 to remaining RTCs.
2. District Leadership and Management Development. I-TECH SA will strengthen district, sub-district and facility-level health systems through the development of practical management skills of key managers through implementation of a leadership and management initiative (LMI). I-TECH will train officials from districts through provincial trainings, with focus on the 10 pilot districts for National Health Insurance and other priority districts identified by the NDOH.
3. Human Resources Information System (HRIS): I-TECH will strengthen the national HRIS through:
(i) Expanding the implementation of the Training System Monitoring and Reporting Tool (TrainSMART) from 3 to 6 provinces and Department of Correctional Services providing a national platform for training data collection and reporting. TrainSMART is an open-source, web-based training data collection system developed by I-TECH aligned to the reporting requirements of PEPFAR.
(ii) Providing TA to DOH at all levels with the development and national roll out of the Skills System Monitoring and Reporting Tool (SkillSMART) to become the national HRIS tool. The system will be used to capture data from health care workers (HCW) on qualifications, skills, past trainings, and levels of confidence and competence at an individual level.
(iii)Expanding the electronic library nationally with NDOH.I-TECH will lead the process of assessing current similar resources to propose a standard or linked national resource.
4. Department of Correctional Services: I-TECH will strengthen the HIV, AIDS, STI and TB prevention, care and treatment of inmates through targeted training and systems strengthening activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	750,000	0

Narrative:

I-TECH SA COP 12-13 will focus on TA to strengthen the SA NDoH, PDoH, District Management Teams, RTCs and HCWs/CHWs in the implementation of prevention of STI, TB and HIV with HIV positive people

(PwP) as a key building block for HSS. I-TECH's TA will support prevention activities in the Free State (FS), KwaZuluNatal(KZN), Mpumalanga(MP) and Gauteng(GP) provinces. I-TECH will build capacity and provide on-the-job training for HCWs and CHWs on Prevention with Positives (PwP), and Post Test Clubs (PTCs), enhancing knowledge, skills and practices in service delivery to ultimately improve patient outcomes. The goal of the PwP program is to reduce transmission of HIV to uninfected persons (partners and children) and promote prevention and healthy living in communities and clinical settings.
Objective 1: To integrate PwP activities into clinical care settings. I-TECH conducted a formative assessment in FS to evaluate the HIV prevention information conveyed by HCWs & information received by patients in selected health care settings. I-TECH COP 12 activities will implement the same evaluation in GP, MP and KZN provinces and will implement a 4 hour onsite PwP training course for HCWs & CHWs. Content is adapted from the CDC PwP training course and piloted in GP. Additionally, I-TECH will standardize PwP approaches and materials; conduct 4 TOTs on PwP trainings for RTCs & PEPFAR partners to rapidly scale up PwP activities in districts, sub district & community level. I-TECH will work with NDOH/PDOH to scale-up a nationalized STI training program to RTCs and priority districts and leverage support of NDoH/PDOH to integrate PwP training into the NIMART training & PHC re-engineering process. Objective 2: Strengthen community systems to prevent HIV and TB transmission. I-TECH will expand the Post Test Clubs (PTCs) to interface with the Integrated Access to Care and Treatment (I-ACT) initiative and the HIV testing process to empower communities to provide support for persons living with HIV. I-TECH will provide TA to roll out PTCs in GP, MP & KZN in COP 12. PTCs empower newly diagnosed HIV persons with PwP messages, positive living, teach life skills & nutrition. Clinics & community linkages will be strengthened. Program evaluation will assess the impact on key PwP indicators for adherence, disclosure of status, partners testing, loss to follow-up, risk reduction behaviours& improved quality of life. Five training of trainers will be conducted for RTCs, partners and Community Based organizations (CBO's) for scale-up of PTCs to rapidly scale-up and deliver the training across the country.

Implementing Mechanism Details

Mechanism ID: 13750	**Mechanism Name: GH1152**
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	New Mechanism: N/A

Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 898,161	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	898,161

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In line with the PF priority to achieve HIV prevention through the expansion of HIV counseling and testing (HCT) programs linked to evidence based behavioral change, this proposal aims to expand and enhance six existing community based, NGO-led HIV HCT centers into Community HIV Prevention Centers. The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the targeted geographical areas highlighted below, where HIV prevalence is high and the incident rate is growing. During the first six months of the project, a situational analysis will be undertaken to understand the needs and gaps in HIV prevention strategies, in each of the chosen communities, staff will be trained accordingly and a monitoring system will be developed to track progress. The proposed project will be carried out within the Cape Metropole of the Western Cape. The project will be carried out in partnership with government (Provincial Department of Health and City of Cape Town Health Department) and various NGOs. Such activities include but may not be limited to, condom distribution and referral and follow up of clients for (a) male medical circumcision (b) STIs (c) HIV care (d) TB treatment and (e) pregnant women to PMTCT program. The proposed project will allow for transference of skills to and increased capacity for local indigenous organizations i.e. NGOs to provide HIV prevention interventions in their communities. Activities will be constantly monitored through the use of specific M&E tools developed, so that a model of a “best practices” for a Community HIV Prevention Centre may be established and potentially replicated in other areas of South Africa, through local organizations. No vehicle will be procured in this program for two years.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB
Workplace Programs

Budget Code Information

Mechanism ID:	**13750**
Mechanism Name:	**GH1152**
Prime Partner Name:	**University of Stellenbosch, South Africa**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	300,000	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the targeted geographical areas. Activities will be aimed at young adult men and women aged 18-35. Target for COP 2012 is 5000. HIV Prevention activities will include: addressing delay of sexual debut, safer sex practices, risk behaviour reduction practices, HCT, and MMC. All routine data (indicators) will be collected on a monthly basis at each centre and sent to the project manager for collation. Monthly meetings will be held with the project manager, PNs and NGO representatives to assess progress against measurable outputs. This will allow for monthly planning and adaptations being made to existing plans to reach targets set. Database shall be used to input data and for reporting means.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVCT	270,000	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the Eastern, Northern Mitchell's Plein & Klipfontien Sub-Districts. Activities will be aimed at young adult men and women aged 18-35. HCT target for COP 2012 is 4500 aggregated by 2500 male and 2000. HCT activities will be conducted to create a gateway to HIV prevention, care and treatment services. Additionally, HCT activities will be used to: provide individual and couple counseling; conduct screening to the clients for STIs and refer if symptomatic for treatment; provide support to Sero-discordant partners, as well as those who have the same status; explore topics such as substance abuse with clients during post-test counseling sessions, as part of a client's risk reduction plan, and enroll in external quality assurance program for rapid HIV test. All test kits will be procured and stored following the NDOH rapid testing guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	328,161	0

Narrative:

The overall goal is to reduce the number of New HIV infections within the Cape Metropole and specifically within the Eastern, Northern Mitchell's Plein & Klipfontien Sub-Districts. The program will target young adult men and women aged 18-35. In COP 2012, 6000 target is set. Activities will include but not limited to: Conduct referrals of heterosexual males to medical male circumcision (MMC); Distribution of male and female condoms; Screening and Referrals for STI patient's treatment. Provision of youth and HIV Prevention Sessions to promote awareness/ education around HIV, including addressing delay of sexual debut, safer sex practices and risk behaviour reduction practices. Strengthens monthly youth "groups" at each identified site. Incorporate sport, games, movies, life skills, motivational speakers, job skills, assistance with homework etc. Referral of pregnant women for midwife obstetric unit (MOU) for entry into the PMTCT program. All routine data (indicators) will be collected on a monthly basis at each centre and sent to the project manager for collation. Monthly meetings will be held with the project manager, PNs and NGO representatives to assess progress against measurable outputs. This will allow for monthly planning and adaptations being made to existing plans to reach targets set. Databases shall be used to input data and for reporting means.

Implementing Mechanism Details

Mechanism ID: 13761	**Mechanism Name: HRH Transition Plan Support - 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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 16,231,132	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	4,446,000
GHP-State	11,785,132

Sub Partner Name(s)

Institute of Health Programs and Systems (IHPS)		

Overview Narrative

This program aims to identify need, recruit, hire and manage various levels of clinical, technical, and administrative health care staff to support the SAG's implementation of HIV and TB prevention, care and treatment services in South Africa. The following are NDOH and CDC agreed identified priority districts/areas for this project: Free-State: Xhariep, Motheo, Lejweleputsa, Fezile Dabe, Eastern Cape: Nelson Mandela Bay Metro, Buffalo City, OR Tambo, Northern Cape: Pixley ka Sema, Francis Baard, KwaZulu Natal: Zululand, Umzinthathi, Uthukela, Umgungundlovo, Limpopo: Waterberg, North West: Bojanala, Ngaka Modiri Moleme, R Moila, Tswaing. Measurable outcomes will be in alignment with: To rapidly assess and prioritise the human resource needs in the areas identified as well as conduct a baseline assessment of existing PEPFAR supported human resource provision to those areas, especially partners with current CDC funding which is about to expire, To conclude and implement memoranda of understanding with the relevant NDOH structures at the various levels to ensure the support for this project. To recruit, hire and place suitable staff to meet the identified needs in the areas based upon the priorities determined, To manage the consistent remuneration and administration of the placed staff based on equitable standards acceptable to the NDOH and in accordance with all relevant laws and regulations, To conduct adequate performance management of all staff throughout the grant period, To

progressively and systematically arrange for the transfer to and absorption of staff into the NDOH by the end of the grant, according to agreed schedules, and To monitor and evaluate the performance of all role players in this project to ensure project performance.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	12,581,132

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**13761**		
Mechanism Name:	**HRH Transition Plan Support - Aurum Health Research**		
Prime Partner Name:	**Aurum Health Research**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	821,225	0
Narrative:			
This activity supports presently seconded human resources of present PEPFAR partners whose contracts are expiring in the priority districts listed in the Overview Narrative where HBHC activities are			

being undertaken. Furthermore, as additional Human Resource needs are identified in subsequent surveys of the target districts, we will negotiate with the DOH to place seconded employees into the target areas against an agreed absorption plan over an agreed time frame.

Aurum will cover the priority areas as well as a National DoH need with a human resources placement and absorption strategy. This will bolster the human resources capacity of the DOH as a key pillar of Health Systems Strengthening (HSS). HSS is a clearly identified component of the PEPFAR/SAG partnership framework agreement and thus this activity is aligned to bilateral strategic imperatives. At the community level, it is likely that the needs identification process will point to the strengthening of the community outreach team as defined in the Primary Healthcare (PHC) Reengineering strategy of the SAG. These outreach teams are likely to have a number of vacancies without initial mechanisms to fill them which is where this grant will be appropriate.
The staffing to be provided will be targeted mainly at key district and community workers undertaking HBHC activities for HIV-infected adults and their families aimed at extending and optimizing the quality of life of such families. The PHC Reengineering strategy is one of outreach, so this work activity should build connection to the community and strengthen the linkages to care.
The M&E approach is a fundamental component of the grant execution. For this budget code, the sub-partner (SEAD) executing a baseline HR survey of the target districts will include the HBHC needs analysis and the meeting of that need over the course of the grant. Annual re-surveys will inform HR planning for this category of health worker. The M&E plan also addresses internal performance of the consortium in meeting HBHC staffing targets.

Monitoring the quality of HBHC services will be executed through an individual performance management programme for seconded staff, assessed against DoH agreed job descriptions for HBHC roles.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	800,000	0

Narrative:

This activity is aimed primarily at supporting new and presently seconded cross-cutting human resources of the CDC and present PEPFAR partners whose contracts are expiring, notably whose roles are HVTB activities.

The staffing to be provided will be targeted mainly at key national facilities including the National DOH offices (technical assistance in TB/HIV integration activity planning) and the National Health Laboratory Services (specialist data analyst reviewing trends in TB epidemiology and reporting). Specific district level integration technical assistance needs will also be identified and appointed where needed.

Whilst this budget code only provides direct human resources support for health, the work of the seconded staff will target health systems support work such as:

• Alignment of annual planning activities to strategic level policies and plans for TB and HIV;
• Specialist data analysis to reviewing and report trends in TB epidemiology and diagnosis;
• Guide the NDOH on interpretation of reports on PEPFAR TB/HIV ;
• Researching innovative approaches to improved efficiencies in TB/HIV;
• Reviewing District level TB/HIV linkage issues with a view to finding efficiencies and more effective approaches.

A key activity of this code area is to transition staff to National and District DOH budgets over the course of the grant.

The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.
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Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	0

Narrative:

This activity is aimed at supporting presently seconded human resources of present PEPFAR partners whose contracts are expiring in critical areas of the priority districts listed in the Overview Narrative where PDCS activities are being undertaken.
The staffing to be provided will be targeted mainly at very high priority key facility and community workers undertaking PDCS activities for HIV-exposed children and their families aimed at extending and optimizing the quality of life of such children. Included in the activities undertaken are diagnosis, clinical, family and psychosocial support. The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	300,000	0

Narrative:

This activity is aimed primarily at supporting new and presently seconded human resources of the CDC

and present PEPFAR partners whose contracts are expiring, notably whose roles are covering important health systems gaps at National and Provincial/central District level.

A) In the first instance (budget $600 000), a key activity area is to provide staffing that will be targeted mainly at roles which are cross-cutting the pillars of sound health systems, including human resource planning, financial planning, management and leadership, and interdisciplinary health professional capacity.

Whilst this budget code only provides direct human resources support for health, the work of the seconded staff will target health systems support work such as:

• Identifying and developing proposed system solutions to district level systems barriers impeding overall programme efforts;
• Identifying and describing cross-cutting issues which could improve systems performance;
• Activities supporting the forward planning capacities of District Management Teams.
• Support for an NHLS project manager to coordinate a pilot project to evaluate cryptococcal antigen testing in NHLS facilities.

A key activity of this code area is to transition staff to National and District DOH budgets over the course of the grant.

B) In the second instance (budget $300 000), this budget code needs to support the development of a Human Resources Transition Plan together with the NDOH for all USG Care and Treatment personnel to the NDOH over an as yet to be defined transition period. This activity is likely to be a joint exercise between Aurum and sub-partner SEAD engaging with the NDOH and USG agencies.

The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	4,150,000	0

Narrative:

Aurum will maintain its established high volume MMC site in Ekurhuleni District, Gauteng, accomplishing 5,000 MMCs in 2012 and 5,000 MMCs in 2013 ($100/MMC). Unit costs per MMC reflect use of efficient staffing and site management and are the standard rate for MMC in South Africa. Aurum will operate against a sustainability plan to transfer their skill set to facility staff for impact past the completion of the

project. Project will support SAG monitoring efforts by using reporting mechanisms that fold into district, provincial and national systems, avoiding creating parallel reporting structures. Their program will continue to build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies (MOVE), incorporating gender messaging on male norms and proper treatment of females, and delivering these as part of a minimum package of HIV prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Aurum will make efforts to retain patients in care through the duration of their healing to minimize complications and reinforce risk reduction messages. Demand creation will be essential and entail community dialogues, mass media, local media, engagement of female partners and caregivers, engagement of key influencers, employers, and community stakeholders, peer referral networks, “word of mouth” campaigns, and strong linkages from HCT, PMTCT and other touch points within the health system. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males’ improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	0

Narrative:

This activity is aimed primarily at supporting presently seconded human resources of present PEPFAR partners whose contracts are expiring in the priority districts listed in the Overview Narrative where MTCT activities are being undertaken.

The staffing to be provided will be targeted mainly at key facility workers e.g. professional nurses, enrolled nurses, counsellors, administration staff, and data capturers specifically engaged in strengthening and expanding MTCT activities.

Whilst this budget code does not directly support anything other than human resources for health, the work of the seconded staff will target health systems support work such as:

• Building the capacity of health care providers and facilities to provide PMTCT services at facility level in the priority sub-districts;
• Building capacity at national, provincial, district and clinical site level to oversee the program, routinely collect data and monitor the quality of services;
• Improving/coordinating practices that promote paired mother-infant care and linkage to other

appropriate treatment, and care and support services;
• Supporting integration of PMTCT into routine maternal/child health services and other prevention programs.
•
A key activity of this code area is to transition staff to Provincial and District DOH budgets over the course of the grant.

The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	8,809,907	0

Narrative:

This activity is aimed primarily at supporting presently seconded human resources of present PEPFAR partners whose contracts are expiring in the priority districts listed in the Overview Narrative where HTXS activities are being undertaken.

The staffing to be provided will be targeted mainly at key facility workers e.g. medical practitioners, professional nurses, enrolled nurses, counsellors, administration staff, and data capturers undertaking HTXS activities.

Whilst this budget code does not directly support anything other than human resources for health, the work of the seconded staff will target health systems support work such as:

• Training activities, including pre- and in-service training and mentorship focusing on improved treatment quality and coverage;
• On-site HSS activities;
• Efforts to track and evaluate clinical outcomes and other performance data and current clinical outcomes to measure performance for quality improvement at the sub-district and site level;
• Efforts to improve retention of patients initiated on ART and outcomes of these activities;
• Adherence activities and outcomes of these adherence activities;
• Target population(s) and coverage with a comprehensive care and treatment package, including ART provision, cotrimoxazole prophylaxis, and TB screening;
• Efforts to improved efficiencies to allow for continued expansion of services; and

A key activity of this code area is to transition staff to National and District DOH budgets over the course of the grant.

The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	750,000	0

Narrative:

This activity is aimed primarily at supporting presently seconded human resources of present PEPFAR partners whose contracts are expiring in the priority districts listed in the Overview Narrative where PDTX activities are being undertaken.

The staffing to be provided will be targeted mainly at key primary facility workers e.g. medical practitioners, professional nurses, enrolled nurses, counsellors, administration staff, and data capturers undertaking PDTX activities.

Whilst this budget code does not directly support anything other than human resources for health, the work of the seconded staff will target health systems support work such as:

• Training activities, including pre- and in-service training and mentorship focusing on improved treatment quality and coverage;
• On-site HSS activities with paediatric outcome objectives;
• Efforts to track and evaluate clinical outcomes and other performance data and current clinical outcomes to measure performance for quality improvement at the sub-district and site level;
• Efforts to improve retention of patients initiated on ART and outcomes of these activities;
• Adherence activities and outcomes of these adherence activities;
• Target population(s) and coverage with a comprehensive care and treatment package, including ART provision, cotrimoxazole prophylaxis, and TB screening;
• Efforts to improved efficiencies to allow for continued expansion of services; and

A key activity of this code area is to transition staff to National and District DOH budgets over the course of the grant.

The monitoring the quality of care and support services in this category will be executed through an individual performance management programme for seconded staff.

Implementing Mechanism Details

Mechanism ID: 13767	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: Re-Action!	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 720,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	720,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Re-Action project aims to reduce number of new HIV infections among commercial sex workers (CSWs) in Nkangala District, Mpumalanga Province, South Africa. The project will draw on Re-Action's successful "Public-Private Mix" (PPM) approach to health systems strengthening and extensive institutional partnerships and community outreach infrastructure in Mpumalanga, as well as RTI International's technical expertise in working with female sex workers and the implementation of the women-focused evidence-based "Women's Health CoOp" (WHC) intervention package. Drawing on these strategies and capacities, the project will: (a) produce an accurate, thorough situational assessment of CSWs throughout Mpumalanga through the use of community mapping strategies; (b) strengthen local networks and other support structures, and increasing availability of condoms and water-based lubricants; (c) reach a minimum of 80% of identified CSWs in the target area with comprehensive prevention interventions, link them to relevant, care and treatment resources and services, including HIV testing, substance abuse support, and life skills mentoring. The project will initially be implemented in Nkangala District, expanding to Ehlanzeni district in subsequent years in order to reach CSWs throughout the province. Re-Action will work with other partners working with CSWs and their clients in Mpumalanga

(such as Health and Development Africa and Careworks) to ensure activities are coordinated and collaborative. By localizing the evidence-based capacity to “reach, test, treat and retain” CSWs, this project has tremendous promise for sustainability. Through this cooperative agreement, Re-Action will purchase two vehicles to conduct mobile HCT, and STI services.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**13767**		
Mechanism Name:	**Re-Action!**		
Prime Partner Name:	**Re-Action!**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	180,000	0

Narrative:

Reliable data does not exist for the HIV prevalence, current HCT coverage, nor the size of the sex worker population in this geographic area. Through this award Re-Action will establish and strengthen the provision of comprehensive HIV prevention services including the provision of mobile HCT services to sex workers at brothels, truck stops, and other venues where sex workers can be found with the goal of reaching 80% of identified CSWs in Nkangala district with HCT services. To ensure accuracy of mobile HCT, Re-Action will enroll in an external quality assurance program for rapid HIV testing and all test kits will be procured and stored following the NDOH HIV testing algorithm. Sex workers found to be HIV positive will be offered prevention with positives interventions tailored to the unique HIV risk profile of sex workers. Through the utilization of peer educators and outreach workers, Re-Action will improve referral to HIV care, treatment and support services. All HVCT funding provided through this cooperative agreement will support provision of HCT for CSWs, a most at-risk population.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	540,000	0

Narrative:

Re-Action's HCT program is complemented by the implementation of the Women's Health Co-operative (WHC) intervention, a women-focused evidence-based group-level behavioral intervention that addresses substance abuse, gender-based violence and mental health as a component of HIV prevention. The aim of the project is to reach a minimum of 80% of the identified CSWs with the WHC intervention package, provide referrals relevant prevention, care and treatment resources and services, including referrals to substance abuse counseling and life-skills mentoring. The needs assessment and mapping of service providers conducted in FY2011-2012 will determine the best mix of capacity for delivering WHC interventions. To ensure community participation and ownership, Re-Action has established Community Advisory Boards to strengthen local institutional relationships that will implement the WHC intervention. Mobile units conducting HCT will also be equipped to conduct syndromic STI screening and treatment for CSWs and offer condoms, lubricants and IEC material related to substance abuse, gender-based violence and provide individualized risk assessment and risk reduction counseling and support. Local networks will be strengthened to increase the availability of condoms (including female condoms) and water-based lubricants. To ensure sustainability and local ownership, Re-Action will conduct training for maser trainers, peer education/ outreach workers, NGO staff and department of health personnel, sensitize healthcare workers to the health needs of CSWs and promote community dialogues on sexuality, gender and beliefs/expectations/stigma regarding CSWs. Technical assistance will be provided to assistance local partners adapt new or existing evidence-based PwP intervention for CSWs based on the theoretical model of the WHC. Additionally, Re-Action will monitor technology and policy developments relevant to HIV prevention, care and treatment for CSWs such as vaginal

microbicides, PrEP, PEP, etc.), and will integrate new technologies as approved and when available.

Implementing Mechanism Details

Mechanism ID: 13771	**Mechanism Name: Howard University**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Howard University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this project is to develop and strengthen the pre-ART surveillance system and improve access to care and treatment. It will be built on the newly created platform of the HCT campaign mobilizing all South Africans to get HIV tested. The project activities will monitor disease progression, reduce morbidity through a package of preventive interventions, prepare patients for ART and assist clinicians to identify patients who are eligible for ART. The project will support the PF goal that seeks to prevent new HIV infections through linking persons who test HIV positive to treatment, care and prevention services. It will support and strengthen surveillance and the use of quality epidemiological data to inform policy, planning and decision making. GAPS analysis will be performed in all 52 districts and all government levels to determine policy and practice gaps by assessing: the existence of policies for pre-ART care surveillance, data collection tools , scope of data collection on pre-ART care by facility type, the competence of data collectors, existing data flow structures, type of information system, data management and analysis, linkages between point of testing and pre-ART care, the robustness of referral

systems and establishing the presence of a unique patient identifier. This analysis will support PHC re-engineering and improve HIV management at district level. There will be close collaboration with the NDOH and other partners and will gradually relegate the responsibility of operating pre-ART surveillance to the NDOH to ensure sustainability of the program. Performance evaluation will be carried out at mid-term and end of program life and performance will be measured against the baseline values and targets in the M&E plan and protocol.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13771**		
Mechanism Name:	**Howard University**		
Prime Partner Name:	**Howard University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	500,000	0
Narrative:			
The goals of this project are to develop and strengthen the pre-ART surveillance system in South Africa			

and to improve access to care and treatment for patients who test positive. It will monitor disease progression, reduce morbidity through a package of preventive interventions, prepare patients for ART, and assist clinicians identify patients who are eligible for ART timely. This project supports the partnership framework goal that seeks to prevent new HIV infections through linking persons who test HIV positive to treatment, care, and prevention services early. It also seeks to strengthen and increase effectiveness of the HIV /TB response by supporting/strengthening surveillance and the use of quality epidemiological data to inform policy, planning, and decision making. There will be partnership with SANAC and SHSPH at University of Pretoria will focus on a GAPS analysis that will assess: the existence of policies for pre-ART care surveillance, data collection tools , scope of data collection on pre-ART care by facility type, the competence of data collectors, existing data flow structures, type of information system, data management and analysis, linkages between point of testing and pre-ART care, and the robustness of referral systems and establish the presence of a unique identifier for each patient who is tested positive to allow follow-up for the current system with the aim to guide the establishment of an improved system within the structures of the NDOH. Information will be collected on persons diagnosed with HIV who are not enrolled in ART care and treatment program and in partnership with other stakeholders, the system will be revamped and strengthened, and recommendations of the gap analysis will be implemented . Pre-ART register will be updated to ensure it captures the minimum data required for monitoring pre-ART care. Data capturers at various facilities will be trained on how to fill out the pre-ART register to strengthen data collection and reporting from service sites. Data transmission systems will be strengthened to allow timely reporting of data from facilities upward to the national M&E unit and enable timely feedback on data quality and performance of targets.

Implementing Mechanism Details

Mechanism ID: 13789	**Mechanism Name: SACTWU**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 11,405,000	**Total Mechanism Pipeline: N/A**

Funding Source	Funding Amount
GHP-State	11,405,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

SACTWU Workers Health Program's (SWHP) overarching goal in support of SAG's national goal to reduce new HIV infections by 50%, is to circumcise 80% of target population i.e. HIV negative men between the ages of 15 – 49 years within the 5 years. Established SWHP objectives are to: (a) Implement MMC activities within high-volume regions; (b) Train all MMC activity staff, DOH staff, and private practitioners within the district according to NDOH / WHO guidelines to ensure sustainability; (c) Provide a comprehensive package of MMC services; (d) Strengthen and improve the quality of existing health care facilities and services through the scale up of MMC activities; (e) Establish referral systems and linkages with other public sector HIV care and treatment services; (f) Provide extensive community mobilization activities. SACTWU will provide MMC support in several districts within KwaZulu-Natal, Gauteng, Northern Cape, and Free State.. SWHP's program is configured around the Models of Optimizing Volume and Efficiency (MOVE). In terms of Monitoring and Evaluation SWHP will contribute by working closely with DOH and other PEPFAR partners to build the country capacity for implementing and maintaining a fully comprehensive data management system. This will include developing tools for performance assessment. To date, five vehicles have been requested under this award, three of which are pending approval from CDC PGO; however, in COP 2012 SACTWU plans to purchase up to 7 additional vehicles to accommodate more than three-fold program expansion.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Workplace Programs

Budget Code Information

Mechanism ID:	**13789**
Mechanism Name:	**SACTWU**
Prime Partner Name:	**South African Clothing & Textile Workers' Union**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	11,405,000	0

Narrative:

In response to the normative guidance and under the leadership of SAG, PEPFAR funds in SHWP will be utilized to support the implementation of safe voluntary medical male circumcision. Number of male Circumcisions to be performed according to national standards during the reporting period will be 50,000. SWHP overarching goal, in support of SAG's national goal to reduce new HIV infections by 50%, is to circumcise 80% of target population i.e. HIV negative men between the ages of 15 – 49 years within the 5 years. The proposed districts that will be provided with MMC support are Amajuba and UThukela and are currently underserved in terms of MMC. SWHP will integrate a minimum package of MMC services as per NDOH guidelines, in their provision of MMC activities. All clients accessing MMC services will be provided with pre-operative provider initiated HIV counseling and testing (HCT), which will include routine screening for the exclusion of symptomatic TB and STIs. Safe MMC surgical procedures will be conducted on a daily basis by appropriately trained clinical staff using models that optimize volume and efficiency (MOVE). Post-surgery, the client will again receive counseling on correct and consistent condom usage and post-operative care, including sexual abstinence during wound healing. SWHP will support the integration of MMC referral into all HIV services and will strengthen links with HIV care and treatment sites and non-medical HCT sites, to ensure the referral of HIV negative men to MMC service facilities. To increase informed demand for MMC services, SWHP will employ community based individuals to provide advocacy, community mobilization, and education. SWHP will deploy on-site mentors to support and provide mentorship and supportive supervision to DOH staff and private

practitioners conducting MMC activities. SWHP will recruit and appropriately train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system, which will address all the required MMC activities.

Implementing Mechanism Details

Mechanism ID: 13793	**Mechanism Name: THCA - GH1152**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TB/HIV Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 7,750,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	7,750,000

Sub Partner Name(s)

Sonke Gender Justice		

Overview Narrative

TB HIV Care Association (THCA) is implementing comprehensive HIV prevention programs in KZN (Sisonke District), WC (Cape Town and W.Coast) and EC (Alfred Nzo and OR Tambo Districts) and targets both men and women aged of 15-49. In its second year of implementation, THCA will expand its activities to include MMC in Northern Cape and Eastern Cape provinces as an additional intervention that will target HIV negative males of reproductive age (15-49 years).The goal of the program is to support the DOH to increase access to HIV and TB prevention, diagnosis, and treatment and adherence support. The objectives are to: prevent HIV through HCT and behavioral interventions; prevent HIV through biomedical interventions and structural interventions; and build capacity to strengthen TB/HIV integration. The program's goals are aligned with the National Strategic Plan's key priority areas (KPA) for prevention, treatment, and care and support. The project aims to build and strengthen capacity of all relevant actors and to work with the community to educate and empower them to demand better health

services, take ownership, and drive improvements in the health system. Strategies to build capacity include training of CHWs and DOH staff. The training will also address gender equity and masculinity norms. THCA has a developed M&E system to track progress and ensure quality services. Indicators will be monitored and reported on a quarterly basis to the project team, the District, and to PEPFAR. In order to facilitate its expansion plans. THCA will work closely with the DOH to ensure that staff are absorbed over the 5 years of the project. THCA intends to purchase 10 4X4 Toyota Hillux vehicles for the combination Prevention Program.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **No**

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	256,000
Human Resources for Health	256,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Mobile Population

Budget Code Information

Mechanism ID:	**13793**
Mechanism Name:	**THCA - GH1152**
Prime Partner Name:	**TB/HIV Care**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	2,000,000	0

Narrative:

THCA will provide a structured MMC package of services for adolescent and adult males aged 15 and 49 and their partners in NC and EC provinces. The goal is to decrease transmission of HIV in sexually active males and females. This will include providing HIV negative males access to MMC services, referral of HIV positive males to HIV care and treatment, and PWP services to prevent further HIV transmission. Males aged 15-49 years comprise 25% of the population (126,746). Areas that are more than 25 km away from facilities will be prioritized. . Provision of HCT services will identify HIV negative males who will be eligible for MMC and 80% will be circumcised by the end of project. MMC will be implemented using scheduled facility-based MMC and by creating MMC camps. Approximately 14,000 MMCs will be performed during 2013. Medical staff will be recruited and trained to provide circumcisions and manage referrals across prevention and treatment and care programs. THCA will employ mobile HCT and MMC teams in each of the sub-districts where they will be providing services and will work closely with the DOH to ensure that staff is absorbed over the 5 years of the project. To increase informed demand for MMC services, CHWs will be used to mobilize communities by door to door visits, distributing pamphlets, and making loudspeaker announcements to inform potential clients about where and when MMC services are available. THCA will also establish relationships with local and national media and peer educators will be used as MMC advocates and supporters. TBHC will recruit and appropriately train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system, which will address all the required MMC activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	2,150,000	0

Narrative:

The program is implemented in three provinces, namely KZN (Sisonke District), WC (Cape Town Metro) and EC (Alfred Nzo and OR Tambo Districts) and targets both men and women aged 15 and 49. The HCT target for 2012 is 40% of the population aged 15-49 tested for HIV. HCT will be rendered through a strategic mix of service delivery models including: PITC in health facilities, fixed community based HCT sites, mobile HCT and home based HCT. Through these models, individual and couple counseling will be

promoted and provided to both adults and adolescents. THCA will employ a mobile HCT team in each of the sub-districts to provide HCT. THCA mobile HCT teams will also play an important role in identifying high-risk areas and mobilizing people to be tested for HIV and follow-up purposes. HCT with TB and STI screening will identify HIV-positive clients, TB suspects and STI suspects who will be appropriately referred for diagnosis and treatment. Mobile HCT teams and HBCT teams will target the entire adult population based predominantly in rural areas in this district. PITC will be offered at health facilities to all clients. CT will be provided according to national guidelines for HCT, HBCT, rapid testing quality assurance, mentorship, PICT and couples counseling. In addition, clients will be referred for biomedical prevention interventions. The project interventions are designed to strengthen governmental systems through the provision of quality information to support planning, decision making, improve planning and management of human resources. THCA aims to build capacity in communities by educating and empowering them to demand better and sustainable health services. Strategies to build capacity to provide optimal HCT include training of CHW's on HBCT and professional HCWs on PITC. All cadres will be trained on data collection. TBHC will recruit and train M&E staff to provide quality assurance and monitor service delivery through the implementation of an effective and efficient M&E system which will address all the required MMC activities. CHWs will also be trained to address gender equity and masculinity norms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	3,600,000	0

Narrative:

THCA will embark on other preventive interventions targeting both males and females aged 15 and 49 years in KZN, EC and WC. These will provide clinical support and focus on integrating HIV prevention with primary health care programs and will include: Correct condom use with demonstration and distribution. Behavioral interventions for adults to promote correct and consistent condom use, reduce the number of sexual partners and concurrent partnerships. Promote MMC for HIV-negative men, promote and provide HCT including partner testing and disclosure and refer to PMTCT services. Age-appropriate youth interventions for youth not sexually active which will include counseling to delay sexual debut, working with parents and guardians to help improve connectedness and communication to youth about their values and expectations regarding adolescent behavior and providing necessary information and skills building to make their transition to sexual activity safer and healthier. For sexually active youth, interventions will include condom use, reducing the number of sexual partners and concurrent relationships, HCT, referral for MMC and PMTCT. PwP services will provide HIV prevention messages and also include HCT for sex partners and family members, counseling and support for HIV sero-discordant couples, support of disclosure, promotion of safer sex, STI screening and treatment, family planning and adherence counseling for clients on ART or PMTCT. Support of biomedical

interventions by strengthening DoH efforts to improve clinical care through clinical mentorship and supportive supervision of providers in health facilities Training and mentorship to professional nurses on PMTCT guidelines including early infant PCR testing and paediatric ART initiation. Syndromic management of STIs at health facilities to symptomatic patients. Delivery of ART at primary care facilities through NIMART under the guidance of a roving medical officer. Prevention of HIV through structural interventions that address gender equity and masculinity norms thus reducing gender-based violence.

Implementing Mechanism Details

Mechanism ID: 13797	**Mechanism Name: Track 1 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: Health Systems Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 23,256,037	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
Central GHP-State	5,283,351
GHP-State	17,972,686

Sub Partner Name(s)

Management Sciences for Health	University of Cape Town, Infectious Disease Unit	

Overview Narrative

HST's goal is to improve the effectiveness of the District Health System to decrease the burden of HIV, AIDS, STIs, and TB, and reduce child and maternal deaths.This five-year project will contribute to achieving the prevention; care, support, and treatment; and sustainability goals of the PEPFAR 5-year strategy and the approach will align to Global Health Initiative (GHI) principles. The approach of this proposal is largely developmental and geared towards health systems strengthening. In leveraging

proven strategies and methodologies to minimize risk and maximize efficiency and effectiveness, this project will seek to develop local indigenous capacity both within government and the NGO sector to: 1. Do population-based planning, target setting, and monitoring and evaluation; 2. Deliver integrated HIV services including pediatric, PMTCT, and TB services; 3. Develop, implement, and maintain referral networks that will contribute to improved quality of service delivery; and 4. Use information as a key driver to decision making to improve health outcomes through implementation of the three tier health information system. The interventions will combine health systems strengthening and community-based and facility-based strategies to deliver HIV/AIDS and TB services. The approach is to build capacity of managers and technical staff through mentoring and technical assistance to ensure local ownership and sustainability. Herewith a summary of the vehicle request: 16 x VW Polo (one per SA SURE district); $ 320,384; vehicles will be used for traveling to perform activities related to project implementation. This vehicle will be shared by the project team in the districts.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	5,000,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13797**
Mechanism Name:	**Track 1 Follow-On**
Prime Partner Name:	**Health Systems Trust**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,478,205	0

Narrative:

HST will work closely with National, Provincial, and District DOH and other PEPFAR partners in ensuring a continuum of care and support, through both community- and facility-based services, for PLHIV starting from the time of diagnosis. Priority will be given to the early identification of PLHIV, linking and retaining them within care and support services to minimize loss to follow-up, and to reduce early morbidity and mortality. Upon diagnosis of HIV, HST will advocate for immediate CD4 testing (POC testing technology will be considered) and counsel clients to return for results. The partner will also ensure that patients are immediately linked to psycho-social counselling and support groups (e.g. I ACT). HST will implement and maintain pre-ART registers to follow-up patients and track-down early defaulters. To maintain the quality of life of PLHIV, HST will provide cotrimoxazole prophylaxis and Isoniazid preventive therapy (IPT) to all eligible patients and will ensure that PLHIV are provided with routine screening and management of Tuberculosis, other opportunistic infections (i.e. Cryptococcal disease, cervical cancer), and sexually transmitted infections. PLHIV will further be supported through routine nutritional assessments, counselling and support (NACS), and the assessment and management of pain. In order to reduce the transmission of HIV to uninfected individuals, HST will implement prevention with Positives (PwP) programming that may include condom distribution, reduction in high risk behaviour, and reduction in risks imposed by alcohol and use of illegal drugs. The partner will also conduct activities related to care and support program monitoring and evaluation according to appropriate guidelines of the DOH or as advised by PEPFAR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	3,100,000	0

Narrative:

HST will work close together with the national, provincial, district and sub-district departments of health, other PEPFAR funded partners and stakeholders to ensure that no duplication of services will take place and that the NDOH/PDOH policies are adhered to. Facility TB/HIV assessments will be done to identify needs to be addressed. No new tools or training materials/guidelines will be developed without the approval of the national, provincial, district and sub-district departments of health. Only approved NDOH TB/HIV training will be supported. The partner will focus on the 5 I's: infection control (in collaboration with CSIR and NDOH), implementation of INH prophylaxis to all legible clients; intensified case finding (supporting the NDOH household/outreach case finding initiative, through close collaboration with NDOH and provincial DOH); integration of TB/HIV (all HIV patients will have a known TB result and all HIV patients been symptom screened for TB and referred for TB management or IPT); initiation of ARV's to

eligible TB patients (including CD4 counts to all TB patients). Community TB contact and default tracing will be supported by the partner as well as the NDOH MDR/XDR decentralized (program by means of “injection teams” to deliver treatment). Support will also be given to strengthen TB and TB/HIV recording and reporting (monitoring and evaluation) and the partner will work close with NHLS to ensure short turnaround times of results (including support to the GeneXpert diagnostics). The partner will also support the essential drug management (EDL) program to ensure that no interruption of treatment will occur. The partner will ensure that PMTCT, ANC, and pediatric services be part of all TB/HIV activities. Support will be given to advocating, monitoring and social mobilization (ACSM) activities on district, sub-district and facility level, TB and HIV days and the Kick TB initiative.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	400,000	0

Narrative:

ivities will target children and adolescents from newborn to 21 years of age. The partner will do needs assessments and work with the District health management (DHMT) team to identify gaps in care. HST will support and strengthen integration of MCH, IMCI, IMAI, nutrition, growth monitoring and HIV services. Identification of HIV exposed (HEI) and infected babies at 6 weeks will be strengthened through optimal use and the recording of the mothers HIV status on the Road to health card. HST will strengthen referral systems between maternity (labor and delivery) and Primary health care clinics to improve follow up and tracking and tracing of mother infant pairs. The partner will support and strengthen the recording and reporting and improve systems to ensure that commodities for DBS PCR testing and drugs (ARVs, cotrimozaxole and Nevirapine syrup) are available at health facilities. HST will strengthen the provision of a minimum package of care for HIV infected children which includes, cotrimoxazole prophylaxis, TB screening at every visit, provision of IPT for children, growth monitoring and nutritional assessment, immunizations, and psychosocial support. HST will support the strengthening of adolescent services including PICT, and psychosocial support especially around issues of disclosure, prevention with positives, and adherence.HST will assist the district and facilities with the implementation of a quality improvement program that will include the following: improved recording and reporting, and monitoring and evaluation. Moreover, the partner will also support the facility, district and province to develop strategies to improve uptake in PCR testing, cotrimoxazole, retesting post weaning and retesting at 18 months.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and	OHSS	1,000,000	0

Systems			

Narrative:

During FY 2012, HST will assist 16 districts and 66 sub-districts with the implementation of key national health initiatives specifically focusing on the following:1. Implementation of the PCH re-engineering initiative. HST will assist the districts to recruit and orientate members of the specialist support teams, school health nurses and community outreach teams as specified in the PCH re-engineering strategy for the country.2. Rolling out of the basic care package as designed by the National Department of Health.3. Assist districts in the development, implementation and monitoring of the District Health Plans (DHPs) as well as with the District Health Expenditure Reviews (DHERs).4. Launch the National Health Insurance (NHI) scheme in identified districts5. Introducing new or strengthening existing management systems and tools at district and sub-district levels specifically aimed at: - strengthening financial management focusing on grant management processes, procedures and oversight, - HRH management (recruitment, retention, decreasing vacancy rates within SAG staffing structures) as well as implementing the NDOH/PEPFAR HRH transition plan at district, sub-district and facility levels,- human capacity development mainly through facilitating in-service trainings, but also sponsoring pre-service trainings as and when needed,- information management (including M&E, disease surveillance and outbreak monitoring, management reporting), - supply chain management; and - laboratory specimen sampling and laboratory process management at facility level. The perceived lack of leadership and management capacity in most districts in South Africa has been quoted as one of the biggest challenges for the health system in the country. HST will assist in strengthening leadership and management capacity at district, sub-district and facility levels so as to ensure country ownership and effective program management through increased accountability ensuring long term sustainability. This will be accomplished through introducing mentorship programs for managers, technical assistance as well as facilitating management development and training programs in the districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	0

Narrative:

HSTwill provide support to the District and province in improving the quality and coverage of the PMTCT services in women from age 15-49 years, to achieve Mother to Child transmission rate < 2% at 6 weeks and < 5% at 18 months by 2015 in line with National Service Delivery agreement. HST will continue to support the national PMTCT program by addressing some of the inherent programmatic gaps through technical assistance including ongoing support thru on-site mentorship of NIMART trained nurses; and health care workers trained in family planning, TB/HIV/STI management, couple counseling, Basic Antenatal Care services and infant feeding practices. HST will ensure that all women seen at ANC will have access to family planning counseling services, safer pregnancy counseling, and nutritional

counseling and support services. HST will work with South African government to improve linkages and integration of services between PMTCT, MCH, sexual and reproductive health, youth services and family planning services. Activities will include promotion of PICT, TB screening of all pregnant women irrespective of their HIV status, promote early booking and the retesting at 32 weeks. HST will develop effective strategies to follow-up mother-baby pair post delivery. The program will prioritize early infant diagnosis by strengthening the referral systems between hospitals, clinics and community outreach programs. Furthermore, activities addressing cultural attitudes to infant feeding practices, male involvement in PMTCT and antenatal care, and increased uptake of services will also be supported. HST will also work with the laboratory department to ensure improved turnaround time for CD4 counts, PCR and other laboratory results. HST will conduct quality improvement activities in order to identify areas of and need and will work with the district to innovate solutions for better program outcomes. HST will provide support to District health information system to enable tracking of progress by using Maternal and PMTCT indicators according to SAG.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	15,277,832	0

Narrative:

HST will work closely with the Department of Health and other stakeholders to address the treatment of HIV-infected adults. HST will work with the National, Provincial and District to identify priorities and needs for adult HIV treatment. HST will also work with other stakeholders to ensure that there is no duplication of services provided within their supported sub-district and/or district. HST will overall support the following: 1. Collaborate with the District to support PHC re-engineering initiatives.2. Provide supportive supervision and mentoring to all the nurses trained on NIMART to be confident about their skills. 3. HST will support the Department of Health (DoH) in its efforts to improve access to ARV treatment by assessing jointly with DoH, the readiness of facilities for initiation of patients on ART. 4. Support the District to ensure that all facilities have updated treatment guidelines on site and that staff at sites are familiar with their content.5. Ensure that all patients with CD4<350 are initiatated on ART.6. HST will also work with the DoH to strengthen quality improvement of treatment programs. These efforts will include strengthening and supporting the implementation of the DoH 3-tiered system of M&E for ART; improving adherence to treatment by increasing the proportion of adults and children who remain on ART after initiation; and conducting cohort studies and ensuring integration of TB and HIV services. Moreover, HST will ensure that data is “owned” by the site staff and will support sites to use data by identifying gaps in care and problem solving to develop a plan to address these gaps.7. Through all activities, HST will strive to build local capacity at the facility and district level s with the goal that these activities will be transitioned to the local government in the next 5 years.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Treatment	PDTX	2,000,000	0

Narrative:

HST will support District and SAG's overall arching goals to scale up the number of Pediatric patients on ART to 15% the total on ART for the sub-district or district, and increase service delivery to HIV-infected infants, children and adolescents. This will be achieved with the District and the Regional Training centers, and other stake holders. Capacity will be built in the following manner:1. Provide continuous training to Clinicians (physicians, nurses and clinical associates) on the diagnosis, treatment and management of HIV-infected infants and children. 2. Provide support to the District and facilities to ensure scale up of PICT. Sensitize provider to offer HIV tests to infants, children and adolescents that are encountered at all levels of care with an unknown HIV status. 3. Provide ongoing support for NIMART. The partner will provide onsite mentorship and regular onsite follow up to ensure that nurses are capacitated to initiate and provide care and treatment services to HIV-infected infants and children.4. Support and ensure linkages to programs providing nutritional support, adherence, and psychosocial support.5. Support and ensure that Pediatric ART services are integrated with MCH, EPI and IMCI.6. Support the District to ensure that all HIV-infected children have access to CD4% and viral load testing. Work with the NHLS and District to ensure that results are returned to facilities at a timely manner. Work with District to ensure that staff at facility reports and records results.7. Support the District and sites in ensuring that there is a quality improvement plan in place. Ensure that District and sites use data to affect change at the site and District levels. 8. Support District and RTC in providing training and onsite support for improving data collection, recording and reporting. 9. Support the District to ensure that there are adolescent friendly spaces to address the unique issues and challenges that HIV-infected adolescents encounter, particularly issues related to disclosure, and sexual and reproductive health.

Implementing Mechanism Details

Mechanism ID: 13798	**Mechanism Name: GH1152**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 2,100,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	2,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The comprehensive prevention program goal of SCI is to decrease new HIV infections in selected areas of Northern Cape and North West Provinces. The key objectives include: Increase the proportion of men who are circumcised; Decrease the number of babies getting infected ; Increase access and utilization of HIV prevention services ; Change knowledge and social norms related to safer sex ; Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners; Decrease HIV and TB transmission between sero-discordant couples; Create an enabling environment for social change through dialogues, discussion, mass media, and events that will shift norms and enable communities to tackle HIV prevention issues at a local level; Promote structural changes in alcohol availability and laws; and Shift gender norms to decrease male dominance and change male attitudes to sexuality and gender based violence.The Northern Cape has 1.1 million people and is characterized by a high unemployment rate (30%) - the highest in the country - and very high levels of alcohol use. The North West Province has 3.2 million people and is also characterized by high unemployment – 24% – and high levels of alcohol misuse. HIV prevalence in North West is 11.3%, making it the province with the third-highest HIV prevalence in South Africa. Soul City Series 11 will have MMC and PMTCT as its key themes within the context of OneLove. Recognizing that HIV transmission occurs within the structural context of poverty, violence and alcohol abuse, SCI launched a national safe drinking campaign, PhuzaWize. The program will also ensure sustainability by improving health workers knowledge, attitudes, and ability to deliver key services, in partnership with Government.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	84,000
Human Resources for Health	84,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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:	**13798**		
Mechanism Name:	**GH1152**		
Prime Partner Name:	**Soul City**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	500,000	0
Narrative:			
The goal of this program is to provide comprehensive HIV prevention services in selected areas in the Northern Cape and North West Provinces. Activities will aim to: Change knowledge and social norms related to safer sex by promoting decreasing multiple and concurrent partners; binge drinking; intergenerational sex and transactional sex among youth and adults; and Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners in the past year; increasing consistent condom; decreasing the percentage of youths who have had sexual intercourse before 15 years, decreasing drunkenness during sex; and decreasing intergenerational and transactional sex.			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**

Prevention	HVOP	1,600,000	0

Narrative:

The goal of this program is to provide comprehensive HIV prevention services in selected areas in the Northern Cape and North West Provinces. Activities will aim to: Increase the proportion of men who are circumcised; Decrease the number of babies getting infected; Increase access and utilization of HIV prevention services by linking people with services and increase numbers of people attending services for HCT, medical male circumcision, STI treatment, PEP, and early attendance for the prevention of mother to child transmission; change knowledge and social norms related to safer sex by decreasing multiple and concurrent partners, binge drinking, intergenerational sex, and transactional sex among youth and adults; Change unsafe sexual behaviors including decreasing the proportion of men who have multiple partners, increasing consistent condom, decreasing the percentage of youths who have had sexual intercourse before 15 years, decreasing drunkenness during sex, and decreasing intergenerational and transactional sex; Decrease HIV and TB transmission between sero-discordant couples; Create an enabling environment for social change by engaging communities through dialogues, discussion, mass media, and events that will assist in shifting norms and enabling communities to tackle the issues most relevant to HIV prevention at a local level; Promote structural changes in alcohol availability and laws pertaining to the sale of and access to alcohol, thus decreasing interpersonal violence and decreasing alcohol related HIV infections; Shift gender norms to decrease male dominance and to change male attitudes to sexuality and gender based violence.

Implementing Mechanism Details

Mechanism ID: 13800	**Mechanism Name: TB capacity building**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 850,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	850,000

Sub Partner Name(s)

University of Cape Town		

Overview Narrative

The HIV and AIDS, STI and TB (HAST) National Strategic Plan (NSP) 2012-2016 plan and the US – SA PEPFAR Partnership Framework, provide a platform for increasing capacity and providing policy guidance at all levels to meet the demands of the TB/HIV/AIDS response. This Technical Assistnace therefore focuses to develop and establish an international accredited tertiary education center that will educate postgraduate HCW on TB/HIV, infection control, and operational research. The project will leverage South Africa's TB and HIV response by expanding the number of trained HCW, enhancing support to the TB and HIV sector to build human resource capacity in TB, and improving collaboration between South Africa National Department of Health TB and HIV programs and TB partners. ICAP will work collaboratively with the Department of Health and the University of Cape Town's Desmond Tutu HIV Centre (UCT-DTHC) and other partners to develop curricula and implement three courses: TB/HIV best practices, infection prevention/control programs, and operational research. The course content will primarily be delivered utilizing the blended learning platform, which combines face-to-face teaching with computer mediated instruction—a platform that is proving highly effective in building HCW capacity in Africa—complemented by a longitudinal mentoring program.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

TB

Budget Code Information

Mechanism ID:	13800		
Mechanism Name:	TB capacity building		
Prime Partner Name:	Columbia University Mailman School of Public Health		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	850,000	0

Narrative:

This new activity has four main goals that aim to reduce the TB/HIV burden by creating best practice guidelines, education, and training.The first goal of the project is to develop, implement, and monitor a TB/HIV course for clinicians and other professional health care worke• Develop a training course framework with course objectives, unit standards, and course modules for a four-day international TB/HIV course for clinicians and other HCW. • Build leadership, management, and OR skills in health care professionals by delivering TB/HIV training. • Evaluate the impact of the course on the knowledge of all participants by means of pre- and post-test surveys.• Evaluate the training course and curriculum.The second goal is to develop, implement, and monitor an infection control diploma course• Develop a national IC training strategy to meet the Strategic Plan. • Develop a training course framework with course objectives, unit standards, and course modules for an IC training program by the end of PY01. Include in each model, training, or education a practical component and research opportunity for participants• Increase capacity of SA DOH to implement TB/HIV-related projects that relate to IC training programs, environmental control evaluations, and general infrastructural, environmental health, or biomedical engineering input.The third goal is to develop, implement and monitor an OR training• Develop OR training strategy to meet the Strategic Plan. • Develop a training course framework with course objectives, unit standards, and course modules for an OR training program. • Develop a mentoring program for participant-conducted OR projects. Provide opportunities for participants in TB epidemiological surveillance and programmatic data collection; design of tools/materials for data collection; collection and analysis of information; and building statistical and epidemiological knowledge.

Implementing Mechanism Details

Mechanism ID: 13888	**Mechanism Name: Population Services International**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and	Procurement Type: Cooperative Agreement

Prevention	
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,025,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,025,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Populations Services International (PSI) and its local affiliate Society for Family Health (SFH) will implement a comprehensive HIV prevention project in the Free State and Mpumalanga Province. The goal of this program is to contribute to the efforts of PEPFAR and the objectives of the HIV & AIDS and STI Strategic Plan for South Africa (NSP) to reduce the number of new HIV infections in Free State and Mpumalanga. Specifically, the objectives include: Increase knowledge of HIV sero-status through greater access to HCT; Promote safer sexual behaviors and sexual norms; Reduce multiple concurrent sexual partnerships;

Increase correct and consistent condom use; Increase safer sexual behaviors and promote prevention with positives to people living with HIV and AIDS and sero-discordant couples; and, Increase uptake of referrals to related services. Target populations for mobile HCT will be men and couples and for home-based HCT will be families and couples. Target populations for community- and school-based prevention interventions will be schoolchildren aged 15-19 and their parents as well as young adults 20-24. The focus for condom distribution will be bars, small late night shops, and other high risk outlets. Lubricant will be distributed primarily through organizations working with men who have sex with men. SFH will conduct rigorous internal and external quality assurance of testing. A monitoring and evaluation plan for the project will be developed. No vehicles will be purchased with the proposed COP 2012 funding. No new vehicles will be purchased with this funding. PSI will propose to transfer all vehicles purchased through the old agreement with PSI to be used with this current agreement.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	190,177

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
TB

Budget Code Information

Mechanism ID:	**13888**
Mechanism Name:	**Population Services International**
Prime Partner Name:	**Population Services International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	200,000	0

Narrative:

SFH's school-based YouthAIDS curriculum targets children aged 15-19 and takes place twice weekly during the school year. The program will take place in 10 schools in each of the four program areas. The "Safe from Harm" program reaches children aged 15-17 and their parents over a two week period through four sessions aimed at improving parent-child communication around sexuality and related prevention issues. Messaging for both YouthAIDS and Safe from Harm is focused on abstinence, delay of sexual activity, secondary abstinence, and related adolescent risk behaviors such as alcohol and drug abuse, intergenerational sex, and transactional sex. On the ground SFH YouthAIDS coordinators train

and supervise peer educators operating in schools. All activities are conducted using standardized curricula and materials developed to address the key drivers of the epidemic among youth. A monitoring and evaluation plan will be developed. The YouthAIDS project has been approved by DOE provincial and district offices together with the participating schools.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,225,000	0

Narrative:

Population Services International (PSI) and its local affiliate Society for Family Health (SFH) will provide mobile and home-based HCT through SFH's New Start HCT network, South Africa's largest NGO HCT network. The target population for mobile HCT services will be males aged 25-35 and couples. Testing rates among men remain lower than those among women. The target population for home-based HCT will be couples and families living in townships. Overall, approximately 50% of all South Africans have ever been tested. New Start uses a parallel testing algorithm. New Start develops a referral guide for all project areas that allows counselors to refer clients appropriately to follow on services. Referred clients are requested to give New Start their cell phone number and New Start referral coordinators follow up on all clients telephonically to ensure clients reach their referral point and to provide follow up counseling. This also allows New Start to evaluate the quality of services listed in the New Start referral directory. SFH has rigorous internal and external quality assurance procedures. SFH's external quality assurance partner is the South African national reference laboratory, the National Institute for Communicable Diseases. SFH will conduct campaigns to promote both New Start and testing in general. SFH's YouthAIDS, Safe from Harm, and MMC programs are also closely linked to New Start. Monitoring and evaluation allows for the gathering of all data needed to manage the program, report to government, and report to donors. SFH will test 100,716 individuals. 52% of clients will be male and 5% will test as a couple. New Start is a non-profit franchise network and HCT services will be provided by SFH and by two to-be-determined subaward franchisees. Franchisees are provided with financial, technical, M&E, marketing, and quality assurance support by SFH.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,600,000	0

Narrative:

SFH's YouthAIDS program targets children aged 15-19 in school but also provides community outreach activities aimed at reaching youth aged 20-25 with appropriate messaging that includes condom use, testing, MMC, concurrent sexual partnerships, abstinence, secondary abstinence, drug and alcohol abuse, intergenerational sex and transactional sex. YouthAIDS community activities are closely linked to SFH's HCT and MMC programs. Community activities include community outreach events and

community radio call in shows. All activities are conducted using standardized curricula and materials developed to address the key drivers of the epidemic among youth. A monitoring and evaluation plan will be developed in the first months of the project. SFH also will distribute the Government of South Africa's free-issue Choice brand condom, responsible for distributing Choice condoms into high risk and non-medical outlets such as bars, taverns, and late night shops. These condom distribution activities will be carried out province-wide and SFH will distribute 21M condoms. SFH also will distribute 15,336 sachets of lubricants, primarily through organizations working with men who have sex with men.

Implementing Mechanism Details

Mechanism ID: 13902	**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 Sciences Research Council	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,700,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A HIV behavioral surveillance (household survey) will be conducted that will produce HIV prevalence and trend data since 2002. In addition, a new surveillance system will be established to estimate maternal mortality and improve death/birth notification systems. Data from the 2014 household survey will serve as a basis for the evaluation of the NSP for HIV and AIDS and STI 2012-2014 and will provide the baseline information for tracking the progress and impact of the next NSP 2012-2016. It will also enable the South African government to monitor and assess key health outcomes for the population that will provide data used in developing HIV prevention and treatment programmes for South Africa. The maternal/infant mortality surveillance will provide baseline data and allow comparison of South Africa with other countries.

These projects meet the partnership framework goal of building South Africa's capacity 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 and supports PEPFAR's efforts to develop, implement, and evaluate new HIV surveillance activities, where necessary, or to strengthen current HIV surveillance activities in South Africa.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13902**		
Mechanism Name:	**HSRC**		
Prime Partner Name:	**Human Sciences Research Council**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	1,700,000	0
Narrative:			
HSRC is a parasatatal mandated by the SAG to provide epidemiological data useful in directing the Country's efforts in designing evidence based interventions. For FY 2012 it will be funded mainly to work			

towards conducting an HIV behavioral and prevalence surveillance (population-based survey) and establish maternal and infant mortality surveillance. These activities support the partnership framework goal that seeks to strengthen the effectiveness of the HIV /TB response by supporting/strengthening surveillance and the use of quality epidemiological data to inform policy, planning, and decision making. The 2014 survey will be the fifth in a series of national population-based surveys conducted for surveillance of the HIV epidemic every 3 years since 2002 in South Africa. The South African HIV population-based survey, unlike other surveys, includes children less than 15 years and adults aged 50 years and older and has provided planning data used in these age groups. In addition, these surveys sample participants from all races and locality types as well as in all nine provinces of South Africa. Data from the 2014 household survey will serve as a basis for the evaluation of the NSP for HIV and AIDS and STI 2012-2014 and will provide the baseline information for tracking the progress and impact of the next NSP 2012-2016. The maternal and child mortality surveillance, which aims to improve the design of the birth notification system by capturing data on factors associated with birth outcomes will focus on: establishing a project committee for scientific guidance and leadership of the project, evaluation of the existing birth and death notification systems and vital registration system, training of 70 fieldworkers per province on the implementation of the evaluation tools, conducting an assessment of the contributory causes of under-reporting at the different levels of collecting and processing of data related to births and infant and maternal deaths in the country, and mapping out of the service infrastructure from community to national level to assess availability and its ability to collect reliable and accurate information.

Implementing Mechanism Details

Mechanism ID: 13903	**Mechanism Name: Community Media Trust**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Community Media Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 700,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of the project is to reduce the number of new HIV infections in the Eastern Cape Province focusing in three high-prevalence districts (i.e. Alfred Nzo, O.R. Tambo and Amathole). CMT's activities will be conducted to support TB/HIV Care Association (funded to provide comprehensive HIV prevention services in the same areas). CMT's role will be to mobilize the community in these areas by implementing HIV prevention awareness events, HCT promotion as well as community dialogue to promote community involvement, ownership, and knowledge to support prevention initiatives. Locations such as shopping malls, taxi ranks, and community centers together with door to door events will ensure that the program messaging is taken beyond the context of the health facility, reaching the community as a whole. The EMIT system will be used for CHWs and social mobilisers to report their daily activities, where data gathered will monitor the number of people reached with education and health promotion messages, either during facilitated sessions at health facility or in the community at open days/awareness events and where possible some indicators will be derived from the PEPFAR Indicator Reference Guide. The project objectives are aligned to both the South African Strategic Plan and Partnership Framework goal of impacting positively on the HIV prevention. The emerging CHW-Primary Health Care policy formulation speaks to the long-term sustainability of the program where the CHW's trained and deployed by CMT can be absorbed into the formal health system, and they will have an invaluable role in maintaining the quality and integrity of the county's CHW and Primary Health Care program.

The rural and hard-to-access nature of the target districts result in expenpensive transport.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13903**
Mechanism Name:	**Community Media Trust**
Prime Partner Name:	**Community Media Trust**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	

Narrative:

Community Media Trust (CMT) will build off of its successful social mobilization efforts to specifically target and link males aged 15-49 to medical male circumcision (MMC) services in the Eastern Cape province. CMT will target males in various districts across Eastern Cape province where traditional circumcision is widely practiced. CMT is currently funded to implement social mobilization activities in conjunction with TB/HIV Care, who provides the clinical services; these funds will provide MMC-specific activities such as community outreaches, interpersonal communications, standardized sexual and reproductive health messages and HIV prevention information. Because traditional circumcision is widely practiced in Eastern Cape, and there has been a strong opposition to MMC, targeted efforts are needed to ensure MMC services can be provided in a culturally-appropriate and sensitive manner.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	600,000	0

Narrative:

The CMT program will consists of the following three complimentary and integrated activities:• The provision of 30 well-trained CHWs as envisaged in the emerging CHW Primary Health Care Policy in South Africa. CHWs will be placed at selected feeder clinics and district hospitals, with a referral system from the community to the facilities. This team will be supported by 1 Trainer per district to mentor and support CHWs to ensure quality of information given by CHWs and to provide training for partner organizations within the district as well as 2 Data Officers per district to improve data collection and accuracy of DHIS data collected in clinics in order to have accurate measures for overall program impact.• A Social Mobilization team, consisting of 3 social mobilizes to work with local community

workers, NGOs and others to implement target awareness events, HCT promotion, and testing services as well as community dialogues to promote community involvement, ownership, and knowledge to support prevention initiatives.• A mass media campaign to provide prevention messages through local print media and community and regional radio; saturating target districts and the provinces as a whole to reinforce prevention messages, promote safer sexual norms in communities, and promote access to health services – particularly for PMTCT, HCT, MMC, and sexual and reproductive health. This campaign will make use of 1 Community Journalist per district to produce inserts on HIV prevention and treatment literacy for community and regional radio and web use, together with newspaper articles on related HIV topics – providing comprehensive, relative health messages.

Implementing Mechanism Details

Mechanism ID: 13904	**Mechanism Name: Tuberculosis Care Association - 1151**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TB/HIV Care	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,800,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TB HIV Care Association will strengthen the current health care system to provide accessible and sustainable HIV, STI and TB prevention services to sex workers (CSW) in collaboration with the South African DOH in Cape Town Metro, Western Cape, and eThekweni Metro Area, KwaZulu-Natal. The

project aims to provide client-centered prevention services to CSW within the current health system and will contribute to the PEPFAR goals of preventing 12 million new infections by 2013, by preventing new HIV infections among CSW, by strengthening systems to prevent HIV transmission, and by promoting HCT to identify CSW with HIV and linking them to HIV/STI/TB care and treatment services. The project's strategy aligns with SAG's NSP to reduce vulnerability to HIV infection and the impacts of HIV/AIDS and reduce transmission of HIV and has been designed to encourage and promote stronger collaboration with existing service providers and promote local ownership and sustainability for the future. Training and mentorship will be aligned with South African DOH policies and plans, using materials adopted by the DOH. HCT and STI screening will be strengthened at health facilities and community-based services will be provided to reach CSW who don't access health facilities. Clinicians will be trained, mentored, and supported on CSW sensitivity and CSW-specific risk reduction counseling. The project will be monitored using an activity chart, work plan, GANNT chart, and reports on progress towards set targets relevant to the objectives. An M&E plan and system will be developed to measure prevention indicators, and the success of the program will be measured and a communication strategy will be developed to report on the success of the project. No vehicles will be purchased.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	150,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

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

Budget Code Information

Mechanism ID:	**13904**
Mechanism Name:	**Tuberculosis Care Association - 1151**
Prime Partner Name:	**TB/HIV Care**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	540,000	0

Narrative:

Through this project TB Care Association (THCA) will provide mobile and client-centered HCT, STI screening, and referral services for the entire sub-population of CSW in the target areas. Aside from preventing missed opportunities for diagnosing HIV at health facilities through provider-initiated HCT (PITC), community-based HIV counseling and testing (HBCT) services will be provided to reach people who don't access health facilities. HCT, TB, and STI screening will be delivered using one mobile HCT team in each of sub-districts. Each team will consist of 1 professional nurse (PN), 3 lay counselors, and 4 CSW Peer Educators (CPEs). All mobile teams will be equipped with a Pima CD4 machine ($8.00/cartridge), providing point of care CD4 counts to HIV positive clients. HCT will be provided according to national guidelines and counseling will focus on personalized risk assessment and risk reduction that take into consideration issues around CSW sexual risk behaviors. Community-based HCT and TB and STI screening will identify HIV-positive clients, TB suspects, and STI suspects who will be appropriately referred for diagnosis and treatment. CPEs will coordinate with community care workers to trace these patients ensuring continuum of care. Clinicians at identified sites will be trained, mentored, and supported on CSW sensitivity and CSW-specific risk reduction counseling and health needs. Patients started on ART or TB treatment at health facilities will be linked with CCWs to ensure retention in care and adequate treatment adherence support. Indicators will be monitored and reported on a quarterly basis to the project team, the District, and PEPFAR. Processes will be set in place to evaluate the effectiveness of prevention services and will be evaluated using the continuous quality improvement methods. Managers of the mobile HCT teams will be trained using the CQI approach and will work with nurses at health facilities to implement these interventions, review regular performance quality, improve quality and systematically close the gaps through the development and testing of innovative solutions to effectively deliver services. In FY 2012 THCA aims to provide HCT to 1,600 CSW (800 in Cape Town and 800 in eThekweni).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,260,000	0

Narrative:

The project is focused on interventions that address the immediate health and safety needs of sex workers as well as targeting sex workers collectively with in-depth workshops around safer sex, general health, and life skills. In FY 2012, THCA will promote behavior change interventions and structural prevention strategies in consultation with the district and provincial department of health, community leaders, and important stakeholders, including NGOs with expertise in issues around HIV, sex work, gender, mental health, and substance abuse. THCA will collaborate with Sex Workers Education and Advocacy Taskforce (SWEAT) to engage all levels of society in addressing dominant concepts of masculinity, reducing stigma, discrimination, and gender-based violence towards sex workers; increase knowledge about HIV prevention; reduce CSWs' risk behaviors; and improve rates of HIV testing for CSWs. To build the capacity of the public health system to address the health needs of CSWs, THCA will support the DOH to improve and integrate clinical care of CSWs into existing health services through clinical mentorship and supportive supervision of nurses and other health providers in the target areas, including sensitivity training and inclusion of risk behavior assessments specific to CSWs. Current and former sex workers will be empowered with skills to enhance their capacity to negotiate safer sex and make informed choices about their health, occupation, and human rights. To promote sustainability and government ownership, THCA will place focused emphasis on improving and developing a functioning tracking system for CSW client identification, treatment, care, and support follow through, using a community consultative approach in the development, integration, and implementation of the CSW HIV prevention project. Over the lifetime of the project, THCA aims to reach 80% of CSWs in the target areas with HCT and behavior change interventions. In FY 2012 THCA aims to reach to 1,600 CSW (800 in Cape Town and 800 in eThekweni) with individual or group level evidence-based prevention interventions and reach 400 HIV positive CSW (200 in Cape Town and 200 in eThekweni) with prevention with positives services.

Implementing Mechanism Details

Mechanism ID: 13915	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13916	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13917	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13920	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13923	**Mechanism Name: NEPI**
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: International Center for AIDS Care and Treatment Programs, Columbia University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,162,707	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,162,707

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The shortage of health professionals especially nurses, along with increased demand for health care as a result of TB/HIV, places severe limitations on South Africa's ability to deliver effective services. Nursing Tutors lack appropriate knowledge and skills. The Nursing Capacity Building Program (NCBP), a multi country program, consists of two types of sub-projects: (a) general pre-service and/or in-service nursing training and capacity building has a special focus on HIV/AIDS, addresses a range of nursing issues, and

has flexibility in addressing multi-sectoral, national, and local nursing issues and (b) the Nursing Education Partnership Initiative (NEPI) - focuses on improving the quality and quantity of nurse and midwifery graduates through the strengthening of nursing/midwifery educational institutions. The NCBP helps build individual country level programs and collaborates with Nurses Councils and Associations to provide enhanced technical expertise and networking support for governments to develop expanded scopes of practice and increased nursing leadership. The goals of the program are identifying the needs of nursing education institutions, so that they can adequately train graduating nurses for clinical work, and improving the pre-service training. NCBP will work closely with the DOH in identified provinces in the country as well as with nurse educational institutions (NEI) to build on the Campus to Clinic Mentorship Program (CTCM) developed by the ICAP Nurse Capacity Initiative (INCI) and to improve the production, quality, and relevance of nurses and midwives to address essential population-based health care needs, including HIV and other life threatening conditions.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,162,707

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**13923**
Mechanism Name:	**NEPI**
Prime Partner Name:	**International Center for AIDS Care and Treatment Programs, Columbia**

	University		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	OHSS	1,162,707	0

Narrative:

The continuing shortage of health professionals especially nurses, along with increased demand for health care as a result of TB/HIV, places severe limitations on South Africa's ability to deliver effective services. Nursing Tutors who teach TB/HIV interventions in the nursing schools, lack appropriate knowledge and skills, and continues to contribute little to the training of nursing students in the area of TB/HIV.

The goals of the NCBP program in South Africa is identifying the needs of nursing education institutions, so that they can adequately train graduating nurses for clinical work and improving the pre-service and in-service training. The NCBP in South Africa helps build programs aimed at:

• Identifying gaps in current pre-service and in-service nursing knowledge, clinical skills, system skills;

• Building nursing school faculty competency;

• Equipping nursing faculty with comprehensive HIV and TB training and confidence to teach these skills to nursing students; and

•Provide nursing students with a comprehensive pre-service teaching before entering practice.

NCBP/SA will also collaborate with the South African Nursing Council and Associations to provide enhanced technical expertise and networking support for the South Africa government to develop expanded scopes of practice and increased nursing leadership in the country.

NCBP/SA will work closely with identified provincial Departments of Health as well as nurse educational institutions (NEI) in the provinces to expand on the Campus to Clinic Mentorship Program (CTCM) that was developed by INCI during 2009 and 2010, and to improve the production, quality, and relevance of nurses and midwives to address essential population-based health care needs, including HIV and other life threatening conditions, in low resource settings. Advisory Committees will be formed with heads of the relevant departments of health and senior representatives from each NEI. The program will employ full time staff that will be supervised by a senior nursing advisor. The program uses a case study approach covering knowledge, skills and systems thinking.

Implementing Mechanism Details

Mechanism ID: 13938	**Mechanism Name: Catholic Medical Mission Board**

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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,700,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The goal of this program is to integrate safe medical male circumcision (MMC) into hospitals and clinics in Sisonke District, KwaZulu-Natal (KZN) Province as part of a package of HIV prevention services for 90% of males 15-49. This program directly supports Goals of the Partnership Framework including: preventing new HIV and TB infections and addressing female vulnerability to HIV and other STI infection by reducing incidence in male sexual partners. It is similarly supportive of the National Strategic Plan to reduce new HIV infections by 50%, as well as the KZN HIV strategy that lists MMC as one of three top priority interventions. The program will train healthcare professionals in safe MMC and build the capacity of 4 district hospitals and approximately 20 district clinics to provide routine facility-based and mobile MMC; the program will also establish linkages between MMC and STI, HIV, and TB management. MMC commodities will be purchased to support safe clinical procedures. Institutional skills and knowledge and bulk procurement will create cost efficiencies beyond the initial sunk costs of program setup and training. The project will create a cadre of trained professionals and equipped facilities for seamless transition to SAG management at the end of the project period. CMMB will ensure all program activities, outputs, outcomes and impact are tracked effectively and generate monthly, quarterly, semi-annual, and annual reports. CMMB will integrate data systems to avoid duplication with SAG systems. Data systems will be electronic and automated and in real-time in order to permit timely reporting of all MMC activities and outcomes. CMMB will purchase two vehicles to support expanded coverage to 3 new hospitals and surrounding clinics in its 2nd year of operation.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	100,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**13938**
Mechanism Name:	**Catholic Medical Mission Board**
Prime Partner Name:	**Catholic Medical Mission Board**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,700,000	0

Narrative:

CMMB will contribute towards provincial and national MMC targets by circumcising 14,200 males in FY FY2012 (at $140/MMC) and 17,000 males in FY2013 (at $100/MMC). This will be achieved with fixed services at district hospitals and clinics and mobile services in hard-to-reach populations. As staff's technical skills and site management capacity increase, more efficiencies and cost savings are anticipated. CMMB will operate against a sustainability plan to capacitate facilities and their staff for MMC impact beyond the completion of the project. The program will use reporting mechanisms that fold into

SAG district, provincial and national systems, avoiding creating parallel structures. CMMB will build on best practices in MMC, including use of forceps-guided surgery, employing models to optimize volume and efficiencies, incorporating messaging on gender norms and proper treatment of females, and delivering these as part of a package of prevention services, including HCT, age-appropriate risk reduction counseling, condom demonstration, provision and promotion, and linkages to family planning, STI, HIV, TB, and other treatment services. Demand creation will include coordination with local partners, and building upon its existing relationships with local community-based and faith-based organizations, and engaging local leaders to encourage men to accept and request MMC. Men will be reached in their homes, through the community centers, workplaces, athletic events, markets, churches, and also in the schools and provided with targeted prevention and MC uptake messages, as well as information on the availability of MC. The MMC activities are intended not only as a single biomedical intervention to reduce HIV acquisition risk, but also an opportunity to engage men in health services and maximize linkages to other key resources for males' improved long-term engagement in the health sector, increasing their likelihood to seek support for sexual and reproductive health and chronic disease management.

Implementing Mechanism Details

Mechanism ID: 14046	**Mechanism Name: Child Welfare South Africa**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14046**		
Mechanism Name:	**Child Welfare South Africa**		
Prime Partner Name:	**Child Welfare South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14125	**Mechanism Name: National Association of Childcare Workers**
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement

Development	
Prime Partner Name: National Association of Childcare Workers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14125**		
Mechanism Name:	**National Association of Childcare Workers**		
Prime Partner Name:	**National Association of Childcare Workers**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14126	**Mechanism Name: GH11-1151 MARPs**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 225,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	225,000

Sub Partner Name(s)

Health Information Systems Program		

Overview Narrative

The goal of this project is to reduce HIV and TB vulnerability and prevent new HIV infections at St Albans Prison, a male correctional facility managed by the Department of Correctional Services in Port Elizabeth, Eastern Cape Province. Through this project, South African Partners will provide voluntary and

confidential HIV counseling and testing, STI and TB screening; implement Prevention with Positives activities; increase awareness of safer sex and drug use among inmates and correctional staff; strengthen referral to care treatment and support; and develop and evaluate a demonstration HIV prevention project at a male correction facility. The goal of the project is to increase the number of offenders and correctional staff at St Albans that receive annual HIV, TB and STI testing and/or screening by 80%. When possible, indicators will be internationally recognized and derived from the PEPFAR Indicator Reference Guide. The project aligns with South Africa's NSP and Partnership Framework, supporting country-led initiatives aimed at primary prevention of HIV infections, particularly among key populations. Education and advocacy for increased HIV testing and prevention services for prisoners will be conducted to addressing key drivers of HIV infection and focus on areas of highest transmission such as male-male sex and injection drug use in correctional services. To promote sustainability and the leveraging of resources, best practices and lessons learned from this project will be disseminated through stakeholders meeting and ongoing communication with the departments of Health and Correctional Services to help inform future HIV prevention efforts correctional settings.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	14126

Mechanism Name:	GH11-1151 MARPs		
Prime Partner Name:	South Africa Partners		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVCT	90,000	0

Narrative:

HIV counselling and testing (HCT) activities related to this award include providing voluntary and confidential HIV, TB and STI testing at St Albans Prison, a male correctional facility located outside of Port Elizabeth in the Eastern Cape. The goal of the project is to increase number of offenders and correctional staff at St Albans that receive annual HIV, TB and STI testing and/or screening by 80%. To promote the success of these prison-based services, project staff will work in concert with Department of Correctional Services to ensure that appropriate referrals to care, treatment and support services are available to those who test positive, and that prison staff are sensitized to the HIV-related needs of male inmates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	135,000	0

Narrative:

FY 2012 activities inlucde: Conducting a baseline situational analysis to inform the development of a demonstration HIV prevention project at St Albans Prison; development of visual assessment training protocols for HIV, STI and TB which will be used to train offenders and correctional services staff; provision of education sessions on HCT, TB and STI awareness and risk, including substance abuse risk assessment and risk reduction activities; provision of Prevention with Positives (PwP) interventions for inmates and DSC staff; provision of MSM sensitization training to DCS staff; distribution of condoms and water-based lubricants and ongoing monitoring and evaluation activities. To address correctional facility-specific issues, theater performances based on real-life correctional facility scenarios will be conducted and community based referrals for released offenders and their families will be strengthened.

Implementing Mechanism Details

Mechanism ID: 14273	**Mechanism Name: Social Sector Development Strategies**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Social Sector Development Strategies, Zambia	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,223,078	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	1,223,078

Sub Partner Name(s)

Impact Research and Development Organization	Tulane University	

Overview Narrative

Social Sectors Development Strategies Inc. has partnered with Tulane University and IRI to evaluate a selected number of USAID funded programs targeting adolescent OVC in order to provide an evidence base for informing current and future OVC programming in South Africa. In doing so, this project will promote expansion of evidence-based interventions, which is a key priority of the USG-SAG Partnership Framework and the National Strategic Action Plan. The research is targeting OVC adolescent aged 12 – 17 and their caregivers who are enrolled or participating in selected OVC programs.

The objectives of this evaluation are to: (1) Identify key points of intervention for adolescent OVC; (2) Assess the effectiveness (including cost effectiveness) of interventions or combinations of interventions in reducing HIV risk and improving the wellbeing of adolescent OVC; and (3) Develop, test and document an overall approach for evaluating adolescent OVC programming that will guide program managers in developing, improving and scaling up effective programs for adolescents. The results of this evaluation including recommendations will be disseminated through the National Action Committee for Children Affected by AIDS (NACCA) Research Working Group and presented to various stakeholders, policymakers and service delivery partners. The evaluation findings will contribute to the South Africa's national research agenda and promote evidence-grounded policies and practices.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	**14273**		
Mechanism Name:	**Social Sector Development Strategies**		
Prime Partner Name:	**Social Sector Development Strategies, Zambia**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	1,223,078	0

Narrative:

SSDS and the two sub partners Tulane University and IRI will evaluate selected USAID funded programs targeting adolescent OVC in order to provide an evidence base for informing current and future OVC programming in South Africa. The objectives of this evaluation are to: (1) Identify key points of intervention for adolescent OVC; (2) Assess the effectiveness (including cost effectiveness) of interventions or combinations of interventions in reducing HIV risk and improving the wellbeing of adolescent OVC; and (3) Develop, test and document an overall approach for evaluating adolescent OVC programming that will guide program managers in developing, improving and scaling up effective programs for adolescents. The results of this evaluation including recommendations will be disseminated through the National Action Committee for Children Affected by AIDS (NACCA) Research Working Group and presented to various stakeholders, policymakers and service delivery partners. The evaluation findings will contribute to the South Africa's national research agenda and promote evidence-grounded policies and practices.

Implementing Mechanism Details

Mechanism ID: 14278	**Mechanism Name: New-AIDSTAR Human Resource Development (HRD) Task Order**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,000,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,000,000

Sub Partner Name(s)

Health and Development Africa	International HIV/AIDS Alliance	

Overview Narrative

In collaboration with the Department of Social Development (DSD) a solicitation for this activity will be done using the AIDSTAR IQC mechanism. The AIDSTAR IQC mechanism will be used to select a service provider that will provide long and short-term technical assistance and program implementation support in specialized technical areas to strengthen the social service workforce (both professionals and practitioners). The social welfare workforce is critical to child protection and the ability of vulnerable children to access key health and social welfare services. Social service professionals, working closely with the justice system, are critical in reducing child abuse neglect and exploitation. This Task Order (TO) will strengthen the most important workforce, those who care for and protect the most vulnerable children. One of the key features of this TO will be to provide support to DSD to develop a strong human resource information system that will allow for targeted support to the geographic areas with the highest burden of orphans and vulnerable children and other specific vulnerable populations of greatest need. A task order for competition among the IQC prime contractors will be issued and a TO awarded that will be directly managed by USAID/South Africa. This TO will provide support to DSD using a range of strategies for planning the social welfare workforce, and developing and supporting the workforce using models of human and institutional capacity development. It is expected that this will be a $10 million

award and will focus on innovative solutions for human resource development issues in the social welfare workforce area. A Scope of Work will be developed in collaboration with DSD and competed amongst the AIDSTAR 2 prime contractors by June 2012.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,811,539

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14278**
Mechanism Name:	**New-AIDSTAR Human Resource Development (HRD) Task Order**
Prime Partner Name:	**John Snow, Inc.**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	3,000,000	0

Narrative:

In collaboration with the Department of Social Development (DSD) a solicitation for this activity will be done using the AIDSTAR IQC mechanism. The AIDSTAR IQC mechanism will be used to select a service provider that will provide long and short-term technical assistance and program implementation support in specialized technical areas to strengthen the social service workforce (both professionals and practitioners). The social welfare workforce is critical to child protection and the ability of vulnerable

children to access key health and social welfare services. Social service professionals, working closely with the justice system, are critical in reducing child abuse neglect and exploitation. This Task Order (TO) will strengthen the most important workforce, those who care for and protect the most vulnerable children. One of the key features of this TO will be to provide support to DSD to develop a strong human resource information system that will allow for targeted support to the geographic areas with the highest burden of orphans and vulnerable children and other specific vulnerable populations of greatest need. A task order for competition among the IQC prime contractors will be issued and a TO awarded that will be directly managed by USAID/South Africa. This TO will provide support to DSD using a range of strategies for planning the social welfare workforce, and developing and supporting the workforce using models of human and institutional capacity development. It is expected that this will be a $10 million award and will focus on innovative solutions for human resource development issues in the social welfare workforce area. A Scope of Work will be developed in collaboration with DSD and competed amongst the AIDSTAR 2 prime contractors by June 2012.

Implementing Mechanism Details

Mechanism ID: 14284	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14286	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14288	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14291	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14292	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14293	**Mechanism Name: RTC Medical Male Circumcision Contract**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Right To Care, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 22,568,467	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	22,568,467

Sub Partner Name(s)

CHAPS		

Overview Narrative

USAID awarded 18 month hybrid firm fixed price contract for voluntary medical male circumcision (VMMC) in April 2012. The purpose of the activity is to assist the SAG to reduce the impact of HIV through the targeted provision of VMMC. The new award is in line with the national HIV Strategic Plan and PEPFAR guidance. The award will be modified to incorporate $6 million in one time MMC funding and $1,568,467 in reprogrammed TBD funding, with an overall objective to provide high quality, high volume, high efficiency VMMC services to 177,196 males aged 15-49 by building on existing USAID-supported VMMC sites; and to provide technical assistance to districts to ensure successful start-up of high volume, high quality government VMMC sites that can be sustained through public funding.

This new award builds on USAID's investments in the 15 sites and adds a new site in Zululand as well as a large number of satellite sites and outreach to expand catchment areas. All MMC coverage is in areas of high prevalence and will link with other strategic prevention programs including SHIPP, JHHESA and IOM. The activity is based on the lessons from the first year start-up and a quality assessment that was conducted in July 2011.
The VMMC services are part of a comprehensive package of HIV prevention and health services for men ages 15-49, including referrals to other services. It combines community demand creation with national media campaigns to promote services and has a robust quality assurance system to monitor and evaluate the acceptance and safety of the services. The TA and training component leverages SAG funding and will assist them to identify and establish for high volume sites and train teams to meet its overall five-year target of 4.3 million adult VMMCs performed by 2

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Mobile Population
Workplace Programs

Budget Code Information

Mechanism ID:	**14293**

Mechanism Name:	RTC Medical Male Circumcision Contract		
Prime Partner Name:	Right To Care, South Africa		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	22,568,467	0

Narrative:

This contract supports SAG priority to increase voluntary medical male circumcision (VMMC) which is recognized as an important intervention to reduce the risk of male heterosexually acquired HIV infection. In response to the normative guidance and under the leadership of SAG, these funds support the scale up of safe VMMC. The VMMC services under this award include a minimum package of prevention services which include routine counseling and testing for all men and, where possible, their partners attending MC services; age-appropriate sexual risk reduction counseling; counseling on the need for abstinence from sexual activity during wound healing; and promotion of correct and consistent use of condoms. MMC services are implemented in accordance with national standards and international guidance with active linkages with other HIV prevention, treatment, and care and support services as needed. This award encompasses continuation and expansion of high volume high efficiency services that will include increasing demand for and access to services through outreach, communications, and community mobilization. The services also assure quality and equipment /commodities related to VMMC. The number of male circumcisions to be performed will be approximately 177,196 males aged 15-49. The partner will track coverage (percentage of the male 15-49) in their service area, including high volume, high efficiency sites in KwaZulu Natal, Mpumalanga, Gauteng, and one in Free State. Communications and demand creation activities for VMMC will be age-appropriate and culturally sensitive, and will be designed as they relate to males and females.
Almost all of the sites are in district hospitals and have provision of HIV counseling and testing (HCT) on site. Those sites that are either stand alone or are in private/mining hospitals also have HCT on site. Training and site set up will utilize national training guidelines and materials that have been developed by SAG and current partners. The VMMC services will be linked to care and treatment. $6 million of this funding comes from the one time MMC funding for SA and $1,568,467 comes from reprgrammed COP 2012 funds for MMC.

Implementing Mechanism Details

Mechanism ID: 14294	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14295	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14319	**Mechanism Name: Capable Partners**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism ended in FY 2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Child Survival Activities

Budget Code Information

Mechanism ID:	**14319**		
Mechanism Name:	**Capable Partners**		
Prime Partner Name:	**FHI 360**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14320	**Mechanism Name: Wits Reproductive Health & HIV Institute**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Wits Health Consortium, Reproductive Health Research Unit	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This agreement ended in FY 2012.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14320**		
Mechanism Name:	**Wits Reproductive Health & HIV Institute**		
Prime Partner Name:	**Wits Health Consortium, Reproductive Health Research Unit**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Treatment	HTXS	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14450	Mechanism Name: Society for Family Health / Population Services Interantional
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Society for Family Health - South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,100,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The South African National Defense Force (SANDF)'s HIV prevalence is unknown and is estimated to be at the same level as the national prevalence. The SANDF employs around 74,000 active personnel based around the country's nine provinces.The goal of the program is to optimise HIV prevention outcomes and contribute to the reduction of HIV infections by 50% within the SANDF in line with the NSP. SA's military forces are highly vulnerable to HIV due to the nation's overall high prevalence rates as well as the soldiers' working environment, mobility, age and other factors which expose them to greater risk of infection in comparison to civilians. SFH will contribute to reducing the impact of HIV/AIDS on the SANDF by achieving the following objectives: Increase the military's capacity to manage HIV through training of military leadership, master trainers and peer educators. Improve knowledge, attitudes and practices related to the drivers of the HIV epidemic among military personnel through material development and condom supply. Provision of support and oversight for Voluntary Male Circumcision services. Organizational capacity: SFH benefits from a strong and longstanding partnership with the SAG and has a wealth of experience with a range of HIV prevention programs including HIV Counseling and Testing, Condom Social Marketing, HIV Behavior Change Communication and Male Circumcision. SFH will draw upon its strength in government collaboration and extensive HIV prevention experience to assure successful program development and implementation. Based in Johannesburg, SFH is an affiliate of

global health NGO Population Services International (PSI) which implements HIV projects with the support of DOD in over 15 countries.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Increasing gender equity in HIV/AIDS activities and services
Military Population
Workplace Programs

Budget Code Information

Mechanism ID:	**14450**		
Mechanism Name:	**Society for Family Health / Population Services Interantional**		
Prime Partner Name:	**Society for Family Health - South Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	CIRC	900,000	0
Narrative:			
The goal of the program is to contribute to the reduction of HIV infections within the South African National Defense Force (SANDF) through provision of support and oversight for Voluntary Medical Male			

Circumcision services. The SANDF has a comprehensive plan for the management of HIV and AIDS fro its members and their families. The miltary plans to expand its current prevention efforts by establishing VMMC services at one facility in each of the province in KwaZulu-Natal, Mpumalanga and Western Cape making up three sites in total. Society for Family Health (SFH) will support the VMMC program through the following activities: Support in set up - this will involve procurement of supplies and equipment and provision of technical assistance on refurbishment in order to ensure facility readiness; Oversight - SFH will provide both internal and external quality assurance to the sites. this will include conducting quarterly visits to the sites to provide technical assistance; Production of IEC material - SFH will procure or source IEC fro use at VMMC sites and at other military health facilities; Training - the SANDF has undertaken to utilize the Model for Optimizing Volume and Efficiency (MOVE) in line with the National Department of Health and World Health approved guidelines. SFH will sub-contract the Centre for HIV and AIDS Prevention Studies (CHAPS) to train doctors and nurses in the execution of the VMMC procedure and implementation of the MOVE model. SFH will also train VMMC counselors. SFH has been running a Voluntary Medical male Circumcision centre in KwaZulu Natal province since March 2010. The clinic has circumcised approximately 6,166 men since it was launched through end of June 2011. SFH has therefore demonstrated adequate tecnical and organosational capacity to be able to support the SANDF VMMC program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	0

Narrative:

Society for Family Health (SFH) will work with South African Military Health Services to provide technical assistance and support in the prevention portfolio. Military leadership is central to program implementation and sustainability, one of SFH's role will be to conduct workshops with approximately 135 military leadership (Army, Navy, Air Force and the SAMHS) on the impact of HIV on military forces and to help strengthen the response to HIV among the South African National Defense Force. In line with the South African Government and PEPFAR direction of building capacity and health systems strengthening, SFH will train approximately 18 Master Trainers using a 'train the trainer to train' approach on the knowlegde, atttitudes and practices driving HIV transmission among military and in evidence-based behavior change communication and proven interpersonal communication strategies. SFH will also develop and pretest a standard curriculum which is military sensitive on peer education. Approximately 200 peer educators will be trained and supported with manuals, IEC material will be developed in collaboration with the military's Corporate Communications Office. SFH will conduct a baseline quantitative survey (KAP Study) which will be used to inform training material and IEC development. The peer educators will be deployed to all provinces and at internal and external deployment sites. Condom branding and distribution: SFH will develop military brand condom with marketing strategy and plan and

distribute approxiamtely 1.75 million military branded male condoms.

Implementing Mechanism Details

Mechanism ID: 14498	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14616	**Mechanism Name: Sexual HIV Prevention Program (SHIPP)**
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Futures Group	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 8,771,014	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	8,771,014

Sub Partner Name(s)

CADRE	Engender Health	Futures Institute
Wits Health Consortium, Reproductive Health Research Unit		

Overview Narrative

The Sexual HIV Prevention Program (SHIPP) is a bilateral partnership agreement between USAID and SAG. SHIPP supports SAG to deliver measurable HIV prevention outcomes by building capacity at

national, and select provincial, district, and community levels to coordinate, implement, and evaluate HIV prevention programs. SHIPP provides technical assistance (TA) to strengthen strategic and operational leadership capacity in NDoH, DBE, DSD, DHET, and SANAC with a focus at local level to increase the demand for and access to high-quality HIV prevention services. SHIPP's TA builds SAG capacity to understand the local epidemic and implement an optimal combination of HIV prevention approaches, biomedical, behavioral, structural, addressing drivers of the epidemic. TA includes long and short term staffing support, training, mentoring and coaching based on SAG needs. SHIPP's TA is focused in local areas that are in the most impoverished sub-districts with high prevalence in KZN, Mpumalanga, and Gauteng provinces. In these areas SHIPP strengthens DAC and LAC leadership to improve HIV prevention responses. The DAC/LACs will use the Local Epidemic Assessment Process, a data collection and analysis tool, designed to help understand the local epidemic to improve planning, budgeting, and monitoring systems. SHIPP will support SAG's PHC re-engineering and build capacity for community outreach programs amongst MARPs and vulnerable populations as defined by the epidemic in the focus areas. SHIPP's Small Grants component will build capacity of CBOs and focus on scaling HIV prevention support beyond health facilities, including supporting innovative interventions for individual and social norm change to address gender dynamics, keeping girls in school, and violence against women.

Cross-Cutting Budget Attribution(s)

Education	500,000
Gender: Reducing Violence and Coercion	1,000,000
Human Resources for Health	2,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

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
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14616**
Mechanism Name:	**Sexual HIV Prevention Program (SHIPP)**
Prime Partner Name:	**Futures Group**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	4,971,014	0

Narrative:

SHIPP provides technical assistance (TA) to relevant national and provincial governments to develop combination prevention packages that address key drivers of HIV infection at local level, to reduce new HIV infections. SHIPP is working with target SAG departments to develop, finalize, and implement the NSP and PSP 2012-2016, focusing on combination HIV prevention activities. TA is through a multi-sectoral approach to strengthen government systems at various levels. Targeted TA focuses at thirteen high HIV prevalence sub-districts in KZN, Mpumalanga and Gauteng provinces, and support is for planning, monitoring, and coordinating optimal combination HIV prevention interventions that are evidence-informed and measurable. TA is specifically aimed at supporting DACs and LACs to align HIV prevention interventions with NSP priorities and also helps to these structures to develop programs that address social, economic and behavioral drivers of HIV to reduce infection in high transmission area located in high density informal settlements such as Diepsloot, Orange Farm, and Ivory Park; and rural and remote villages in KZN and Mpumalanga. SHIPP will also provide TA for the development of tools and processes for District AIDS Councils (DACs) to conduct spatial mapping of prevention interventions targeting young adults (aged 15 – 49) and key populations, and include gender sensitive HIV prevention packages focusing on sexual reproductive health and rights and HIV and alcohol and substance abuse in the above target locations. SHIPP will build M&E capacity within the NDOH, DBE, and SANAC to

improve HIV/TB prevention systems, and contribute to the development of evidence-based combination prevention packages in areas of highest transmission. SHIPP will support and strengthen DBE systems to disseminate life skills and sexual reproductive health curricula that are aligned with the new DBE HIV strategy targeting school-going youth aged 10 -19. SHIPP will improve targeted components of the school health program to deliver adolescent health interventions in collaboration with NDOH. Activities are aligned with the new OGAC Prevention Strategy to improve measurable prevention outcomes, increasing program sustainability, integration and strengthening systems in close partnership with SAG and civil society. SHIPP will help build capacity for the DACs to operationalize and disseminate revised guidelines to local stakeholders and expanding HCT beyond formal health care settings; and provide capacity to contribute to national HIV prevention targets.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	3,800,000	0

Narrative:

SHIPP will support the implementation of the NSP in target provinces – KZN, Mpumalanga and Gauteng, specifically strengthening combination prevention approaches, targeting high transmission areas. SHIPP will provide technical assistance (TA) at national level to revise policies and guidelines and analyze research findings on HIV counseling and testing, voluntary medical male circumcision, post-exposure prophylaxis, commercial sex workers, and anti-retroviral and sexually transmitted infection syndrome management. SHIPP will provide TA to build capacity for the South Africa National AIDS Council, Department of Basic Education, Department of Health, District AIDS Councils (DACs), and local AIDS Councils (LACs) to operationalize and disseminate guidelines and to develop functional HIV/TB plans aligned with the NSP 2012 - 2016. SHIPP will also develop the Local Epidemic Assessment Response Process to identify combination prevention activities and targeted approaches supporting districts and sub-districts in identifying appropriate combination prevention activities. SHIPP will support the DACs and LACs to assess and analyze data, assist in developing spatial mapping systems that help the DACs to determine the local HIV spread patterns, provide projections for new HIV infections, and develop strategies to curb infections at the local level. SHIPP will work in partnership with other community-based organizations and non-governmental organizations to build capacity to strengthen country ownership, and improve leadership structures at the local level to integrate combination HIV prevention programs in work place activities and community programs for key populations. SHIPP will provide TA in developing a comprehensive gender integration framework, including the development of a manual for planning, implementing and evaluating and sustaining gender integration. SHIPP will help in strengthening referral systems for school-going youth aged 10 -19 and community based HIV prevention interventions. Community based programs will also target youth friendly services in support of HIV

prevention interventions.

Implementing Mechanism Details

Mechanism ID: 14617	**Mechanism Name: Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 3,135,931	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	3,135,931

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a 5-year cooperative agreement managed centrally by the Health Systems Division of USAID and awarded in October 2011. SIAPS will assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes consistent with the Global Health Initiative. SIAPS will provide “next generation” technical leadership and assistance in pharmaceutical system strengthening with a deliberate focus on patient-centered services and health outcomes. Importantly, SIAPS will assist USAID and the SAG to reconcile the long-term goals of country ownership, system strengthening, and sustainability with the immediate requirements for continuing scale-up and expansion of prevention and treatment programs without adversely affecting health outcomes. SIAPS result areas will address the intersections of five health systems components (governance, human resources, information, financing, and service delivery) and the ways they interact with the medical products building block to expand access to quality pharmaceutical products and effective pharmaceutical services. As SIAPS develops its technical program, it will identify issues associated with each health system

component and consider its necessary contribution to potential interventions supporting HIV/AIDS. The five Intermediate Results are:

• IR1: Pharmaceutical sector governance strengthened
• IR2: Capacity for pharmaceutical supply management and services increased and enhanced
• IR3: Utilization of information for decision-making increased
• IR4: Financing strategies and mechanisms strengthened to improve access to medicines
• IR5: Pharmaceutical services improved to achieve desired health outcomes

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14617**
Mechanism Name:	**Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS)**
Prime Partner Name:	**Management Sciences for Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	655,931	0

Narrative:

The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a five year Cooperative Agreement managed centrally by the Health Systems Division of USAID/GH/HIDN awarded in October 2011. Using HTXD and HVTB funds, SIAPS will improve access to medicines, improve availability of medical products and improve the rational use of medicine and patient safety. South Africa is embarking on the implementation of new national strategies to improve equitable access to health products and services by streamlining procurement (Central Procurement Authority), providing universal coverage (National Health Insurance) and improving disease prevention and management at the lowest level (PHC re-engineering). These strategies have a strong financial component that justifies their cross-reference to SIAPS objectives. SIAPS will collaborate with the SAG, civil society, and other stakeholders (incl. the private sector) to support this objective. The availability of medical products is one the key components of the access framework to strengthen service delivery. Under these objectives, SIAPS will improve quantification practices, strengthen provincial pharmaceutical warehouses and improve medicine supply management at facility level in partnership with SAG personnel at the provincial and district levels. Improved access and availability of pharmaceutical products should contribute to improved services and a “patient centered” approach. SIAPS will support end users, through strengthening rational medicine prescribing and dispensing practices of health care providers, enhancing systems to monitor patient safety, increasing patient knowledge and awareness about the need for rational medicine use. This objective will also address other issues related to the wellness of the patient, both indirectly by supporting the National Infection Prevention and Control program, and directly by strengthening the monitoring of adherence to treatment and the implementation of the required support measures. These activities will also contribute to a reduction in antimicrobial resistance. Activities will be conducted at the national, provincial and facility levels and will include interaction with the community.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	650,000	0

Narrative:

The Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is a five year Cooperative Agreement managed centrally by the Health Systems Division of USAID/GH/HIDN awarded in October 2011. The goal of SIAPS is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Using HVSI funds, SIAPS will improve the use of information for decision making for pharmaceutical services. Data is generally available at various levels. It is, however, not always transformed into information that can be used to support decision-making and/or shared among programs. This objective will support the strengthening of the production of timely and accurate routine information at the national and provincial levels by developing and/or implementing systems and building capacity in their use. It will also contribute to the

M&E frameworks under development. Work will be done with national, provincial and local governments as well as other PEPFAR partners. Specific activities may include:
• Implement National Pharmaceutical Data Warehouse
• Roll out provincial pharmaceutical depot (warehouse) electronic reporting system(s)
• Develop and implement provincial data warehouse(s) for the provinces using RxSolution ©
• Improve RxSolution © using new development platforms
• Develop middleware to facilitate integration and/or sharing of RxSolution© data with other new or legacy systems
• Support RxSolution implementation at existing sites, roll-out to new sites and increase the pool of users and super users
• Train pharmacy managers and other relevant personnel in the analysis and use of pharmaceutical data for decision-making
• Develop M&E frameworks for provincial pharmaceutical services
• Support M&E system(s) to monitor availability of medicines

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	1,830,000	0

Narrative:

The goal of the Systems for Improved Access to Pharmaceuticals and Services Program (SIAPS) is to assure the availability of quality pharmaceutical products and effective pharmaceutical services to achieve desired health outcomes. Using OHSS funds, SIAPS will strengthen pharmaceutical sector governance. This objective will contribute to the improvement of key elements that need to be in place to guide access to medical products and the provision of pharmaceutical services. This includes the development and implementation of policies, laws, regulations, rules and guidelines (e.g. National Medicine Policy, Pharmacy Act and regulations and rules published in terms of this Act, EML, National Core Standards, etc.) to support good governance in the South Africa pharmaceutical sector. Work will also be done to ensure that the principles of good governance are applied in the procurement and distribution of medicine and medical products. This work will be done in close collaboration with the SAG and the relevant statutory and regulatory bodies. SIAPS will also enhance the capacity for pharmaceutical supply management and services. This will entail increasing the availability of sufficient numbers of human resources (HR) with the appropriate knowledge and skills has been identified as one of the key challenges facing the provision of pharmaceutical services in South Africa. This objective focuses on developing and implementing strategies to ensure that qualified pharmacists and pharmacy support personnel are available according to approved HR norms and standards to support the implementation of priority health programs and that the right tool(s) to monitor progress are in place.

Collaboration with local pharmacy schools and the South African Pharmacy Council (SAPC) will be one of the key success factors in achieving this objective. South Africa is embarking on the implementation of new national strategies to improve equitable access to health products and services by streamlining procurement (Central Procurement Authority), providing universal coverage (National Health Insurance) and improving disease prevention and management at the lowest level (PHC re-engineering). These strategies have a strong financial component that justifies their cross-reference to SIAPS objectives. Under these objectives, SIAPS will improve quantification practices, strengthen provincial pharmaceutical warehouses and improve medicine supply management at facility level in partnership with SAG personnel at the provincial and district levels. Improved access and availability of pharmaceutical products should contribute to improved services and a “patient centered” approach. SIAPS will support end users, through strengthening rational medicine prescribing and dispensing practices of health care providers, enhancing systems to monitor patient safety, increasing patient knowledge and awareness about the need for rational medicine use. This objective will also address other issues related to the wellness of the patient, both indirectly by supporting the National Infection Prevention and Control program, and directly by strengthening the monitoring of adherence to treatment and the implementation of the required support measures. These activities will also contribute to a reduction in antimicrobial resistance. Activities will be conducted at the national, provincial and facility levels and will include interaction with the community.

Implementing Mechanism Details

Mechanism ID: 14621	**Mechanism Name: AED UGM**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This mechanism is ending in FY 2012, narrative was submitted in FY 2009 COP.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14621**		
Mechanism Name:	**AED UGM**		
Prime Partner Name:	**Hands at Work in Africa**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14622	Mechanism Name: Grasroot Soccer
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

GRS received a costed extension until March, 2012. Their activities will continue through a new PPP award using FY 2009 TBD PPP funds. Indicator results are reported for both projects, though there is not a corresponding FY 2012 COP funding request.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance?

Budget Code	Recipient(s) of Support	Approximate Budget	Brief Description of Activities
HVAB	Grassroot Soccer	214000	Sub contracted to Western Cape

	Western Cape		Department of Health to Deliver Global Fund Peer Education Project

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors
Impact/End-of-Program Evaluation
Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection
Child Survival Activities
TB
Family Planning

Budget Code Information

Mechanism ID:	**14622**		
Mechanism Name:	**Grasroot Soccer**		
Prime Partner Name:	**Grassroots Soccer**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14623	**Mechanism Name: Increasing Services to Survivors of Sexual Assault**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 919,436	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	919,436

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The GBV follow-on program aims to improve the quality and access to services for victims of GBV. PEPFAR supports interventions to eradicate rape, assault and sexual exploitation of women and children. A number of studies suggest that rape may directly increase a woman's risk for HIV infection as the violent nature creates a higher risk of genital injury and bleeding. Exposure to multiple assailants in gang rape also contributes to risk of transmission. Abusive relationships may also limit women's ability to negotiate safer sex and therefore increase HIV infection possibilities. The program's objectives are to increase nationwide awareness of the services provided by 52 Thuthuzela Care Centers (TCCs) to GBV survivors, and to expand and improve the services provided in the TCC catchment areas. The program will support the Partnership Framework sub-objective to strengthen the SAG capacity to identify and implement interventions that address unequal power relations and the role of sexual violence in HIV transmission. It will also support the critical enablers by addressing social structures that are barriers. To date, USAID has funded the upgrade of 10 of the existing TCCs (built by SAG) and established 23 new ones. These TCCs are in all 9 provinces of the country. The SAG has taken over the management and human resources of the established TCCs. This program will support a local organization to implement the program ensuring further sustainability of the services. The selected implementing partner will link with already established services and programs available in the catchment areas such as DSD, SAPS

and Health, SoulCity, Sonke Gender Justice, Brothers for Life, LifeLine and Childline and POWA.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**14623**
Mechanism Name:	**Increasing Services to Survivors of Sexual Assault**
Prime Partner Name:	**Foundation for Professional Development**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	678,880	0

Narrative:

The Thuthuzela Care Center (TCC) model provides a range of essential services to rape survivors such as emergency medical care, post-exposure prophylaxis (PEP), HIV counseling and testing (HCT) for HIV, and sexually-transmitted infections. A core network of NGOs will be supported to provide psychosocial counseling and adult and child trauma counseling. The implementer will be asked to link the services at the TCC with other counseling services such as couple counseling, risk assessments and prevention with

positives. The survivor is supported by a victim assistance officer and a case manager who provide referrals to shelters and other protection services as well as court preparation and legal assistance. A site coordinator ensures coordination between the different role-players in the process. This is all done in an integrated and victim-friendly manner. The TCCs address the medical and psychosocial needs of sexual assault survivors, while improving conviction rates and reducing time to court. The target population will be the GBV survivors in the 52 TCC catchment areas. Approximately 500 survivors present at a TCC annually. The 52 centers are located in public hospitals in all nine provinces in communities with high incidences of rape. They are walk-in facilities where survivors can access medical and psychosocial care and can provide a statement to the police in a secure, safe environment. The program will support the SAG National Strategic Plan which includes scaling up prevention interventions to reduce gender based violence, scaling up comprehensive services for survivors of sexual assault, and increasing the number of health facilities with services for rape survivors. It will also support South Africa's 365 day National Action Plan to end gender violence that applies a multi sector framework and approach for ending GBV. TCCs record data on indicators monthly, quarterly, and annually and report on a quarterly basis. These include PEPFAR indicators. A long term impact evaluation will be developed for this program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	140,556	0

Narrative:

The target population for HIV counseling and testing (HCT) services will be GBV and sexual assault survivors in 52 Thuthuzela Care Centers (TCC) catchment areas. Counseling and Testing services are provided at TCCs that are situated in health facilities, in all 9 provinces. Pepfar will support NGO counselors who provide comprehensive HIV counseling to survivors, especially after hour, at the TCCs. Counseling and testing services will also be provided to target populations, such as commercial sex workers in TCC catchment areas, and effective linkages to prevention, treatment and care services will be established for those testing positive. HCT services will also be provided to survivors who complete the PEP treatment. A target of 1,000 people will be counseled and tested at the TCCs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	0

Narrative:

The TCCs provides services to all survivors who present at the TCC. Target populations include men who have sex with men, mobile populations in the TCCs situated close to borders, migrant workers, and sex workers. Essential services such as emergency medical care, post-exposure prophylaxis (PEP), HIV counseling and testing, and sexually transmitted infections will be provided to these individuals.

Survivors presenting at the TCC are not required to indicate whether they are for example sex workers and thus this data is not captured. Within the awareness objective of the program, communities in the catchment areas will be informed about the services provided at the TCC and made aware that the services is available for all survivors (including populations such as sex workers, men having sex with men etc). Communities will be sensitized about the rights of the said populations.

Implementing Mechanism Details

Mechanism ID: 14628	**Mechanism Name: New- National Association of Child Care Workers Follow-on**
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	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 4,040,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	4,040,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

National Association of Child Care Workers (NACCW) will strengthen the Social Welfare Workforce through implementing and overseeing training of Social Workers; Social Auxiliary Workers and Child and Youth Care Workers (CYCW). The Children's Act went into full effect in 2010 and its full implementation will require further diversification of the roles that make up the social welfare workforce, substantial expansion of the size of the workforce, and further development of its knowledge. South Africa is currently experiencing an acute shortage of social services professionals.

The overall goal is to strengthen services to children, families, and communities through social workforce strengthening. NACCW will implement and facilitate training of 30 social workers in a 4 year degree program; training of 500 Social Auxiliary Workers and 1,000 CYCW over four years. NACCW is

recognized by South African Council for Social Service Professions (SACSSP) and the Social Workers who completes the Degree as well Social Auxiliary Workers and CYCW will be registered with SACSSP. NACCW will work with institutions of higher education, the Department of Social Development (DSD), and NACCW member organizations in all nine provinces to mentor and build skills. It is envisaged that implementation will be staggered across provinces and priority geographic areas will be rural areas and where DSD service points are not present. This project is in line with the DSD Strategic Plan 2010 – 2015, which emphasizes retention and recruitment of social service professionals at appropriate levels. The training is aligned to the Partnership Framework.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	2,800,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14628**
Mechanism Name:	**New- National Association of Child Care Workers Follow-on**
Prime Partner Name:	**National Association of Childcare Workers**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	4,040,000	0

Narrative:

The National Association of Child Care Workers (NACCW) will strengthen the Social Welfare Workforce through implementing and overseeing training of Social Workers; Social Auxiliary Workers and Child and Youth Care Workers (CYCW). NACCW's efforts will expand and strengthen the human capacity of the South African social services for children orphaned as a result of HIV and AIDS. This training and mentoring activity will be implemented by NACCW to increase the number and the quality of social auxiliary workers. NACCW will recruit, train, support, supervise and mentor 500 social auxiliary workers, 1000 CYCWs and 30 social workers to complete the required accredited training over the next 4 years. NACCW focuses on provision of specialized, professional training which is recognized by the South African Council for Social Service Professions and accredited with Health and Welfare Sector Education and Training Authority (HWSETA). The program will be implemented through a comprehensive partnership with relevant South African higher educational institutions and the Department of Social Development. NACCW provides a broad based Child and Youth Care Worker (CYCW) training in all nine provinces of South Africa. The NACCW CYCW training is aligned to the Partnership Framework Goal 3 (Strengthen the effectiveness of the HIV and TB response system) and Objective 3.1 (Strengthen and improve access to institutions and services, especially primary institutions). NACCW will purchase two vehicles with PEPFAR funds for use in project activities, including mentoring and monitoring site visits as well as dissemination events. The total estimated amount for the two vehicles is $60,000.00.

Implementing Mechanism Details

Mechanism ID: 14630	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14631	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14633	**Mechanism Name: Pact UGM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Umbrella Agreement
Prime Partner Name: Mpilonhle	
Agreement Start Date: Redacted	Agreement End Date: Redacted

TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 0	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Got a costed extension to finalize the planned activities prior to close out in Dec 31, 2011.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Addressing male norms and behaviors

Increasing women's access to income and productive resources

Budget Code Information

Mechanism ID:	14633		
Mechanism Name:	Pact UGM		
Prime Partner Name:	Mpilonhle		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Prevention	HVAB	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14634	**Mechanism Name: DSD Host Country Systems Agreement**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: South African Department of Social Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 300,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

USAID is negotiating providing funds directly for capacity building and system strengthening support to the South African Government specifically the national Department of Social Development (NDoSD) through a direct Host Country agreement. The tasks and activities of the agreement are aligned with the goals and objectives of the Partnership Framework and have been developed in consultation with the NDoSD and other relevant stakeholders. It is anticipated that this agreement will be signed by September 2012 for five years. NDoSD will use the agreement to support activities that include: human

and financial resources, training, baseline research, information management systems, and monitoring and evaluation. This Agreement will also be used to support the Minister of Social Development's plan to increase the number of social service professionals by 10000 CYCWs, by assisting in ensuring the quality of training. A comprehensive and rigorous monitoring and evaluation system for the agreement has already been developed however it will need to be aligned with the information requirements of national and provincial DSDs. Funds will be used to align the reporting systems of NDoSD and USAID. A thorough investigation into existing requirements and systems for data collection and dissemination will be conducted. Options for practical and cost effective aligning of the monitoring systems will be generated. In addition the agreement will be used to strengthen effectiveness and sustainability of NDoSD donor assisted initiatives. This may include analyses to determine where available resources can most effectively be utilized; assistance to implement requirements to develop an exit plan, gather baseline data, and support project assessments and evaluations.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	200,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Increasing gender equity in HIV/AIDS activities and services
Increasing women's legal rights and protection

Budget Code Information

Mechanism ID:	**14634**

Mechanism Name:	DSD Host Country Systems Agreement		
Prime Partner Name:	South African Department of Social Development		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HKID	300,000	0

Narrative:

USAID is negotiating providing funds for capacity building and system strengthening support to the South African Government specifically the national Department of Social Development (NDoSD) through a direct Host Country agreement. The tasks and activities of the agreement are aligned with the goals and objectives of the Partnership Framework. It is anticipated that this agreement will be signed by September 2012 for five years. NDoSD will use the agreement to support activities that include: human and financial resources, training, baseline research, information management systems, and monitoring and evaluation. A comprehensive and rigorous monitoring and evaluation system for the agreement has already been developed however it will need to be aligned with the information requirements of national and provincial DSDs. Funds will be used to align the reporting systems of NDoSD and USAID. A thorough investigation into existing requirements and systems for data collection and dissemination will be conducted. Options for practical and cost effective aligning of the monitoring systems will be generated. In support of the Minister of Social Development's plan to increase the number of social service professionals by training a cadre of 10,000 CYCWs, an initial focus will be to scale-up the provision of community child and youth care services through the national roll-out of the Isibindi training model. The intention is to train and deploy a new social service cadre in 400 project sites throughout South Africa over five years. The NDoSD will document alignment between the Isibindi model and relevant provisions of the Children's Act as well as highlighting the institutional, capacity building, and human resource requirements and implications of the scale up process. In addition to providing support to ensure the quality of training the agreement will be used to strengthen effectiveness and sustainability of NDoSD donor assisted initiatives. This may include analyses to determine where available resources can most effectively be utilized; assistance to develop an exit plan, gather baseline data, and support project assessments and evaluations.

Implementing Mechanism Details

Mechanism ID: 14636	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14637	Mechanism Name: FHI 360 UGM
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: FHI 360	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 1,300,000	Total Mechanism Pipeline: N/A
Funding Source	**Funding Amount**
GHP-State	1,300,000

Sub Partner Name(s)

Anglican AIDS & Healthcare Trust	GRIP Intervention	Hands at Work in Africa
Heartbeat	Humana People to People in South Africa	

Overview Narrative

"Note: Extension pending.
FHI 360: Summary of Activities Planned for
October 2012 to March 2013.

FHI 360 is an Umbrella Grants Management (UGM) entity that manages several large agreements on behalf of USAID, providing management capacity building and oversight. FHI360 has requested an extension to its cooperative agreement per USAID South Africa's request, in order continue support for three key community prevention and SGBV partners -- Humana People to People, GRIP, and the KZN network against violence against women currently under PCI. In addition the extension will allow other partners to complete a 15-month period of performance from October 1, 2011- December 31, 2012, which includes 12 months of full implementation and 3 months of scale down and closeout activities. FHI 360 will then have an additional month to properly close-out its cooperative agreement before October 2013. During the other partners' scale down and closeout activities from October 1 to December 31 2012, FHI360 will provide technical support tothose partners on programmatic reporting. FHI 360 will verify final project deliverables from partners. The UGM will assist partners to conduct post-project

assessments and documentation of lessons learned including reviewing results from evaluations. FHI 360 will also guide partners with human resource activities such as staff consultation processes, issuing of final termination letters in compliance to the South Africa labor laws, and guidance on how they should conduct exit interviews. During the same period, FHI 360 will verify and sign off final disposition plans and inventory lists for all its partners. Th

Cross-Cutting Budget Attribution(s)

Human Resources for Health	51,096

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14637**
Mechanism Name:	**FHI 360 UGM**
Prime Partner Name:	**FHI 360**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	400,000	0

Narrative:

FHI360 will use funds to provide technical support to OVC PEPFAR partners on programmatic reporting. Assistance will be provided in areas that include grants management, strategic information, monitoring and evaluation and capacity building. Support will also be provided for conducting post-project

assessments and documenting lessons learned including reviewing results from evaluations. FHI 360 will all so be carrying out close-out activities. Guidance will be provided to partners on human resource activities such as staff consultation processes, issuing of final termination letters in compliance to the South Africa labor laws, and guidance on how they should conduct exit interviews.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	400,000	0

Narrative:

FHI360 will use funds to provide technical support to prevention partners on programmatic reporting. Assistance will be provided in areas that include grants management, strategic information, monitoring and evaluation and capacity building. Support will also be provided for conducting post-project assessments and documenting lessons learned including reviewing results from evaluations. FHI 360 will all so be carrying out close-out activities. Guidance will be provided to partners on human resource activities such as staff consultation processes, issuing of final termination letters in compliance to the South Africa labor laws, and guidance on how they should conduct exit interviews.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	500,000	0

Narrative:

FHI360 will use funds to provide technical support to the three community prevention partners that are being extended and to partners on programmatic reporting. Assistance will be provided in areas that include grants management, strategic information, monitoring and evaluation and capacity building. Support will also be provided for conducting post-project assessments and documenting lessons learned including reviewing results from evaluations. FHI 360 will all so be carrying out close-out activities. Guidance will be provided to partners on human resource activities such as staff consultation processes, issuing of final termination letters in compliance to the South Africa labor laws, and guidance on how they should conduct exit interviews.

Implementing Mechanism Details

Mechanism ID: 14638	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14667	**Mechanism Name: Tulane University - Compiling Evidence Base for Orphans and Vulnerable Children**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Tulane University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 960,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	960,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Tulane University's goal under this project is to contribute to the evidence-base concerning programming for orphans and vulnerable children (OVC). By conducting case studies and assessments of existing OVC programs, this project will provide data on the priority needs of OVC, lessons learned from interventions, as well as evidence concerning the effectiveness of program models. In doing so, this project will promote expansion of knowledge-based interventions, which is a key priority of the USG-SAG Partnership Framework and the National Strategic Action Plan. Assessments and case studies will focus on identified priorities of USAID and SAG, including family strengthening, gender, and adolescents. It is expected that such information will guide efforts to develop, improve and scale-up programs for OVC in South Africa. Results will be disseminated through the OVC Research Working Group and the NACCA, contributing to the national research agenda and promoting evidence-grounded policy and practices. In addition, outcomes of the project activities as well as other emerging research in the field will be shared with local stakeholders, policymakers, and service delivery partners through program guidance papers

that include recommendations as well as presentations at national and international forums. This is a time-limited project that will not be transitioned directly. However, the substantial time investment in capacity-building, results-sharing, and related action planning will create a transition from this project into improved local practices. Tulane University currently leases a 2010 Jeep Patriot purchased with PEPFAR funds from John Snow Incorporated for use in project activities, including planning and monitoring site visits as well as dissemination events.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	**14667**
Mechanism Name:	**Tulane University - Compiling Evidence Base for Orphans and Vulnerable Children**
Prime Partner Name:	**Tulane University**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	960,000	0
Narrative:			

Tulane University is an American-based academic institution with a subsidiary in South Africa, Tulane International LLC, operating as a public benefit organization. Tulane's goal under this project is to contribute to the evidence-base concerning programming for orphans and vulnerable children (OVC). This project will achieve this aim by producing assessments and case studies of program models for OVC within South Africa. These activities will provide data on the priority needs of OVC, lessons learned from interventions, as well as evidence concerning the effectiveness of program models. In doing so, this project will promote expansion of knowledge-based interventions, a key priority of the USG-SAG Partnership Framework and the National Strategic Action Plan. Assessments and case studies will focus on identified priorities of USAID and SAG, including Family Strengthening, Gender, and Adolescents. The geographic locations, program models and other specific focal points of these activities will be determined on an on-going basis in consultation with program partners, USAID and SAG. To ensure local utilization of results and promote action planning for enhanced OVC programming, an array of capacity building activities will be conducted among program partners and SAG. The Principal Investigator will serve as a member of the OVC Research Working Group and the National Action Committee for Children Affected by HIV and AIDS, contributing to the national research agenda and promoting evidence-grounded policy and practices. In addition, outcomes of the project activities as well as other emerging research in the field will be shared with local stakeholders, policymakers, and service delivery partners through program guidance papers that provide policy and program-specific recommendations as well as through interactive presentations at national and international forums. It is expected that outputs of this project will guide efforts to develop, improve and scale-up programs for OVC in South Africa and beyond.

Implementing Mechanism Details

Mechanism ID: 14844	**Mechanism Name: APHL**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**

GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Association of Public Health Laboratories will work with CDC/GAP-South Africa, and in collaboration with CDC/GAP with the Department of Health, National Health Laboratory Service and other agencies and partners as appropriate. This is a new Cooperative Agreement for APHL with CDC/GAP-South Africa. Objective 1. Strengthening Integration of the Department of Health and the National Health Laboratory Service. APHL will provide support to the in-country staff with assistance from headquarters staff and APHL members with experience and expertise in database systems, laboratory-based surveillance and epidemiology. APHL will also provide technical assistance, training and coaching on issues of policy development, strategic planning and development of public health laboratory surveillance systems based on its experience in these areas in many African countries. In addition, APHL can also evaluate the laboratory information system of the NHLS. APHL will also assist the NHLS to train management in implementing better financial management, and in the establishment of a national public health laboratory system that will serve the needs of the provincial and national departments of health.

Global Fund / Programmatic Engagement Questions

1. Is the Prime Partner of this mechanism also a Global Fund principal or sub-recipient, and/or does this mechanism support Global Fund grant implementation? **Yes**
2. Is this partner also a Global Fund principal or sub-recipient? **Sub Recipient**
3. What activities does this partner undertake to support global fund implementation or governance? **(No data provided.)**

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Workplace Programs

Budget Code Information

Mechanism ID:	**14844**
Mechanism Name:	**APHL**
Prime Partner Name:	**Association of Public Health Laboratories**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	0

Narrative:

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	500,000	0

Narrative:

Association of Public Health Laboratories will work with CDC/GAP-South Africa, and in collaboration with CDC/GAP with the Department of Health, National Health Laboratory Service and other agencies and partners as appropriate. This is a new Cooperative Agreement for APHL with CDC/GAP-South Africa. Objective 1. Strengthening Integration of the Department of Health and the National Health Laboratory Service. APHL will provide support to the in-country staff with assistance from headquarters staff and APHL members with experience and expertise in database systems, laboratory-based surveillance and epidemiology. APHL will also provide technical assistance, training and coaching on issues of policy development, strategic planning and development of public health laboratory surveillance systems based on its experience in these areas in many African countries. In addition, APHL can also evaluate the laboratory information system of the NHLS. APHL will also assist the NHLS to train management in

implementing better financial management, and in the establishment of a national public health laboratory system that will serve the needs of the provincial and national departments of health.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0
Narrative:			

Implementing Mechanism Details

Mechanism ID: 14845	**Mechanism Name: 5U2GPS001328**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Cheikh Anta Diop University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: N/A
Global Fund / Multilateral Engagement: N/A	
G2G: N/A	Managing Agency: N/A

Total Funding: 500,000	**Total Mechanism Pipeline: N/A**
Funding Source	**Funding Amount**
GHP-State	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

1. Identification of 1 lab specialist who will be working within the South African National Priority Program and coordinating activities with the National Health Laboratory Services (NHLS) and the Africa Society for Laboratory Medicine (ASLM), including meeting preparation and technical advising; reporting to the Chief, Laboratory Branch of CDC- South Africa
2. Identification of 1 lab specialist who will be working within the South African National Priority Program and coordinating activities with NHLS and the National Department of Health (NDoH); reporting to the

Chief, Laboratory Branch of CDC- South Africa

Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000

TBD Details

(No data provided.)

Motor Vehicles Details

N/A

Key Issues

Impact/End-of-Program Evaluation

Workplace Programs

Budget Code Information

Mechanism ID:	**14845**		
Mechanism Name:	**5U2GPS001328**		
Prime Partner Name:	**Cheikh Anta Diop University**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HVTB	0	0
Narrative:			
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HLAB	500,000	0

Narrative:
1. Identification of 1 lab specialist who will be working within the South African National Priority Program and coordinating activities with the National Health Laboratory Services (NHLS) and the Africa Society for Laboratory Medicine (ASLM), including meeting preparation and technical advising; reporting to the Chief, Laboratory Branch of CDC- South Africa 2. Identification of 1 lab specialist who will be working within the South African National Priority Program and coordinating activities with NHLS and the National Department of Health (NDoH); reporting to the Chief, Laboratory Branch of CDC- South Africa

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	0

Narrative:

Implementing Mechanism Details

Mechanism ID: 14846	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 14847	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16372	TBD: Yes
REDACTED	

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	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		217,800			217,800
ICASS		213,000			213,000
Institutional Contractors		900,000			900,000
Management Meetings/Professional Developement		172,000			172,000
Non-ICASS Administrative Costs		1,570,000			1,570,000
Staff Program Travel		580,000			580,000
USG Staff Salaries and Benefits		6,647,200			6,647,200
Total	**0**	**10,300,000**	**0**	**0**	**10,300,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount

Computers/IT Services		GHP-State	Based on IT tax paid through field support ($6,600 per person); includes 4 PSCs; 1 new PSC; 1 TCN; 24 FSNs; and 3 Institutional Contractors; DOes not include 3 DH or 3 DLI)	217,800
ICASS		GHP-State	9 Direct Hires (not including 3 DLIs; does include 3 DH, 4 PSC, and 1 new PSC, 1 TCN); 24 FSNs;3 Institutional Contractors not included; $20,000 for DH; $1,375 for FSN	213,000
Management Meetings/Professional Developement		GHP-State	Based on IDP/Training Plan (Health Office only); 2 GHFP staff not included	172,000
Non-ICASS Administrative Costs		GHP-State	includes meetings/conferences ($250,000); Technical Assistance ($600,000); and Supplies and Equipment ($500,000) + $100,000 pre award audits + $120,000	1,570,000

			RHAP	

U.S. Department of Defense

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
ICASS		45,000			45,000
Staff Program Travel		55,000			55,000
USG Staff Salaries and Benefits		200,000			200,000
Total	**0**	**300,000**	**0**	**0**	**300,000**

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHP-State		45,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		964,289			964,289
Computers/IT Services		816,400			816,400
ICASS		858,559			858,559
Institutional Contractors		282,068			282,068
Non-ICASS Administrative Costs		2,506,949			2,506,949
Staff Program		874,000			874,000

Travel					
USG Staff Salaries and Benefits	4,043,000	3,729,341			7,772,341
Total	**4,043,000**	**10,031,606**	**0**	**0**	**14,074,606**

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		GHP-State		964,289
Computers/IT Services	Business Support: 708750; Computers/IT Services: 107650	GHP-State		816,400
ICASS		GHP-State		858,559
Non-ICASS Administrative Costs		GHP-State	USDH Res$446,800;USDH Relocation $420,000;Office Rental$570,099;Electricity$130,965;Utility $44,502;Office Furnishing $65,000;Recruitment Advert $8,000; Vehicles M&R$56,784;Service Facility Ops$24,000; Off Machine Maint$17,000; Repair & Maintenance $17,500; Equipment$17,500; Misc Supplies and	2,506,949

			Material$31,850; US Postal & Courier $84,500;Phone Equip Install & Service$72,361; Landline and Blackberry $228,587;Task Orders $289,000.No vehicles with FY 2012 funds; 8 vehicles purchased since 2003.	

U.S. Department of State

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Capital Security Cost Sharing		409,000			409,000
Computers/IT Services		24,883			24,883
ICASS		691,030			691,030
Management Meetings/Professional Developement		185,200			185,200
Non-ICASS Administrative Costs		225,885			225,885
Staff Program Travel		224,830			224,830
USG Staff Salaries and Benefits		2,042,686			2,042,686
Total	**0**	**3,803,514**	**0**	**0**	**3,803,514**

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHP-State		409,000
Computers/IT Services		GHP-State		24,883
ICASS		GHP-State		691,030
Management Meetings/Professional Developement	Technical and Provincial Coordination	GHP-State		185,200
Non-ICASS Administrative Costs		GHP-State	Telephone 22385; Printing 3500; PAS Communication Activities 200000	225,885

U.S. Peace Corps

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Central GHP-State	Cost of Doing Business Category Total
Computers/IT Services		2,300			2,300
Management Meetings/Professional Developement		10,000			10,000
Non-ICASS Administrative Costs		195,200			195,200
Peace Corps Volunteer Costs		1,245,800			1,245,800
Staff Program Travel		20,600			20,600
USG Staff Salaries and Benefits		476,100			476,100
Total	**0**	**1,950,000**	**0**	**0**	**1,950,000**

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-State		2,300
Management Meetings/Professional Developement		GHP-State		10,000
Non-ICASS Administrative Costs		GHP-State		195,200