President Bush's Emergency Plan for AIDS Relief (PEPFAR)

S11

Country Operational Plan (COP)

SOUTH AFRICA

March 31, 2004 - Final

Plan Period: FY2004

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ACRONYMS

AB	Abstinence, Be Faithful
ABC	Abstinence, Be Faithful, Use a Condom
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Clinic
ARV	Anti-retroviral
ART	Anti-retroviral therapy
BCC	Behavior Change Communication
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CIPRA	Comprehensive International Program of Research on AIDS
CTR	Contraceptive Technology Research Project
DHS	Demographic and Health Survey
DOD	Department of Defense
DOE	Department of Education
DOH	Department of Health
DOTS	Directly Observed Treatment Short Course
DRAMAIDE	Drama Aid Education
EC	Eastern Cape Province
EEA	Employment Equity Act
EU	European Union
FBO	Faith Based Organization
FHI	Family Health International
HBC	Home-Based Care
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HIV/AIDS/STD	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome/Sexually Transmitted Disease
HIVSA	Soweto-area non-profit organization providing psychosocial support services to HIV-positive women and their families
HSRC	Human Sciences Research Council
HST	Health Systems Trust
IASP	Inter-Agency International Affairs Strategic Plan
ICS	Immunochromatographic Strip
IEC	Information, Education and Communications
IP	Integrated Plan
JHPIEGO	A non-profit organization affiliated with Johns Hopkins University
JHUCCP	John Hopkins University Center for Communications Program
KZN	KwaZulu-Natal
LMIS	Logistics Management Information Support
LP	Limpopo Province

MAP	Men as Partners
MCDI	Medical Care Development International
MECs	Members of Provincial Executive Councils
MP	Mpumalanga Province
MRC	Medical Research Council
NAPWA	National Association of People Living with AIDS
NDOE	National Department of Education
NDOH	National Department of Health
NGO	Non-Governmental Organization
NHLS	National Health Laboratory Services
NICD	National Institute for Communicable Diseases
NIH	National Institutes of Health
NIH/HHS	National Institutes of Health/Health and Human Services
NTCP	Department of Health's National TB Control Program
NVP	Nevirapine
NW	North West Province
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PHC	Primary Health Care
PHRU	Perinatal HIV Research Unit
PI	Performance Improvement
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PSI	Population Services International
QA	Quality Assurance
QAP	Quality Assurance Project
QCMD	Quality Control for Molecular Diagnostics
RADAR	Rural AIDS and Development Action Research Program
RHAP	Regional HIV/AIDS Program
RHRU	Reproductive Health Research Unit
RPM	Rational Pharmaceutical Management
RTC	Regional Training Center
SA	South Africa
SABC	South African Broadcasting Corporation
SAMHS	South Africa Military Health Service
SANAC	South African National AIDS Council
SANBS	South Africa National Blood Service
SANDF	South African National Defense Force
STI	Sexually Transmitted Infection
TAACS	Technical Advisor for AIDS and Child Survival
TADSA	TB Alliance DOTS Support Association
TASC	Technical Assistance Service Contract
TB	Tuberculosis

TB/OI	TB/Opportunistic Infection
TIMS	Training Information Management Software
UNITRA	University of Transkei
UNAIDS	United Nations AIDS Program
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
USG	United States Government
UTAP	University Technical Assistance Program
VCT	Voluntary HIV Counseling and Testing
WC	Western Cape Province
WHO	World Health Organization

South Africa, Track 2.0 Country Operational Plan

Introduction

Five million people, or roughly a quarter of all South Africans of reproductive age are now HIV positive, including an estimated 2.7 million women and over 250,000 children. South Africa remains the country with the highest number of HIV infections in the world. An estimated 75% of those infected are in the early stages of the disease and show little or no symptoms. The impact of the disease will become more acute over the next five years. Currently, an estimated 400,000 AIDS patients are eligible for anti-retroviral (ARV) therapy. In coming years, AIDS-related deaths will put the number of orphans over 1 million, and generate additional social and economic disruption in a country that is already grappling with entrenched poverty, high unemployment, violent crime and continuing tensions between historically privileged and disadvantaged groups.

Prior to 1994 the South African health system was based on apartheid ideology, characterized by racial and geographic disparities, fragmentation, and duplication, and it encompassed 14 separate departments of health, each having its own mandate, budget and staff. Since the end of apartheid in 1994, the South African government has actively addressed dramatic inequalities in basic human needs such as health, by providing resources for comprehensive primary health care. Access to public health services for many historically disadvantaged citizens has improved, but the health system remains a complex mix of very functional and underdeveloped elements. The government also committed increasing resources to address the challenges of the HIV/AIDS epidemic, with an initial focus on prevention and control of opportunistic infections, through a five-year Strategic Plan for HIV and AIDS in 2000. Government planning on HIV/AIDS treatment began in 2002 and moved slowly, picking up pace in the last six months. The Cabinet in July 2002 established a Joint Health and Treasury Team to make recommendations for the care and treatment of persons infected and affected by HIV and AIDS. After receiving the Team's report in August 2003, the Cabinet instructed the Department of Health to rapidly develop a detailed operational plan on antiretroviral treatment. The resulting *Operational Plan for Comprehensive HIV and AIDS Care and Treatment for South Africa* is the basis for the national care and treatment rollout. The first year target is to treat 53,000 AIDS infected patients at approximately 100 sites throughout the country (by March 2005), and 500,000 patients over five years. The National Department of Health (NDOH) has announced a timetable for ARV therapy to be available in selected public facilities beginning in July 2004. However, three provinces have started providing ARVs in public clinics, and others have announced intentions to, in advance of the NDOH plans.

Since 2000, United States Government (USG) agencies, such as USAID, CDC, NIH, DOD and Peace Corps have worked with the Department of Health and other partners at the national, provincial and local level to: 1) augment government prevention efforts through support of

Voluntary Counseling and Testing and Prevention of Mother to Child Transmission activities, mass media and patient education; 2) build capacity of health care workers, community health workers, and managers through training and technical support; 3) develop, monitor and report on research and pilot projects in clinical settings that support HIV/AIDS prevention, care and treatment; 4) strengthen surveillance projects, and 5) provide palliative care for HIV/AIDS infected individuals and care for AIDS-affected orphans and vulnerable children. The USG has also been a key supporter of the Primary Health Care (PHC) system at the district and municipal health system level, focusing on the vital importance of integrating HIV/AIDS services into the PHC system to slow down the impact of the epidemic on the health services in South Africa. Programs have played a catalytic role in identifying and applying best practices, fostering public-private partnerships, and strengthening the logistics, information, management and supervision systems that underpin expanding the availability of health services in South Africa. USG support has resulted in significant improvements in the quality and delivery of HIV/AIDS services, particularly to historically disadvantaged communities.

The availability of resources from the President's Emergency Plan gives the U.S. Government a unique and exciting opportunity to support new national and provincial government efforts to roll out the comprehensive ARV plan and to work with non-governmental partners to expand prevention, care and treatment services, in a much-improved HIV/AIDS policy environment. The President's Emergency Plan in South Africa will be an integrated USG program to provide high quality comprehensive care and treatment services using a continuum of care approach. The USG Country Operating Plan (COP) shows that every effort has been made to accomplish this. All USG agencies involved with HIV/AIDS in South Africa have cooperated and coordinated planning for Emergency Plan activities. To strengthen the program and diversify partners, the USG Task Force developed an Annual Program Statement to solicit applications from local organizations. The Task Force is coordinating fully and regularly with national and provincial governments, as well as with the donor community and multilateral organizations. Our program expects funded partners and USG agencies to conform to the care and treatment guidelines, training guidelines and strategies in the South African NDOH national strategic plan, the *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment* and in the *National Antiretroviral Treatment Guidelines 2004.*

The COP for South Africa makes several key assumptions. It assumes that the South African government will, within a reasonable timeframe, provide drugs and commodities for public health facilities and some USG partners, and that all Emergency Plan-funded programs will be assisted to ensure they have the capability to implement effective monitoring and evaluation plans. PMTCT Integrated Plan activities have been funded until September 30, 2004. It is proposed that Emergency Plan resources be used to fund PMTCT activities from October 1, 2004 through March 31, 2005.

The FY2004 COP has a high proportion of prevention-oriented activities, in response to a request from the NDOH that USG not stop useful and previously agreed prevention activities. Continuing prevention efforts, especially scaling up VCT services, is critically important to complement the new and extensive focus on treatment.

South Africa's COP offers a comprehensive prevention, care and treatment program that contributes to meeting Emergency Plan targets within identified timelines. USG agencies will, for the first time, support life-extending treatment for large numbers of South Africans--almost 20,000 by March 2005--working with a number of private sector groups and NGOs, while also building needed capacity to support the government's treatment rollout efforts. Prevention messages, including abstinence and faithfulness, together with scaled-up PMTCT and VCT programs, will reach millions and assist in preventing 180,000 new infections. We will work with a number of new partners to provide care and support to 110,000 orphans and vulnerable children. South Africa is a world leader in hospice and palliative care, and we will partner with its national association on palliative care to build additional capacity and extend services to approximately 150,000 individuals. The Emergency Plan also extends ongoing efforts to enhance robust health information systems. The program will pay special attention to the importance of monitoring patient care and treatment and reporting outcomes. USG agencies in South Africa have developed management teams for program areas that will be vigilant and supportive of all USG funded partners to help make this first year a strong building block for implementing the five-year strategic plan.

Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile			
a. Population (millions):	44.8 Million (2001)	e. Per Capita Expenditure on Health (US$):	652 (2001)*
b. Area (sq mi):	471,444	f. Life Expectancy (years):	50.7 (2002)*
c. Per Capita GDP (US$):	7,538 (2001)*	g. Infant Mortality (per 1,000 births):	57 (2003)**
d. Adult Literacy Rate (%):	85% ***	h. Under 5 Mortality (per 1,000 births):	84 (2002)*
Source(s) data:	*WHO country indicators **Population Reference Bureau ***UNICEF - At a Glance		
Year(s) data:	given above		

1.2 HIV/AIDS Statistics
a. HIV prevalence in pregnant women: 26.5% *
b. Estimated number of HIV-infected people: 5,349,935 (Best Estimate)*
c. Estimated number of individuals on anti-retroviral ARV therapy: 20,000***: projected number of patients targeted by the South African Government is 53,000 from April 2004- 2005
d. Estimated number of AIDS orphans: 660,000**
e. Estimated number of individuals currently on ARV treatment: 20,000
f. Estimated number of individuals currently on ARV treatment in USG supported programs: 1,060
g. Estimated number of individuals projected to be on treatment by March 31, 2005: South African Government programs, 53,000
h. Estimated number of individuals projected to be on treatment in USG supported (some may also be SA Government supported) programs by March 31, 2005: 19,600
Source(s)/year(s) data: * NDOH Antenatal Survey, October 2002 ** UNAIDS.2002; *** based on NDOH figures gathered from private Medical AID Insurance, research data, and donor supported projects

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1.3 Characteristics of the HIV/AIDS Epidemic

a. Populations at comparative high risk: sex workers (HIV prevalence among sex workers tested in KwaZulu Natal province increased from 50% in 1997 to 61% in 1998); TB patients (a survey of HIV prevalence among TB patients in 2002 revealed a co-infections rate of 58%.); STI patients (HIV prevalence among female STI patients increased from 2% in 1988 to 25% in 1994 and among male STI patients, from 1% in 1988 to 19% in 1994); migrant workers; and miners. Risk factors related to comparative high risk include: multiple partners, unprotected sexual activity, risky sexual practices, and status of women.

b. HIV/AIDS prevalence by gender: Females (age 15-49)—12.8%**(2002); Males (age 15-49)—9.5% (2002)**.

(This is the most recent and most specific gender based data available; the validity of these figures has been questioned.)

c. HIV/AIDS prevalence by age groups: <20: 14.8%; 20-24: 29.1%; 25-29: 34.5%; 30-34: 29.5%; 35-39: 19.8%; 40+: 17.2% (2002)*.

d. HIV/AIDS prevalence by urban versus rural (age 15-49): Tribal Areas--12.4%; Farms--11.3%; Urban Formal--15.8%; and Urban Informal Settlements--28.4%**.

e. ANC surveillance trends (specify years compared): National HIV Prevalence: 0.7% (1990), 10.4 % (1995), 24.5 % (2000); 26.5 % (2002); National syphilis prevalence: 4.9% (2000); 2.8% (2001); 3.2% (2002)*.

f. BSS surveys trends (specify years compared): Not Available.

g. DHS surveys trends (specify years compared): Last DHS published in 1998; 2003-2004 DHS is in process; a 2002 Household Survey** showed slightly positive trends in self-reported behavior change from the 1998 DHS, including abstaining from sex, being monogamous and using condoms.

h. HIV/AIDS epidemic projections: 400,000 HIV positive individuals will develop AIDS defining illness in 2003.

i. STI statistics: National: syphilis rate among antenatal clinic attendees, 3.2 (2002)* In 2002, the Male Urethral Discharge incidence was estimated to be 32.1 per 1,000 males age 15+, with an overall STI incidence rate of 56.4 per 1,000 population age 15+ ***.

j. TB statistics: TB remains a major public health problem with an estimated burden of 556 all cases and 226 new smear positive (infections) cases per 100,000 population. Incidence rate for 2002 was 494 all cases and 217 new cases per 100,000 population. The cure rate for 2001 was low (54%). Interruption rates remain high (12%) and heighten concern for development of Multi Drug Resistant TB (MDR).**** Infection control issues need to be addressed in light of the high rates of TB-HIV co-infection. A survey of HIV prevalence among TB patients in 2002 revealed a co-infections rate of 58%.

Source(s) data: *NDOH Antenatal Survey, October2002 **Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence,

Behavioral Risks, and Mass Media. Household Survey 2002. ***South African Health Review, 2002. ****Joint Monitoring Report, October 2003

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Table 2. National HIV/AIDS Response

2.1 National HIV/AIDS Coordinating Body	Type of organization (government, NGO, FBO, OVC) , purpose of each national coordinating body, and description of membership
South African National AIDS Council (SANAC)	Multi-sectoral body, chaired by the Deputy President, that advises government on all matters relating to HIV/AIDS, advocates for effective involvement of sectors and organizations, and monitors implementation of the strategic plan. The expanded national response will be managed by other structures at various governmental levels. It is envisaged that each government ministry will have a focal person and team with a responsibility to plan, budget, implement, and monitor HIV/AIDS activities. Steps have been taken to include focal persons from other sectors, including parastatals, NGOs, the private sector, faith-based organizations, youth, and women.
NDOH Program Management Unit, the Chief Directorate for HIV/AIDS, TB and STIs	Coordinates national implementation of the *Operational Plan for Comprehensive HIV and AIDS Care and Treatment for South Africa*; oversees donor coordination, through regular meetings, a national Donor Coordination Council comprised of foreign donor agencies and multilateral agencies.
2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)	Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives
From: 2000 To: 2008	• *HIV/AIDS and STD: Strategic Plan for South Africa - 2000-2005* • *Operational Plan for Comprehensive HIV and AIDS Care and Treatment for South Africa - April 2004 - March 31, 2008* • *National Antiretroviral Treatment Guidelines 2004* • *The First South African National Youth Risk Behavior Survey (2002).* • *Mapping the Delivery of Key Primary Health Care Programs in Urban Renewal Nodes in South Africa.* • *The Impact of HIV/AIDS on the Health Sector.*

2.3 Major Donor/Partner Organizations	Primary activities supported that are related to PEPFAR goals	Estimated 2004 Budget
AusAID (Australia)	• Workplace awareness and support; youth peer and outreach, rural women and community support and care for individuals infected with HIV/AIDS (4 sites: 2 national level, 1 Grahamstown, 1 KwaZulu Natal Province) • Australian Partnerships with African Communities • Hospice Training • Economic Impact of HIV/AIDS Research Program	$3,764, 286 (2003-2008 cooperative agreements)
Belgium	• TB/HIV/STI • Health capacity building skills • HIV care and support needs assessment and monitoring	$11,608,348 (2003-2008 cooperative agreements)
Danida (Danish International Development Assistance)	• Gender-based violence and HIV AIDS through research • Therapeutic Termination of Pregnancy (TTOP) • Women and Child Abuse helpline • Community capacity enhancement program in KZN, Limpopo, and Eastern Cape Provinces.	$17,100,000

Development Cooperation Ireland	• HBC and OVC, Children in Distress (CINDI) network with 8 NGOs • Youth Outreach, Centre for the Study of AIDS • Palliative Care, Perinatal HIV Research Unit • Mapping of HIV services at district level • Leading edutainment in Africa, Soul Buddyz and Soul City • Organizational development in 4 NGOs • Support for PLWHA, NGO (Gauteng) with strong local networks • Capacity building for HIV/AIDS Care and DHS strengthening, Provincial DOH, Free State	$4,847,655 (cooperative agreements ranging from 2002-2005)
DFID (Department for International Development, UK)	• Reducing the spread of HIV • Treatment and care of HIV/AIDS • HIV/AIDS information, research, planning, and budgeting related to HIV/AIDS • Managing and mitigating the social and economic impact of HIV/AIDS	$52,000,000 (5-year funding from 2001 - 2006)
European Union	• PHC/HIV and AIDS • HIV and AIDS • Peer Education • AIDS vaccine • HBC kits • Soul City Regional AIDS Program	$108,342,857 (cooperative agreements ranging from 2003-2008)
Finland	• Capacity Building on HIV and AIDS in the Northern Cape • Churches network on HIV and AIDS	$729,645 (cooperative agreements ranging from 2001-2005)

	• Youth work on HIV and AIDS and gender • Food security • Reproductive health • Address stigma and gender Issues • HIV and AIDS issues in metro and rural areas	
GTZ (Gesellschaft fur Technische Zusamenarbeit, Germany)	• HIV and AIDS response in the work place • Support to the HIV and AIDS program of the Nelson Mandela Foundation	$10,285,714 (cooperative agreements ranging from 2001-2005)
JICA (Japan International Cooperation Agency)	• HBC Kits • Research, IEC, Baseline survey	$495,000 (cooperative agreements raging from 2001-2006)
KFW (Kreditanstalt fur Wiederaufbrau, Germany)	• VCT	$ 6,285,714 (cooperative agreements ranging from 2001-2008)
New Zealand Aid	• Education and HIV and AIDS: Home Based Care, awareness and support to OVCs	$257,143 (cooperative agreements ranging from 2003-2005)
Norway	• HIV and AIDS capacity building NGOs	$511,429 (cooperative agreements ranging from 2000-2003)
SIDA (Swedish International Development Cooperation Agency)	• Mainstreaming HIV and AIDS; workplace policy and program; advocacy and human rights; prevention	$857,142 (cooperative agreements ranging from 2004-2006)

Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

3.1 President's Emergency Plan In-Country Coordination
Within USG: In June 2003, the inter-agency Mission South Africa Health Coordination Committee formed a PEPFAR Task Force, co-chaired by HHS and USAID. All agencies at post with programs or interests in HIV/AIDS are represented on the Task Force. It meets on a regular basis, depending on specific programmatic needs, but never less than once a month. Through the Task Force, the Mission has integrated all individual agency efforts into a unified program with joint planning, communication and management. A Steering Group chaired by Ambassador Cameron Hume and the Deputy Chief of Mission oversees final program and management decisions about the unified HIV/AIDS program. Although individual agencies such as USAID, CDC, and DOD are still responsible for program administration and implementation, all HIV/AIDS activities are planned and overseen jointly. At all meetings minutes are taken and disseminated to assure full communications. A genuine sense of collegiality and cooperation has developed among the agencies involved in implementing the President's Emergency Plan. On an as-needed basis, Task Force sub-groups work on various Emergency Plan planning and program monitoring responsibilities. For example, the Task Force formed groups to develop the component parts of the Track 2 submission and to interact with the Track 1 grantees on an on-going basis. Similar subject-area groups will manage interactions with the South African government on government-implemented Emergency Plan projects. The agencies established a Task Force Secretariat to support Emergency Plan planning, management and communications. Jointly funded technical positions (for example for M&E) and positions funded through PEPFAR resources, managed by the secretariat are being or have been developed; recruitment is on going. In addition the agencies have assigned PEPFAR responsibilities to existing staff or have hired additional staff, where needed and possible (for example for grant and contract management). **Between USG and Host Government:** Nine months ago, the U.S. Mission in South Africa initiated consultations with the Government of South Africa and other interested parties about potential opportunities for cooperation afforded by PEPFAR. The Ambassador and other mission leadership have been involved in consultations with the Deputy Minister of Health, the Director General, the Acting Director General and other Department of Health officials. During July 2003 discussions, President Mbeki and President Bush agreed that the United States and South Africa would cooperate more broadly on HIV and AIDS. Immediately after his appointment, Ambassador Randall Tobias met with Minister of Health Manto Tshabalala-Msimang to share information about PEPFAR and to launch broader collaboration between the governments. The Minister noted considerable interest in Parliament and the need to keep parliamentarians informed. She also recommended that PEPFAR assist the Provinces and the private sector. She encouraged wider

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communications about the initiative and regular consultations with the National Department of Health (NDOH). Government-to-government consultations have proceeded with regular meetings since October 2003. U.S. and SA representatives have discussed all PEPFAR activities (public and private sector) and have developed plans for South African Government participation. Other government departments also have participated in discussions and proposal development, including the Department of Social Development, Department of Correctional Services, Department of Defense, Department of Treasury and Department of Education. Led by the Ambassador, the Task Force has held briefing meetings and events with Parliamentary Health Committee members and with other interested officials of all major political parties. The Ambassador officially offered to brief Provincial government officials about PEPFAR as well. Two such briefings have taken place in Provincial capitals and others are planned.

Between USG and other international partners and other in-country organizations: The PEPFAR Task Force also has organized detailed briefings on the Emergency Plan for other major HIV and AIDS program donors; the heads of multilateral organizations in South Africa; private sector associations, including the American Chamber of Commerce in South Africa, and leading private companies, including pharmaceutical companies (both U.S. based and locally based). South Africa does not utilize World Bank lending. The National Department of Health convenes bimonthly meetings of a Donor Coordination Council, in which international donor, UN and other multilateral agencies participate to share information and coordinate activities. This body provides a means for major donors and multilateral agencies to improve effectiveness and avoid redundancy of efforts, and it functions satisfactorily. On April 25, the Mission's PEPFAR Co-Chair is scheduled to brief the Donor Coordination Council on our complete PEPFAR program, following S/GAC's early April review, and to discuss the best way to coordinate programs.

The Task Force has briefed key local and international foundations engaged in HIV/AIDS programming, such as Gates, Doris Duke, Kaiser, Clinton, Rockefeller Brothers, Nelson Mandela Children's Foundation, on an individual basis. Over the last two years, Task Force members have held consultations with in-country Global Fund representatives, visiting Fund leadership, as well as with the key Fund grantees. As the Fund awards finally get underway, consultations will expand to include ways to integrate PEPFAR-supported programs with Global Fund-supported activities.

Through the mass media the Ambassador and other Mission officers have widely publicized the program, its goals and funding mechanisms, with Public Affairs Section support and involvement. The Mission has established and publicized a specific PEPFAR website and e-mail address, which has proven very popular. Specific gatherings of non-governmental organization representatives were convened in two provinces (more are planned) for Task Force representatives to provide in-depth briefings about PEPFAR and encourage applications for funding consideration. On an individual basis Task Force members have briefed most key NGOs and faith-based organizations in South Africa and have utilized list serves to share information more widely. A useful coordination mechanism that the mission developed is a multi-agency Annual Program Statement (APS) to solicit concept proposals from local

and international NGOs and private sector organizations.

3.2 President's Emergency Plan Targets for 2004 - 2008

Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	180,000	405,000	674,000	962,000	1,311,000	1,551,000	1,806,000
# Infections averted: PMTCT	6,000	12,000	24,000	41,000	62,000	83,000	104,000
# Infections averted: Other (not PMTCT)	174,000	393,000	650,000	921,000	1,250,000	1,468,000	1,702,000
Total # receiving Care and Support	500,000	1,000,000	1,500,000	2,000,000	2,500,000	N/A	
# OVC receiving Care and Support	110,000	225,000	350,000	500,000	700,000		
# Receiving Palliative Care	150,000	500,000	900,000	1,300,000	1,800,000		
# Receiving ART	20,000	90,000	160,000	280,000	500,000		

Note: The targets for year 1 are based on the estimates provided by the implementing partners and the projected funding resources ($70,000,000). The ARV and infections averted estimates for years 2 - 4 are based on the current *GOALS* model for South Africa and the PEPFAR SA targets for 2008. The OVC and Care targets for years 2 - 4 are based on an extrapolation of what is needed to reach the S/GAC target for SA in 2008. All targets for 2005-2007 will be updated in the five-year strategy submission. The revisions will

be based on a more thorough analysis of a fully updated SA *GOALS* model, more thorough discussions with implementing partners, and projected funding levels.

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Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1	Prevention of Mother-to-Child Transmission (PMTCT)
4.1.1 Current status of program in country	The South African PMTCT program began in 2000 and targeted all nine provinces for PMTCT interventions. The PMTCT program started on a small scale with 2 pilot sites in each province to address operational issues related to the introduction of PMTCT services, and to use lessons learned at pilot sites to inform broader implementation of PMTCT services. In July 2002, South Africa's constitutional court ordered the South African government to make PMTCT services available to all pregnant women using public health facilities. In compliance, the NDOH expanded the PMTCT program more rapidly. As of December 2003, the national coverage of PMTCT services was 45% for all pregnant women in all nine provinces, with at least KwaZulu Natal, Gauteng, and Western Cape Provinces achieving almost universal coverage. Expansion in the other provinces has varied. Recent provincial reports indicate that there are approximately 1,652 PMTCT sites around the country, although it is not clear how many of these sites are fully operational. The goal of the National program is to "reduce mother-to-child HIV transmission by improving access to HIV testing and counseling in antenatal clinics, improving family planning services to HIV positive women, and implementing clinical guidelines to reduce the transmission of HIV during childbirth and labor." The government's basic minimum package of PMTCT services includes: VCT, provision of Nevirapine for the mother and the infant, infant feeding counseling, replacement feeding for women who have made an informed decision to use replacement feeds and follow-up testing of the infant at 12 months. The geographic focus of the USG PMTCT program in South Africa is two-fold. At the national level, the program works to strengthen policy and procedures, and information, logistical, training and management systems. These systems are then rolled out at the provincial level, strengthening the delivery of health services at the facility level. Although the USG has developed and strengthened PMTCT services throughout South Africa, its strategic focus is on five provinces—Eastern Cape, KwaZulu Natal (KZN), Mpumalanga, Limpopo and Northwest-- and Soweto, which together comprise over 60 percent of the country's total population. These provinces have among the highest rates of HIV/AIDS prevalence in the country, and are extremely poor and rural. Activities at the provincial level have included: building capacity to implement PMTCT and infant feeding training for health care workers; assisting the Eastern Cape Province to develop an HIV/AIDS Regional Training Center to facilitate expansion of PMTCT in that province; evaluating the impact of established PMTCT programs in KwaZulu Natal Province on the health of mothers

	and their children; and supporting one of the world's largest PMTCT programs at a South African academic research institution, which has provided PMTCT coverage for 95% of pregnant women in Greater Soweto since 2001.
4.1.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New activities will contribute to the Emergency Plan target to prevent 7 million new HIV infections by building on activities underway to prevent mother-to-child HIV infection through the President's PMTCT initiative. These activities will work at the national level to support the refinement and implementation of PMTCT policies, procedures, training materials and guidelines. At a provincial level, the program will work in Eastern Cape, KwaZulu Natal (KZN), Mpumalanga, Limpopo and Gauteng provinces to provide technical assistance for PMTCT expansion, and will: (1) increase access to quality PMTCT services, (2) strengthen linkages to treatment, care and support, and (3) integrate quality PMTCT services into routine maternal and child health services.

4.1.3 Existing activities initiated prior to FY 04

Partner		Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
Cinema Corporations The Junction NDOH Health Systems Trust University of Cape Town New Partner? No FBO? No	OBJECTIVE 1: Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. Year 1 Target: 300,000 women reached with video communication 1,000 PMTCT service outlets/programs	• Produce a PMTCT and Infant Feeding Program Video. Reproduce and distribute to public health facilities offering PMTCT services in 6 languages (Xhosa, Zulu, Afrikaans, English, Tswana and Tshoto). • Develop PMTCT counseling and infant feeding curriculum and participants' guide for health care workers. Distribute to provinces. • Develop IEC materials on safe-infant feeding practices in the context of PMTCT and	CDC		PMTCT IP	

	reached through trained health care workers 3,000 individuals trained 600 mother-baby pairs followed at 3 *service/program* outlets (KZN, EC, WC)	materials to support expansion and increase uptake of services and involvement of partners. • Support ongoing national follow-up of mother-baby pairs to understand infant feeding patterns and behaviors of HIV positive and negative mothers post-delivery.				
FHI/CTR New Partner? No FBO? No	**OBJECTIVE 1:** Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. **Year 1 Target:** 20 service outlets/programs	• Assess and document factors contributing to successful PMTCT programs for sites with greater than 80% uptake in Gauteng, Western Cape, Eastern Cape, KZN. • Inform the review of national PMTCT program policies and guidelines. • Design and test strategy for scaling up the lessons learned in 20 PMTCT sites.	USAID		Base	Track 2
JHPIEGO New Partner? No FBO? No	**OBJECTIVE 1:** Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. **Year 1 Target:**	• Build capacity in NDOH Treatment, Care and Support Sub-directorate. • Provide technical assistance to Limpopo, Gauteng, North-west, KwaZulu Natal, Western Cape, Free State, Northern Cape and Mpumalanga provinces to strengthen data	CDC		S/GAC PMTCT IP	Track 2

	2 service outlet/programs 190 individuals trained in 8 provinces (WC not included as they are using different indicators and protocols) and from National HIV/AIDS Directorate (PMTCT, VCT and Maternal and Child Health)	management and monitoring of the PMTCT program. • Train 3 PMTCT staff at the NDOH and 3 program officers at Eastern Cape Regional Training Center in use of training information management software (TIMS) that provides info on tracking course participants, develops training reports, and helps manage training activities.				
JHU/HCP New Partner? No FBO? No	**OBJECTIVE 1:** Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. **OBJECTIVE 2:** Strengthen linkages to treatment, care and support.	• Evaluate existing PMTCT educational materials and support the development of educational PMTCT materials with MINDSET. • Research community needs in relation to IEC resources for prevention of HIV. • Train field workers and provide specific training in PMTCT for health staff and partners.	USAID		PMTCT IP	
QAP New Partner? No FBO? No	**OBJECTIVE 1:** Increase access to quality PMTCT services, (2) strong linkages to	• Develop a monitoring system for quality assurance for PMTCT protocols in Mpumalanga and KZN. • Develop, test, revise and	USAID		PMTCT IP	

	treatment, care and support.	implement protocol for measurement.				
AED/Linkages NDOH New Partner? No FBO? No	OBJECTIVE 1: Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. Year 1 Target: 300,000 reached with mass communication 9 service outlets/programs 3,018 individuals trained	• Integrate nutritional guidelines for pregnant and lactating HIV-positive women into clinical care at the provincial level nationwide. • Provide technical assistance to the NDOH to develop nutritional guidelines for pregnant and lactating women especially HIV-positive women and to nine provinces in their efforts to implement guidelines in PMTCT sites. • Enhance public awareness for importance of improved nutrition for HIV-positive pregnant and lactating women and assure that quality breastfeeding and infant nutrition messages are incorporated into behavior change communication interventions.	USAID		Total Base S/GAC	Track 1.5
PHRU New Partner? No FBO? No	OBJECTIVE 1: Increase access to quality PMTCT services, (2) strong linkages to	• Work with national and provincial governments to identify needs at Regional Centers for Training and Coordination.	USAID		Base PMTCT IP	Track 2

Partners: EGPAF, QAP, NDOH, RADAR, HIVSA, Gauteng and Limpopo provincial DOHs; Chris Hani Baragwanath Hospital in Soweto.	treatment, care and support. OBJECTIVE 2: Strengthen linkages to treatment, care and support. Year 1 Target: 32,000 women served 15 service outlets/programs 40 individuals trained	• In partnership with EGPAF, support the integration of maternal health information into infant follow-up care, strengthen infant feeding counseling and education, train health care workers, and scale up rapid testing and psycho-social support groups at 12 clinic sites and the Chris Hani Baragwanath Hospital in Soweto. • Expand high quality PMTCT and wellness services in Limpopo. • Expand the psycho-social support program in Limpopo and expand model in rural areas of Limpopo. • Expand PMTCT services to offer VCT and NVP PEP to all women post-partum in Soweto including 4,000 male partners not reached currently in the PMTCT program. • Utilize existing QAP study results to review, document and improve the model for PMTCT in Soweto. • Provide training and technical support to fieldworkers to provide support for VCT /				

		PMTCT / HIV services.				
Kagisio Communications New Partner? No FBO? No	OBJECTIVE 2: Strengthen linkages to treatment, care and support. Year 1 Target: 300,000 women reached with mass communication 9 provincial service/program outlets	• Develop 1 National and 9 Provincial Integrated PMTCT Communication Strategies that address VCT, Maternal and Child Health, Primary prevention, and partner involvement. • Convene national communication Task Team; conduct national workshop; develop implementation plans; monitor and support implementation.	CDC		S/GAC	Track 2
Eastern Cape Department of Health (ECDOH) UNITRA New Partner? No FBO? No	OBJECTIVE 2: Strengthen linkages to treatment, care and support. Year 1 Target: 70,000 mother-baby pairs reached 12 service/program outlets 300 health care workers (nurses) trained 30 social workers,	• Set up model PMTCT program at Umtata General Hospital and St Lucy's Hospital complexes to be used as a best practice model. • Support PMTCT program expansion through the development of an operational plan for the ECDOH Regional Training Center for HIV/AIDS and through completion of a situation analysis to identify challenges to PMTCT implementation. • Facilitate development of district PMTCT training plans.	CDC		PMTCT IP	

	nutritionists and pharmacists, and 50 community health workers trained					
I-Tech (UTAP Partner) New Partner? No FBO? No	**OBJECTIVE 2:** Strengthen linkages to treatment, care and support. **Year 1 Target:** 12 service outlets/programs 40 nurses, 4 physicians trained (PMTCT is a nurse-driven program)	• Provide technical assistance to ECDOH Regional Training Center and at service delivery points in Umtata, East London and Port Elizabeth for the provision of care and the development of PMTCT in the province. • Support nurse and supervisor professional development in PMTCT and in the care and management of HIV infected pregnant women.	CDC		S/GAC PMTCT IP	Track 2
HSRC (Human Science Research Council) KZN DOH New Partner? No FBO? No	**OBJECTIVE 2:** Strengthen linkages to treatment, care and support.	• Conduct an economic impact evaluation of an effective PMTCT program in primary health care facilities in KZN. • Measure the costs associated with providing current and expanded PMTCT interventions aimed at improving PMTCT outcomes in KZN and influence further policy-making for the provincial program.	CDC		PMTCT IP	

Mpumalanga Department of Health New Partner? No FBO? No	OBJECTIVE 2: Strengthen linkages to treatment, care and support. Year 1 Target: 75 health care workers (nurses and midwives) trained 30 provincial service/program outlets reached through trained health care workers	Train health care workers (nurses, nutritionists, social workers, midwives, physicians) using CDC supported curriculum on PMTCT and Infant Feeding in Mpumalanga Province.	CDC		PMTCT IP	
Natal University for Health, KZN DOH New Partner? No FBO? No	OBJECTIVE 2: Strengthen linkages to treatment, care and support. Year 1 Target: 750 infants served at sentinel sites 4 service outlets/programs 300 individuals trained	• Implement a sustainable PMTCT and Infant Feeding Training Program at hospitals and primary health facilities in KZN. • Establish two additional sentinel sites for monitoring the impact of the PMTCT program in KZN. • Conduct a target evaluation of the impact of an effective PMTCT program on child morbidity and mortality in KZN.	CDC		S/GAC PMTCT IP	Track 2
FHI/IMPACT	OBJECTIVE 2: Strengthen linkages	Expand community-based care/support for PMTCT in	USAID		PMTCT IP	

New Partner? No FBO? No	to treatment, care and support.	Mpumalanga, Limpopo and KZN through workshop with NGOs and training of lay counselors in underserved rural and urban sites.				
Hope World Wide New Partner? No FBO? Yes	**OBJECTIVE 2:** Strengthen linkages to treatment, care and support.	Conduct training needs assessments and expand lay counseling through training for PMTCT at 15 clinics in where HWW supports PMTCT in Gauteng, KZN, Eastern Cape and Western Cape.	USAID		PMTCT IP	
Nelson Mandela Children's Fund (NMCF) New Partner? No FBO? No	**OBJECTIVE 2:** Strengthen linkages to treatment, care and support.	Provide subgrants to community based organizations for expansion of home visits, lay counseling and support for PMTCT in Mpumalanga, Limpopo and KZN.	USAID		PMTCT IP	
NDOH (Cooperative Agreement) **UNICEF** **Center for Rural Health** **Center for Health Policy** New Partner? No FBO? No	**OBJECTIVE 3:** Integrate quality PMTCT services into routine maternal and child health services. Year 1 Target: 9 service outlets/programs	• Conduct a situation analysis in all 9 provinces on maternal and neonatal follow-up care services in South Africa in terms of readiness of facilities to integrate PMTCT into routine maternal and neonatal services. • Conduct 9 provincial workshops to address gaps and challenges in PMTCT integration. • Provide recommendations for integrating PMTCT Services	CDC		S/GAC PMTCT IP	Track 2

		into provincial plans. • Conduct follow-up visits to monitor operational plan implementation.				
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) New Partner? No FBO? No Partners: St. Mary's Hospital in Kwa-Zulu Natal, Chris Hani Baragwanath Hospital in Soweto, PHRU NDOH, Gauteng and Limpopo provincial DOHs	OBJECTIVE 3: Integrate quality PMTCT services into routine maternal and child health services. Year 1 Target: 14,000 women and infants served 5 service outlets/programs	• Support and expand the delivery of PMTCT Services in KwaZulu Natal and Soweto through local South African organizations. • Provide continuing technical and financial support to ongoing PMTCT programs through grants, training, and technical program support. Continue efforts to strengthen the integration of MTCT in clinic and hospital antenatal care. • In partnership with PHRU, support the integration of maternal health information *into infant follow-up care*, strengthen infant feeding counseling and education, train health care workers, and scale up rapid testing and psycho-	USAID		Base PMTCT IP	Track 1.5

		social support groups at 12 clinic sites and the Chris Hani Baragwanath Hospital in Soweto.				
Right to Care New Partner? No FBO? No	**OBJECTIVE 3:** Integrate quality PMTCT services into routine maternal and child health services.	• Prepare sites for ARVs and target women who access PMTCT services. • Conduct negotiations and site visits for four local authority public clinics. • Maintain and improve public sector database to facilitate patient monitoring. • Provide ongoing training for public sector facilities in support of ARV introduction.	USAID		PMTCT IP	

4.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
NDOH **Provincial DOHs** [ ] New Partner? No FBO? No	**OBJECTIVE 1:** Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. **Year 1 Target:** 9 service outlets/programs 75 health care workers (nurses and midwives) trained	• Provide technical assistance to provincial departments of health to facilitate expansion and monitoring of PMTCT. • Train health care workers (nurses, physicians, social workers, nutritionists) in PMTCT and Infant Feeding CDC curriculum. • Share lessons learned and translate into policy recommendations through completion of a consultative meeting with national and provincial program	CDC	[ ] S/GAC Track 2

	25 service/program outlets reached through trained health care workers	staff across all HIV/AIDS and Maternal and Child Health program areas, NGOs, researchers, academics and other donor organizations. • Develop a manual/curriculum for community healthcare workers addressing VCT during pregnancy, aspects of PMTCT program, infant feeding choices, referrals to ART programs and follow-up/testing of infants.		
NDOH QAP Other Partner TBD via tender process New Partner? No FBO? No	OBJECTIVE 1: Increase access to quality PMTCT services, (2) strong linkages to treatment, care and support. Year 1 Target: TBD	• Work with local contractor to assist NDOH with implementation of quality assurance mechanisms to be used in conjunction with NDOH team visits to provinces and site visits. • Develop and implement a quality assurance framework.	CDC	S/GAC Track 2
Total partners:	34	New partners: 0	FBOs: 1	TOTAL:

Table 4.2	Abstinence and Faithfulness Programs
4.2.1 Current status of program in country	South Africa's future depends on how effectively it can mobilize resources to prevent HIV among youth. Results from a 2002 Antenatal Clinic Survey gave the following prevalence rates by age groups: under 20 years: 14.8 percent; 20-24 years: 29.1 percent; 25-29 years: 34.5 percent. A 2003 Youth Risk Behavior Study noted that "a substantial number of young people [13-18 years old] are engaging in unprotected sex. ...It is clear that a substantial number of young people, as a result of sexual choices they make or situations they find themselves in, are at risk in terms of their sexual health." In the same survey, over 70 percent of high school students reported that they received HIV/AIDS education in school. The Nelson Mandela/HSRC Household Survey (2002) also demonstrated that there has been an increase in secondary abstinence among South African youth, especially young women. The South African Departments of Health and Education are implementing school and community-based HIV/AIDS and Life Skills education programs as a component of the National Integrated Plan for Children and Youth Infected and Affected by HIV/AIDS. The plan recognizes primary prevention, with special emphasis on abstinence and faithfulness. USG agencies provide financial and technical assistance to initiatives that support adolescents and youth to delay sexual debut and decrease the number of sexual partners. The USG has also provided financial and technical assistance to the NDOH for (1) a recently released Youth Risk Behavior Survey, (2) development of a peer education program using PLWHAs ad health promoters at tertiary institutions, and (3) printing and distribution of NDOH-produced, youth-focused prevention materials. The program is comprehensive and ranges from mass awareness, workplace programs, education, training and development, including gender equity, spiritual and value-based training. The programs also address stigma and strive to prevent discrimination. It utilizes multi-media methods of communication, such as pamphlets, posters, industrial theatre and videos.
4.2.2 How new activities will contribute to PEPFAR targets linkages to other	New activities will contribute to the Emergency Plan target to prevent 7 million new HIV infections by strengthening HIV/AIDS abstinence and faithfulness prevention measures. Activities will: 1) strengthen early interventions with youth to delay onset of first sex, promote secondary abstinence and reduce the number of adolescents who have had sex with more than one partner with a special emphasis on reaching girls; 2) promote responsible sexual behavior among at-risk groups and expand support for abstinence and faithfulness activities

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activities	in programs and 3) strengthen the abstinence/be faithful (A/B) prevention message in faith-based and community networks.					
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
John Hopkins University (HCP) Partners: Valley Trust; DramAide; MCDI; NDOH; NDOE; TSHATSHA; SABC Education and Channel 1 CADRE consortium with DramAidE and ABC Ulwazi); New partner? No FBO? No	OBJECTIVE 1: Strengthen early interventions with youth to delay onset of first sex, promote secondary abstinence and reduce the number of adolescents who have had sex with more than one partner with a special emphasis on reaching girls. Year 1 Target: 2500 individuals served 1,800,000 reached with mass communication 80 service outlets/programs 2,434 individuals trained	• Support HIV/AIDS Awareness Campaigns using youth and peer educators; establish in-school and out-of-school youth clubs through community mobilization activities; and train on the use of puppetry for peer education. • Produce and broadcast the TSHA TSHA TV drama series with a focus on HIV prevention (including strong AB messages) to mobilize an expanded civil society response to the epidemic. • Produce and broadcast via 9 national language radio stations and 60 community radio stations over 6,000 hours of radio programs reinforcing messages broadcast via the TV series. Establish over 100 viewers and listeners clubs with trained facilitators throughout the country. • Train peer educator, using HIV+ Health Promoters in Tertiary Institutions. The peer educators will work on and off campuses	USAID		Total Base S/GAC	Track 1.5

		using TSHA TSHA, and other educational materials.				
Corridors of Hope Abstinence program Partners: PSI – AIDSMARK New partner? No FBO? No	**OBJECTIVE 1:** Strengthen early interventions with youth to delay onset of first sex, promote secondary abstinence and reduce the number of adolescents who have had sex with more than one partner with a special emphasis on reaching girls. **Year 1 Target:** 150,000 individuals reached 21 service outlets/programs	• Undertake a behavior change program targeting abstinence and fidelity among young South Africans living on the borders of Zimbabwe and Lesotho. • Link peer education interpersonal communication approaches with media tools including radio, print and drama.	USAID RHAP		S/GAC	Track 2
Hope WorldWide SA New Partner? No FBO? Yes	**OBJECTIVE 1:** Strengthen early interventions with youth to delay onset of first sex, promote secondary abstinence and reduce the number	• Train and support local faith based institutions in abstinence and faithfulness prevention education. • Develop HIV competency materials including abstinence and faithfulness messages for use by churches and in schools.	USAID		S/GAC	Track 2

	of adolescents who have had sex with more than one partner with a special emphasis on reaching girls. Year 1 Target: 215,000 individuals served 60 service outlets/programs 25 individuals trained	• Establish '"Schools as Circles of Care" networks and peer educator training to promote AB/F and responsible sexual behavior education. • 10 Faith based groups strengthened. • 50 schools reached with a HIV Competency framework.				
South African Military Health Service New Partner? No FBO? No	OBJECTIVE 2: Promote responsible sexual behavior among at-risk groups and expand support for abstinence and faithfulness activities in programs. Year 1 Target: 2,000 individuals served; 2,050 individuals trained	Conduct workshops and develop and translate educational materials targeted to master trainers, reserve force chaplains, SADC chaplains and DOD members, with a focus on behavior change and faithfulness.	DOD		Base	
Policy Project	OBJECTIVE 3: Strengthen the A/B	• Facilitate capacity building and the development of HIV/AIDS	USAID		Base	

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New Partner? No FBO? Yes Partners: NDOH; SANAC; Lutheran Church; Uniting Presbyterians; Seventh Day Adventists; Muslim Judicial Council; NMCF; National Traditional Leaders	prevention message in faith-based and community networks. Year 1 Target: 4,800 individuals served 8 service outlets/programs 600 individuals trained	strategic plans with 5 faith based communities represented on Faith Organizations for HIV/AIDS. Programs. • Enhance HIV/AIDS prevention skills Traditional Leaders (TL) in their local communities with an emphasis on "AB". • Finalize the content/process of the traditional leader capacity building program and conduct twelve provincial traditional leader HIV/AIDS workshops.				

4.2 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
EngenderHealth New Partner? No FBO? No Partners: HOPE worldwide,	**OBJECTIVE 2:** Promote responsible sexual behavior among at-risk groups and expand support for abstinence and faithfulness activities in programs. **Year 1 Target:** 6,000 individuals served 12 service outlets/programs 30 individuals trained	• Increase involvement of men in SOWETO, Durban, Cape Town and Umtata in HIV/AIDS prevention, care and treatment activities, focusing on abstinence and faithfulness. • Train staff on the implementation of Men as Partners (MAP) program. Conduct community-based workshops, build a taskforce comprised of community stakeholders and leaders, and provide ongoing support to 30 peer educators.	USAID	Total Base S/GAC Track 2
John Snow Inc.	**OBJECTIVE 2:** Promote responsible sexual	Expand technical assistance to the NDOH to ensure that abstinence and faithfulness are	USAID	S/GAC

New Partner? No FBO? No Partner: NDOH	behavior among at-risk groups and expand support for abstinence and faithfulness activities in programs. **Year 1 Target:** 10,000,000 reached with mass communication	given priority in the HIV/AIDS communications "choice". Ensure "choice" campaign messaging include above-the-line interventions (national TV, radio, newsprint media), and below-the-line interventions (local radio, posters, booklets, pamphlets).		Track 2
FBO/CBO Partner TBD (APS) New Partner? Yes FBO? Yes	**OBJECTIVE 3:** Strengthen the A/B prevention message in faith-based and community networks. **Year 1 Target: TBD**	Build the capacity of youth, pastors, home-based caregivers and communities to effectively communicate abstinence and faithfulness teaching in their congregations and communities. (These funds are requested to rapidly be able to fund additional FBO/CBO partners following the next APS review cycle).	USAID	[redacted] S/GAC Track 2
NDOH/[redacted] and a partner TBD New partner? Yes FBO? Yes	**OBJECTIVE 3:** Strengthen the A/B prevention message in faith-based and community networks. **Year 1 Target:** 2,000 individuals served 7 service outlets/programs	• Link an abstinence and faithfulness based intervention to ongoing service providers that target youth in one District. • Support provision of the face-to-face intervention that builds communication skills and ability to personalize risk among youth.	CDC	[redacted] S/GAC Track 1.5
Total Partners: 9	New partners: 2	FBOs: 4	Total:	[redacted]

Table 4.3	Blood Safety
4.3.1 Current status of program in country	Blood transfusion in South Africa is recognized as an essential part of the healthcare system. South Africa has a strong Blood Safety program, directed by the South Africa National Blood Service (SANBS). The National Health Act (2004) states that there will be only one license issued for the practice of blood transfusion in the country. The South Africa National Blood Service operates in eight of the nine provinces and is responsible for the delivery of the transfusion service to 87% of the patients of the country. South African patients require about 850,000 units of blood per year. All blood is routinely screened for HIV-1 and 2, hepatitis B and C and syphilis. SANBS actively recruits voluntary blood donors and educates the public about blood safety, including who can donate blood, and who cannot and why (medical condition, lifestyle, high risk behavior). We anticipate Track 1 funding for the South African National Blood Service.
4.3.2 How new activities will contribute to PEPFAR targets, linkages to other activities	The new activity will contribute to the Emergency Plan goal to prevent 7 million new infections by ensuring an adequate supply of safe blood. The new initiative will rapidly establish and strengthen safe blood transfusion services, through technical assistance and training for national safe blood programs, in areas such as management, operations and monitoring.

4.3.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
No existing activities						

Partner	FY04 Objective	Activities for each objective	Agency	Budget
South African National Blood Service (anticipated) New partner? Yes FBO? No	Provide rapid support to the South African National Blood Service to develop and implement a national safe blood program with demonstrable results within the first year of PEPFAR.	• Assess current infrastructure needs to strengthen national, regionalized blood transfusion system. • Review and enhance generic and site-specific protocols for blood collection. • Review and enhance effective quality assurance procedures for testing blood. • Review and enhance national guidelines for the appropriate use of blood and blood products and develop blood utilization review and quality assurance systems for blood usage. • Develop and provide training programs for health care professions involved with blood transfusion services. • Implement a monitoring and evaluation system for reviewing programs and measure clinical outcomes to assess the impact of the program.	DHHS/ CDC and HRSA	Track 1 ☐

Total partners:	1	New partners:	1	FBOs:	0	Total budget:	NA

Table 4.4	Safe Injections and Prevention of Other Medical Transmission of HIV
4.4.1 Current status of program in country	South Africa's first comprehensive household survey on HIV/AIDS (2002) noted that unsafe medical practices were a possible explanation for a relatively high 5.6 percent HIV prevalence rate among children aged 2-14, a small portion of which was attributable to mother-to-child transmission. This survey was not conclusive but pointed to the need for additional studies. The WHO and Safe Injection Global Network (SIGN) recommended the following three-step strategy to effectively address the problem of unsafe injections and waste disposal: 1) change behavior of health care workers and patients to ensure safe injection practices; 2) ensure availability of equipment and supplies; and 3) manage waste safely and appropriately. To decide possible activities and plans related to the three-step strategy, there needs to be discussion with multiple stakeholders, including Ministries of Health, private providers, professional associations, traditional healers, clients and donors.
4.4.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New activities focus on scaling up services and building capacity in safe injection practices, improved sharps waste management, avoidance of unnecessary medical injections, and safer blood transfusions. The activities will 1) offer technical assistance that promotes national policies that support injection safety, 2) launch behavior change campaigns that target both service providers and clients, 3) use training to strengthen health care worker skills, and 4) ensure adequate and appropriate supplies of safe injections and waste disposal products.

4.4.3 Existing activities initiated prior to FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
John Snow, Inc. New partner? Yes FBO? No	Prevent HIV infections through strategies that include safe injection practices, improved sharps waste management, avoidance of unnecessary medical	• Assess current injection practices. • Assess attitudes and behaviors of health care workers and care seekers, develop behavior change strategy, pilot strategy and develop behavior change plan and materials based on review.	HHS/ CDC/ HRSA			Track 1 ☐

	injections and safer blood transfusions.	• Improve the national plan. • Design and field-test a project to enhance injection safety. • Support training of health care workers to improve universal precautions and protection of workers and patients. • Support procurement and distribution of equipment and supplies. • Review sharps waste management practices in priority districts. • Develop monitoring and evaluation plan. • Strengthen existing commodity management system for pilot projects. • Identify supply management options to improve injection safety commodity security and develop procurement and distribution plans.				

4.4.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget

Total partners:	1	New partners:	1	FBOs:	0	Total budget:	NA

Table 4.5	Other Prevention Initiatives (provision of condoms, control of STIs, high-risk groups)
4.5.1 Current status of program in country	*Until recently, the South African government's response to HIV/AIDS focused primarily on prevention programs,* including public distribution of condoms and control of opportunistic infections. South Africa is one of only a handful of developing countries committed to purchasing large quantities of condoms from its own budget. In addition, the NDOH is purchasing and distributing female condoms on a pilot basis in high transmission areas. USG agencies' HIV/AIDS prevention activities have supported South Africa's national HIV/AIDS strategy. USAID and CDC activities include: condom logistics support for the NDOH; youth-oriented prevention programs and technical assistance; public-private partnership activities focused on workers and workplace policies and programs, including VCT; *improving STI diagnosis and treatment, including among high risk populations and in* traditionally underserved regions.
4.5.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New activities will support the Emergency Plan goal of preventing 7 million new infections and are designed to: 1) expand interventions for high risk populations and high-transmission areas by targeting BCC messages, *male and* female condoms, and the appropriate diagnosis and treatment of STIs; and 2) increase youth involvement and responsibility in preventing the transmission of HIV. Activities will also prevent HIV infection through post-exposure prophylaxis programs and activities which *address the exploitation of young people and violence against women.*

4.5.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
Corridors of Hope FHI/Impact PSI RHRU New partner? No FBO? No	OBJECTIVE 1: Expand interventions for high-risk populations and high-transmission areas by targeting BCC messages, male and female condoms and the appropriate	• Target South African truck drivers and sex workers at border sites and along major regional transport corridors, with BCC interventions, products (male and female condoms) and services, including STI, VCT and where appropriate, treatment.	USAID RHP	TOTAL FHI/Impact: PSI:	S/GAC	Track 2

Partners: Center for Positive Care, CARE, Int'l Road Freight Association	diagnosis and treatment of STIs. Year 1 Target: 250,000 individuals served	• Utilize workplace approaches, peer education and communication materials. Services are clinic based. These interventions are part of a regional approach and are replicated along transport routes and in other countries (with different funding sources).		RHRU:		
Masibambisane Program--SANDF New Partner? No FBO? No	OBJECTIVE 1: Expand interventions for high-risk populations and high-transmission areas by targeting BCC messages, male and female condoms, and the appropriate diagnosis and treatment of STIs. Year 1 Target: 20,000 SANDF members reached with VCT, BCC messages, and STI diagnosis and treatment 465 service	• Train health care workers within military service to provide VCT, safe infant feeding counseling, ARV prophylaxis, family planning counseling and referral, and syndromic management of STIs for South African military personnel and their families. • Sustain a HIV/AIDS mass awareness program focused on the South African Military through various activities and media, such as: industrial theatre, educational video's/CD's, BCC materials, community awareness programs, candle lighting ceremonies, exhibitions and displays, and by publishing articles in military, magazines, and journals.	DOD		Base	Track 2

	outlets/programs	• Expand HIV/AIDS military workplace programs and upgrade First Aid Kits at 465 military sites, Workplace program manager training, and peer educator training.				
Center for International Labor Solidarity (Solidarity Center) and Implementing partners: SA Dept. of Labor; National Economic Development and Labor Council (NEDLAC); Global Reporting Initiative (GRI); Commission for Conciliation, Mediation and Arbitration (CCMA); SA Trade Union Federation; Engender Health *Advocates for Youth*; New Partner? No FBO? No	**OBJECTIVE 1:** Expand interventions for high risk populations and high-transmission areas by targeting BCC messages, male and female condoms and the appropriate diagnosis and treatment of STIs. **OBJECTIVE 2:** Increase youth involvement and responsibility in preventing the transmission of HIV. **Year 1 Target:** 2,000 Individuals reached 15 service outlets/programs 700 Individuals	• Enhance compliance with Code of Good Practice and Employment Equity Act provisions relating to HIV/AIDS by training labor leaders on key topics such as stigma and discrimination in the workplace. • Train union representatives and young workers in general HIV/AIDS prevention strategies, lifeskills education, and "HIV/AIDS and the Law". • Develop gender sensitive HIV/AIDS workplace policies for inclusion in collective bargaining agreements. • Expand VCT training and capacity building in health sector unions and the workplace. • Conduct regional Men as Partners (MAP) workshops.	CDC		Total Base S/GAC	Track 1.5

	trained					

4.5.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
John Snow Inc. New Partner? No FBO? No Partners: NDOH	OBJECTIVE 1: Expand interventions for high-risk populations and high-transmission areas by targeting BCC messages, male and female condoms, and the appropriate diagnosis and treatment of STIs. (Specific AB messages are listed in table 4.2). **Year 1 Target:** 45 service outlets/programs 100 individuals trained	• Identify appropriate potential clinical sites in marginalized and vulnerable communities. • Utilize the NDOH's condom logistics information system to ensure a sustained supply of condoms to newly designated sites. Facilitate clinical staff training. • Identify high-risk populations and high transmission areas of unmet need. • Develop logistics systems, including non-traditional outlets, to ensure condoms are made available via the LMIS on a sustained basis and readily accessible to those who need them.	USAID	[redacted] S/GAC Track 2
[redacted] MINDSET TSHA TSHA Partners: NDOH; Valley Trust; DramAide; MCDI; SABC	OBJECTIVE 1: Strengthen early interventions with youth to delay onset of first sex, promote secondary abstinence and reduce the number of adolescents who have had sex with more than one partner with a special emphasis on reaching girls.	MINDSET • Increase capacity to deliver health education to public health care facilities through satellite distance learning. Material being produced and aired for both health care providers and patients waiting in clinics. • Develop 42 hours of video content for health care workers and patients especially to support national ARV rollout.	USAID	[redacted] S/GAC Track 1.5

CADRE consortium with DramAidE and ABC Ulwazi); New partner? Yes FBO? No	**Year 1 Target:** 1,800,000 reached with mass communication 635,000 reached with prevention messages	• Produce 12 hours of multi-media content to supplement original video material. • Develop 24 hours of new material for patients in multiple languages. • Develop web platform to expand database that can be accessed by health care worker. <u>TSHA TSHA</u> • Support the production and broadcast of the TSHA TSHA TV drama series focusing on HIV prevention, care and treatment to mobilize an expanded civil society response to the epidemic. <u>OTHER PREVENTION ACTIVITIES</u> Support HIV/AIDS Prevention Campaigns using youth and peer educators; establish in-school and out-of-school youth clubs through community mobilization activities and drama; and train on the use of puppetry for peer education.		
Harvard School of Public Health New partner? Yes FBO? No Partners: NDOH,	**OBJECTIVE 2:** Increase youth involvement and responsibility in preventing the transmission of HIV. **Year 1 Target:** 10,000 individuals served 11 service outlets/programs 200 individuals trained	• Train, implement and evaluate school-based peer education programs with the Departments of Education in 3 provinces. • Support university-based education departments and provincial DOEs to assess HIV/AIDS training and performance standards for school principals. • Expand youth-friendly care and treatment programs in Khayelitsha.	CDC	S/GAC Track 1.5

Defense Forces, Correctional Services and Montefiore Medical Center		• Develop a youth prevention strategy with the NDOH and youth providers. • Build capacity of local youth-serving organizations to provide skill building and youth specific AIDS interventions. • Conduct an assessment of drug – associated HIV transmission among youth. • Train, implement and evaluate HIV/AIDS peer education programs with the South African Police, Defense Forces, and Correctional Services.		
Total partners:	11	New partners:	1	FBOs:	0	Total budget:	

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Table 4.6	Voluntary Counseling and Testing
4.6.1 Current status of program in country	VCT is a key component of the national HIV/AIDS Strategic Plan for South Africa. Since 2000, the National Department of Health (NDOH) has supported widespread implementation of a National Program for VCT. NDOH has established many national policies, procedures, and guidelines and has legislated intervention strategies. Most VCT services or sites are still health facility/clinic-based and this challenges accessibility, especially within rural communities. The NDOH reports a total of 2,313 VCT sites located throughout the country; 80 - 90% of these services are part of diagnostic testing within clinical settings. The South African National Voluntary Counseling and Testing, HIV Prevention and Care Strategy (2003) seeks to develop a more comprehensive VCT program intended to provide universal access to an adult population between the ages of 15-49 through public, non-governmental sector partnerships by 2005. USG activities on VCT have supported NDOH efforts. USG agencies have provided ongoing technical assistance to the NDOH, and helped NDOH develop VCT guidelines, policies and strategies. USG agencies have funded an assessment of VCT services and provided VCT training for all nine provinces. They have funded temporary staff to assist in the area of data management and monitoring and evaluation, and provided VCT training to NGOs and trade union representatives implementing VCT. Another USG project expanded VCT activities in a traditionally underserved province and integrated VCT services within primary health services. The USG also funded the development of a National Mentorship Program for lay counselors.
4.6.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New VCT activities will support the Emergency Plan goals to rapidly scale up clinical care services for persons infected with HIV, and to innovatively expand HIV testing in support of effective long-term prevention programs. Activities will: 1) assist in the development and implementation of national VCT policies, procedures, training materials and guidelines; 2) improve access to, availability of and use of HIV voluntary testing and counseling services; and 3) integrate and expand VCT services for key populations (men, youth, prisoners, and women in PMTCT services).

4.6.3 Existing activities, initiated prior to FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track

NDOH New Partner? No FBO? No Partners: Provincial DOHs, EU, DFID, Ireland AID	**OBJECTIVE 1:** Assist in the development and implementation of National VCT policies, procedures, training materials and guidelines. **Year 1 Target:** 5,000 individuals reached 29 service outlets/programs 120 individuals trained	• Support "risk reduction" focused VCT training, where participants sign contracts to indicate their willingness to stay HIV free. • Support public and private universities throughout South Africa to implement VCT services within their campuses.	CDC		S/GAC	Track 1.5
Right to Care Careways New Partner? No FBO? No Partners: To be Identified	**OBJECTIVE 2:** Improve access to, availability of and use of HIV Voluntary Testing and Counseling services. **Year 1 Target:** 10,000 individuals served 10 service outlets/programs 350 individuals trained	• Establish a national accredited VCT service provider network. • Develop a private sector VCT service delivery partnership. • Procure a mobile VCT clinic. • Deliver workplace VCT services at NGO treatment sites. • Design and implement BCC and social marketing initiatives within companies to promote VCT uptake.	USAID		S/GAC	Track 1.5

Solidarity Center New Partner? No FBO? No Partners: To be identified	**OBJECTIVE 2:** Improve access to, availability of and use of HIV Voluntary and Counseling services. **Year 1 Target:** 7,000 individuals served 20 service outlets/programs 725 individuals trained	• Expand VCT and prevention efforts to trade unionists and workshop participants among the three trade union federations. • Integrate VCT information and education in Lifeskills education and fundamentals of HIV/AIDS. • Conduct workshops on VCT for unionists and lay counselors. • Provide continued base funding for a union-based VCT program at five sites.	CDC		Base	Track 1.5
PHRU New partner? No FBO? No **Partners:** Engender Health; HIVSA	**OBJECTIVE 3:** Integrate and expand VCT services for key populations. **Year 1 Target:** 3,000 individuals served 15 service outlets/programs	• Develop and offer a support system for couples and for women who test negative post- VCT. • Offer VCT to partners of pregnant women and encourage couple counseling. • Facilitate Men as Partners (MAP) workshops and explore alternative models of education to target men. • Strengthen referral and support for HIV negative women to keep them negative.	USAID		Base	Track 2

4.6.4 Proposed new activities in FY 04

Partner	FY04 objective	Activities for each objective	Agency	Budget

Population Services International (PSI)/ [redacted] New partner? Yes *FBO? No* Partners: NDOH, Provincial Dept. of Health, NGOs, CBOs	**OBJECTIVE 2:** Improve access to, availability of and use of HIV Voluntary and Counseling services. **Year 1 Target:** 12,300 individuals served 3 million reached with mass communications 5 service outlets/programs 52 individuals trained	• Develop private sector social marketing and stigma intervention to improve use of VCT. • Expand high quality VCT services and increase linkages between testing and complementary services. • Implement a VCT communications mass media campaign to create informed demand for VCT services and decrease stigma. • Strengthen referral systems for individuals infected with HIV to access post-test care and support services including ARV treatment, treatment of OIs, TB, nutrition, OVC programs, and psycho-social support.	CDC	[redacted] S/GAC Track 1.5
Contractor in partnership with NDOH New partner? Yes FBO? No Partners: To be determined	**OBJECTIVE 2:** Improve access to, availability of and use of HIV Voluntary and Counseling services. **Year 1 Target:** 15,000 individuals served 9 service outlets/programs 1,000 individuals trained	• Increase referrals of VCT clients to care, treatment and support services within targeted areas offering ARV service points. • Increase capacities of VCT sites in and around ARV delivery points. • Increase uptake of VCT services in targeted areas through training and education. • Strengthen referrals for HIV positive individuals needing specialized services. • Develop a VCT Monitoring and Evaluation Plan.	CDC	[redacted] S/GAC Track 1.5
Department of Correctional Services	**OBJECTIVE 3:** Integrate and expand VCT	• Train peer educators in partnership with NGOs.	TBD	[redacted]

New Partner? Yes FBO? No Partners: NDOH; Dept. of Social Services; Regional (*provincial*) HIV/AIDS Coordinators; NGOs/CBOs; UN Regional Office on Drugs and Crime	services for key populations. **Year 1 Target:** 50,000 individuals served 24 service outlets/programs 200 individuals trained	• Train health care workers as master trainers in VCT and counseling. • Train health care workers in the management of opportunistic infections associated with HIV/AIDS. • Increase linkages to palliative care services for inmates both inside and *outside of detention.*		S/GAC Track 1.5	
Total partners:	7	New partners:	3	FBOs:	0	Total budget:	

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Table 4.7	HIV Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)
4.7.1 Current status of program in country	Between 500,000 and 1 million HIV-infected South Africans are in more advanced stages of the disease and have illnesses or symptoms that require clinical care, but do not yet qualify for ART. Many are co-infected with TB or have STIs or opportunistic infections. Ranking 7th in reported TB cases, South Africa is among the 22 high-burden countries targeted as part of the Stop TB initiative. In 2002, 224,420 TB cases were reported. Of these 182,583 were pulmonary TB cases, of which 98,800 cases were new infectious cases. The incidence rate in 2002 was 494 per 100,000 population. The increase in TB is closely related to the HIV epidemic. A survey of HIV prevalence among TB patients in 2002 revealed a rate of co-infection of 58% (provincial range: 28.2-71.9%) Aggravating this high burden of disease is a persistently low cure rate (54%). The 2002/2003 NDOH National Baseline Assessment of Sexually Transmitted Infection and HIV Services in South Africa estimated that 8,400,000 STI infections occurred among a population (15 yrs or older) of 30 million in 2002. This report also cites studies showing that up to 50% of patients presenting with symptomatic STI may be co-infected with HIV in some clinical settings. Among patients with genital ulcer disease, HIV might be as high as 80% in some populations. The NDOH addresses HIV/AIDS, STIs and TB care and support capacity building issues in its 2000-2005 HIV/AIDS strategy. NDOH has focused on treatment of TB and opportunistic infections. The strategy also promotes development of community and home-based care models, as well as exploration of the effectiveness of traditional medicines and non-retroviral treatment. The NDOH adopted the DOTS strategy in 1996 and has progressively expanded DOTS coverage to 99% of sub-districts, although the quality of the program varies across districts and provinces, as indicated by low cure rates and high treatment default. In the realm of TB/HIV, the NDOH conducted 5 pilot projects that led to the designation of collaborative TB/HIV "Training Districts" in all provinces for phased implementation. The focus of the national strategy for the control and management of STIs is on syndromic management at the primary health care clinic level and includes the use of NDOH's STI Treatment Guidelines. NDOH has also developed and implemented a "PHC Package" which outlines standards for STI prevention and management in public sector facilities. This includes the need for quality of care reviews, and staff training in management of STIs and client counseling. USG-supported HIV/AIDS clinical care and support programs in South Africa have encompassed a large range of activities that follow the WHO continuum of care and place high priority on assuring access to a basic package

	of care that includes treatment of tuberculosis, treatment and prevention of other opportunistic and AIDS related illnesses, and the provision of palliative care to reduce suffering and enhance the quality of life. Activities include facility-based care, home-based care, hospice care, post-test counseling for individuals infected with HIV, support group services for PLWHAs, promotion of inter-sectoral task teams, and programs to reduce stigma in both the public and NGO sectors. USG efforts have supported government TB/HIV programs, especially in the areas of surveillance, DOTS expansion and advocacy/social mobilization.
4.7.2 How new activities will contribute to PEPFAR targets; linkages to other activities	New activities will support the Emergency Plan's target to provide care to 10 million people infected and affected by HIV/AIDS by increasing access to and improving the quality of clinical care for HIV-positive individuals who do not have access to ARV therapy or who do not yet require ARV therapy by medical or national guidelines. Programs will rapidly scale up existing clinical care services, with an approach that will: (1) increase access to quality clinical care services, the treatment of TB, STIs, OIs, and strengthen wellness programs for PLWHA; and (2) build the capacity of government and community based organizations to develop, implement and evaluate clinical care programs. New programs will also enhance HIV/TB management and evaluation capacity.

4.7.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1 or 2)
"HIV Wellness Program" **PHRU** Partners: HIVSA; Rural AIDS and Development Action Research (RADAR); NDOH **RHRU** Partners: NDOH, MCC, Provincial	OBJECTIVE 1: Increase access to quality clinical care services, the treatment of TB, STIs, OIs and strengthen wellness programs for PLWHA.	• Treat opportunistic infections, provide psycho-social support, and patient education on nutrition and "positive living" to promote the health of HIV-positive individuals. • PHRU: Operate the wellness clinic at the PMTCT unit in Baragwanath Hospital and the wellness clinic at Tintswalo Hospital. Implement data systems to support wellness	USAID	PHRU RHRU	Base Base	Track 2 Track 2

DOHs; Johannesburg City Council; Right to Care New Partner? No FBO? No	Year 1 Target: PHRU: 4,000 individuals reached 3 service sites RHRU: 6,000 individuals reached 5 service sites 11 individuals trained	programs. • RHRU: Provide basic and on the job training, technical assistance, and monitoring and evaluation to six ARV rollout facilities, two each in Gauteng, NW, and KZN.				

4.7.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
TB Technical Assistance Service Contract (TASC) *Partner to be determined* New Partner? TBD *FBO? TBD* *Partners:* TBD	**OBJECTIVE 1:** Increase access to quality clinical care services, the treatment of TB, STIs, OIs and strengthen wellness programs for PLWHA. **Year 1 Target:** *TBD*	• Support service delivery models for reaching PLWHA who are co-infected with TB. • Develop training programs for TB program managers on VCT and management of co-infected patients. Monitor and analyze the effectiveness of models and document experiences. • Support the development and dissemination of new tools and approaches. • Adapt DOTS to a variety of different settings with a focus on applications of the DOTS model to ART delivery.	*USAID*	Base
NDOH Partners: Foundation for Professional	**OBJECTIVE 1:** Increase access to quality clinical care services, the treatment of TB, STIs, OIs and strengthen wellness	• Increase access to TB services for clients of USG-funded VCT services. • Increase access to HIV services to TB patients in collaboration with USG-funded HIV/AIDS service sites.	CDC	S/GAC

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New partner? No FBO? No	programs for PLWHA. **Year 1 Target:** 2,460 individuals served 7 service outlets/programs 250 individuals trained	• Adapt TB screening algorithms, develop referral and tracing networks for PLWHA, modify patient registers and other data collection forms, develop M&E tools to document increases in case detection. • Provide training for physicians in the diagnosis and treatment of TB/HIV. • Conduct a targeted evaluation to identify risk factors for patients defaulting from TB treatment. • Develop a monitoring and evaluation system, including a robust and user-friendly TB/HIV software to enhance program management capacity.		Track 2 Track 1.5

Total partners:	4	New partners:	0	FBOs:	0	Total budget:	

Table 4.8	Palliative Care
4.8.1 Current status of program in country	Palliative care in South Africa is at an exciting stage of development. In 2001, the South African National AIDS Council (SANAC) proposed that the WHO definition be adopted throughout South Africa and that training in palliative care be included in all undergraduate programs of medical and nursing students, and in home-based care programs. The NDOH recognizes the essential role of good palliative care, especially in light of the HIV/AIDS epidemic, and is encouraging initiatives in this discipline. There is a growing recognition of the value of palliative care in long-term and chronic conditions. Development is taking place in universities, in provinces, and at "grass roots" level in NGOs, FBOs and CBOs. Some corporate businesses are implementing palliative care policies in their HIV/AIDS programs. Strengthening the capacity of communities to respond to the HIV/AIDS epidemic has been an important component of the USG response in both palliative care and in OVC programs. Through a network of community based NGOs, the USG program is providing assistance in the following areas: technical assistance for provincial level care and support training programs for home-based care; hospice services for vulnerable populations; community-based support group services for individuals infected with HIV; the training of home-based care providers; support to NGOs to provide home-based care services including palliative care and nutritional support; and psychosocial services for individuals affected and infected by HIV/AIDS. At the national level the USG assists the NDOH with guidelines and standards for HCBC, monitoring and evaluation systems, training and curriculum design. Last year USG supported 51 community and home-based care programs and NGOs that made 300,000 home-based care visits.
4.8.2 How new activities will contribute to PEPFAR targets; linkages to other activities	New activities in South Africa will contribute to Emergency Plan targets to provide care to 10 million people infected and affected by HIV/AIDS through (1) building capacity for long-term sustainability of palliative care by expanding current palliative care training institutions and ensuring that national quality training standards are maintained, and (2) scaling up existing palliative care services rapidly by increasing the number of organizations providing quality palliative care and enhancing the integration of palliative care into the primary health care system. Programs will also advance policy initiatives that support basic health care and support, through provision of technical assistance to the NDOH, HIV/AIDS Directorate.

4.8.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
HWW/REACH New Partner? No *FBO? Yes*	OBJECTIVE 2: Scale up existing palliative care *services rapidly* by increasing the number of organizations providing quality palliative care and enhancing the integration of palliative care into the primary health *care system.* Year 1 Target: 40,000 individuals served 37 service outlets/programs	• Provide PLWHA support in 37 communities. • Provide of End-of-Life care in *an in-patient unit setting in* Soweto (pain control, system management, and respite) and day care for ambulatory patients. • Expand existing in-patient care unit and expand palliative care monitoring framework. • Increase support for PLWHAs through the expansion of peer *education and lay counseling* and through the provision of home based care. • Incorporate ART counseling into ongoing home-based care activities.	USAID		Base	Track 1.5
JHPIEGO *New Partner? No* FBO? No	OBJECTIVE 1: Build capacity for *long-term* sustainability of	• Train provincial and NGO staff on Home and Community *Based Care guidelines through* participatory workshops.	USAID		Base	Track 1.5

Partner: Sub directorate: Treatment, Care and Support, NDOH	palliative care by expanding current palliative care training institutions and ensuring that national quality training standards are maintained. Year 1 Target: 4 service outlets/programs 200 individuals trained	• Provide a Technical Advisor and appoint two administrative staff members to Care/Support sub-Directorate. • Install a Training Information Management System at the sub directorate. Train managers and planners on data entry and report generation.				
FHI/IMPACT New Partner? No FBO? No Partner: NDOH	OBJECTIVE 1: Build capacity for long-term sustainability of palliative care by expanding current palliative care training institutions and ensuring that national quality training standards are maintained. Year 1 Target: 15 service outlets/programs 25 individuals	• Facilitate quarterly palliative care stakeholders meetings. • Assist in developing palliative care and community and home-based-care (CHBC) M&E strategies and systems. • Develop a care and treatment database and resource guide. • Finalize and disseminate the National Palliative Care Training Conference report. • Second two PLWHA coordinators to NDOH. Provide evidence and inform the promotion of safer sexual practices in HIV infected and affected individuals by integrating	USAID		Base	Track 2.0

	trained	Abstinence, Faithfulness and selected FP messages into HBC programs. • Design and test strategy for scaling up lessons learnt.				

4.8.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
AFRICARE New partner? Yes FBO? No	**OBJECTIVE 2:** Scale up existing palliative care services rapidly by increasing the number of organizations providing quality palliative care and enhancing the integration of palliative care into the primary health care system. **Year 1 Target:** 2,500 individuals served 17 service outlets/programs 200 individuals trained	• Establish a step down facility to manage a comprehensive HIV/AIDS treatment program. • Mobilize community and home care providers. • Strengthen case management. • Strengthen HIV/AIDS disease management by integrating program activities with the primary healthcare systems (PMTCT, STI, TB and ANC).	CDC	[redacted] S/GAC Track 1.5
Hospice and Palliative Care Association of South Africa New partner? Yes FBO? No	**OBJECTIVE 2:** Scale up existing palliative care services rapidly by increasing the number of organizations providing quality palliative care and enhancing the integration of palliative care into the	• Increase the number of organizations providing quality palliative care to persons living with HIV/AIDS. • Build organizational capacity to plan, implement and evaluate palliative care programs for adults and children. • Improve the distribution of essential palliative care medicines and	USAID	[redacted] Track 1.5

	primary health care system. Year 1 Target: 27,000 individuals served 20 service outlets/programs 8,000 individuals trained	commodities. • Enhance the integration of palliative care into the South African primary health care system. • Support national and regional palliative care networks. • Expand current SA palliative care training institutions and ensure that national quality training standards are maintained.					
Total partners:	5	New partners:	1	FBOs:	1	Total budget:	

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Table 4.9	Support for Orphans and Vulnerable Children
4.9.1 Current status of program in country	UNAIDS estimates that 660,000 children in South Africa have been orphaned due to AIDS. It is estimated that by 2005 the numbers will reach 1.3 million and by 2010, 1.7 million. Care and support of orphans and vulnerable children (OVC) is a key component of mitigating the effect of the epidemic on South Africa. *Improving services for children, child headed households and orphans affected and infected by HIV/AIDS and* other communicable diseases is a top strategic objective for South Africa's Department of Social Development (DSD). DSD has built capacity, expanded training and developed strong working relationships with numerous stakeholders including CBOs, FBOs, NGOs, private sector companies and labor to assist in service delivery. By *2003 DSD reported supporting 314 centers for home/community-based care and identifying 75,000 children as* orphaned or vulnerable due to HIV/AIDS and eligible to receive services. USG care and support to orphans and vulnerable children affected by HIV/AIDS has included household *community-based services through NGOs, linking interventions to government services and lay counseling.* The USG program has worked with local "umbrella" NGOs to increase access to community services for OVC in the urban regions of Soweto, Cape Town, Port Elizabeth, Umtata, Durban and Alexandria and the rural regions of Mpumalanga, Gauteng, KwaZulu-Natal and the border area of Mpumalanga and Limpopo. Last year over 10,000 OVCs in the urban region of Soweto and over 9,500 OVCs in rural KwaZulu Natal and Mpumalanga have been reached with community OVC services, including psychosocial activities, support groups and home visits.
4.9.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New activities will contribute to the Emergency Plan targets to provide care to 10 million people infected and affected by HIV/AIDS, and the USG will activate an effective response for orphans and vulnerable children in South Africa which will: 1) mobilize CBOs and FBOs to rapidly scale up services for orphans and vulnerable children and strengthen the capacity of CBOs and FBOs and communities to deliver quality care; and 2) build the capacity of National and Provincial Government Coordinating Structures to increase support for orphans and vulnerable children and address policy issues relating to bereavement, child-headed households, access to *education, and access to protective services. USG-funded activities will also expand and build stronger linkages* and referral systems with other health and social services and engage new partners and public-private partnerships to respond to the magnitude of needs for orphans and vulnerable children in South Africa.

4.9.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
REACH/Pact, Inc. New Partner? Yes FBO? No Nelson Mandela Children's Fund New partner? No FBO? No HopeWorldWide New Partner? No FBO? Yes	OBJECTIVE 1: Mobilize CBOs and FBOs to rapidly scale up services for OVC and strengthen the capacity of CBOs and FBOs and communities to deliver quality care. Year 1 Target: 55,000 OVC served	• Expand services at existing facilities and sites serving OVC and into additional communities. • Develop networks and collaboration mechanisms to establish OVC care standards. • Utilize CBOs/FBOs as umbrella mechanism(s) providing grant funding and technical assistance to smaller CBOs/FBOs. • Mobilize community members to help children access government assistance, food, health care, and education. • Expand and build linkages and referral systems with other health and social services.	USAID	(HWW) (NMCF)	Base Base S/GAC	Track 1.5 Track 2.0

4.9.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
CARE New Partner? Yes FBO? No	OBJECTIVE 1: Mobilize CBOs and FBOs to *rapidly scale up services for* OVC and strengthen the capacity of CBOs and FBOs and communities to deliver quality care. Year 1 Target: 35,000 OVC served 200 community and faith based organization *strengthened*	• Strengthen the capacity of local organizations in Free State and Limpopo *to meet the needs and rights of OVC.* • Improve advocacy and referral efforts on behalf of OVC working with churches and faith-based groups. • Strengthen capacity of families to cope with their problems including OVC. • Mobilize and strengthen community-based responses. • Improve the knowledge and skills of CBO and NGOs to provide care, support and counseling to OVC and the households supporting them. • Identify and test innovative care models with faith based OVC practitioners.	USAID	Track 1.0
REACH/Pact, Inc. New Partner? Yes FBO? No (1) Noah New Partner? Yes FBO? No (2) SAVE - UK New Partner? Yes FBO? No (3) SA Council for	OBJECTIVE 1: Mobilize CBOs and FBOs to rapidly scale up services for OVC and strengthen the capacity of CBOs and FBOs and communities to deliver *quality care.* OBJECTIVE 2: Build the capacity of National and Provincial Government Coordinating Structures to increase support for OVC and	• Support the South African Government and CBOs/FBOs that have national or provincial reach in protecting orphans and vulnerable children. • Strengthen the national coordinating structure that addresses OVC needs. • *Establish provincial structures aimed at* monitoring/coordinating OVC response. • Develop networks and collaboration mechanisms to establish OVC care standards. • Utilize CBOs/FBOs as umbrella mechanism(s) providing grant funding	USAID	Track 1.5 S/GAC [redacted] (NOAH) [redacted] (SAVE UK) [redacted] (Starfish) [redacted]

Child/Family Welfare and Dept. of Social Development) New Partner? Yes FBO? No (4) Starfish New Partner? Yes FBO? No	address policy issues relating to bereavement, child-headed households, access to education, and access to protective services. Year 1 Target: 19,000 OVC served	and technical assistance to smaller CBOs/FBOs. • Mobilize community members to help children access government assistance, food, health care, and education. • Expand and build linkages and referral systems with other health and social services and expand service delivery into additional under-resourced communities.		

Total partners:	8	New partners:	6	FBOs:	1	Total budget:	

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Table 4.10:	Anti-Retroviral Therapy
4.10.1 Current status of program in country	The South African government launched its five-year Strategic Plan for HIV and AIDS in 2000. In July 2002, the government established a Joint Health and Treasury Team to carefully review the components of a comprehensive health sector response to HIV/AIDS, costs, cost-effectiveness and outcomes of ARV treatment, and requirements for introducing an antiretroviral program, including drug issues, financial management systems and security issues at sites. Based on the task team report, the Cabinet in August 2003 instructed the NDOH to develop a detailed operational plan on antiretroviral treatment. The *Operational Plan for Comprehensive HIV and AIDS Care and Treatment of South Africa*, released in September 2003 and approved in November 2003, is guiding the NDOH rollout of care and treatment throughout South Africa. Currently, 20,000 individuals infected with HIV are receiving care and treatment. The five-year target beginning April 2004 is to provide care and treatment to 500,000; 53,000 in year 1 of the rollout. The minimum target is to have one operational ARV site in each of the country's 53 districts. Because the government did not approve a rollout plan until late 2003, USG efforts have focused on expanding NGOs' capacity, research and pilot sites in the private sector and cost-effective treatment through the insured sector. This support has prepared a large number of organizations for rapid and expanded implementation of ART programs. USG efforts since 2000 have also focused on prevention, training, palliative care and support, home-based care, and capacity building at the national, provincial, and local level. In addition, support activities such as logistics; drug management and pharmaceutical training are covered in table 4.13.
4.10.2 How new activities will contribute to PEPFAR targets; linkages to other activities	New activities will contribute to the Emergency Plan target of treating at least 2 million HIV-infected individuals and are designed to: (1) rapidly increase the number of individuals receiving ARV treatment by scaling up existing and effective programs, training of health care workers, and enhancing the supply chain management systems to respond to treatment expansion; (2) increase the capacity of the National and Provincial Departments of Health to develop, manage and evaluate HIV/AIDS treatment programs; and (3) increase the demand for, and acceptance of, ARV treatment through mass communication campaigns and community mobilization. In keeping with the continuum of care approach, linkages will be made with the "wellness" activities under Table 4.7 of this application.

4.10.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track
Right to Care New Partner? No FBO? No Partners: ACTS; Witkopen Clinic, Mpumalanga and Guateng Provincial DOHs; Helen Joseph Hospital; CHRU; Alexander Forbes HMS; Private Sector Labs and Pharmacies; Access Health; RFI; Harmony; HLGC	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 4,000 individuals on ARVs 8 service outlets/programs 800 individuals trained	• Expand VCT, wellness, and ART services at 8 public and NGO sites, including a large public hospital (Helen Joseph) in Johannesburg and at least two rural facilities. • Assist national public sector ART rollout through current training programs. • Support training, supervision and management of the private sector ART rollout, in partnership with the insured private sector and Home Loan Guarantee Company. (using capitated models). • Customize and implement computerized information systems for clinical case management and supervision. • Assist the establishment of systems for the procurement of ARVs at NGO and private corporate sites. • Undertake pharmacovigilance programs for 18,000 individuals on ARVs. • Provide training and monitoring in non-ART care at 3 NGO and 3 government treatment sites.	USAID		TOTAL Base S/GAC	 Track 1.5 Track 1.5

Eastern Cape DOH/ University of Transkei (UNITRA) New partner? No FBO? No	OBJECTIVE 1: Rapidly increase the number of individuals receiving ARV treatment. Year 1 Target: 1,000 individuals on ARVs 11 service outlets/programs 1,000 individuals trained	• Initiate ARV treatment in the public sector using a regional training center (RTC) approach. • Improve the HIV/AIDS resource and training centers at the UNITRA RTC. • Identify and document best practices in treatment and care at 2 hospitals and 9 clinics. Develop a continuum of care model which links VCT and PMTCT to other HIV services. • Link and evaluate clinical information systems (training, procurement, IT), improve lab services and equipment, and use standard techniques for diagnosis and monitoring. • Establish satellite training sites at 2 schools of nursing.	CDC		TOTAL S/GAC Base	 Track 1.5 Track 1.5

4.10.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) New Partner? No FBO? No	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 1,200 individuals on ARVs 2 service outlets/programs 3,000 on ARVs by Year 5	• Establish a program to treat HIV infected children and their immediate families at Sinikithemba Centre, McCord Hospital in Durban. • Expand the existing PMTCT program at McCord Hospital to include care and treatment for women and their families. • Improve quality of clinical care, adherence training. • Provide palliative care at the Dream Centre.	DHHS/CDC HRSA	Track 1
Right to Care New partner? No FBO? No Partners: NDOH;	**OBJECTIVE 1:** *Rapidly increase the number* of individuals receiving ARV treatment. **Year 1 Target:** 500 individuals on ARVs 10 service outlets/programs 10 individuals trained	• Expand treatment for the vulnerable *uninsured small business private sector* through their association, their place of business, and support for the development of 10 private sector comprehensive treatment sites. • Implement computerized clinical information systems. Provide clinical decision-support and case management services. Train clinical service providers. • Demonstrate the viability of a payment co-contribution and treatment access model.	USAID	[redacted]S/GAC Track 2.0

[redacted] New partner? No FBO? No	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 1,000 individuals on ARVs 4 service outlets/programs	• Expand ARV treatment and care at King Edward Hospital, a tertiary medical center affiliated with the University of Natal, Nelson Mandela School of Medicine. • Provide ARV therapy at a large TB Clinic (Durban area) and a rural clinic in Vulindlele.	HHS/NIAID	[redacted] Track 1.5
Aurum Health Research New partner? Yes FBO? No [redacted]	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 800 individuals on ARVs	• Expand existing [redacted] HIV/AIDS prevention, treatment, and care programs to the employees and families of independent small and medium enterprises working on [redacted] (contractors). • Conduct ART training.	CDC	[redacted] S/GAC Track 1.5
Department of Health				
South African National Defense Force (SANDF)	**OBJECTIVE 1:** Rapidly increase the number	• Enhance capacity in the SANDF to deliver comprehensive evidence-based AIDS	HHS/NIH and U.S.	[redacted]

New partner? No FBO? No	of individuals receiving ARV treatment. Year 1 Target: 500 individuals on ARVs 6 service outlets/programs	treatment and care for members of SANDF and their families. • Conduct clinical research on AIDS care and treatment. • Provide ARV therapy to members of SANDF and their families not involved in the research program. • Invest in ARV drugs, expand laboratory and pharmacy capacity, and train medical personnel to deliver care and treatment in six locations.	DOD	Track 1.5
[redacted] New Partner? No FBO? No Partners: NDOH; [redacted]	***OBJECTIVE 1:*** Rapidly increase the number of individuals receiving ARV treatment. Year 1 Target: 2,100 individuals on ARVs 12 service outlets/programs 3,000 individuals trained	• As requested by the South African Government, place 9 provincial co-coordinators (one per Province) to manage comprehensive HIV/AIDS programs and support public sector treatment rollout through provincial mobile teams and other supervision strategies. • Develop and implement quality standards, in-service training guidelines and sites, and strategies for district level counselors, nurses and physicians and referral specialists in tertiary facilities in the provision of comprehensive HIV/AIDS care, including ARV therapy. • Develop and apply innovative training and clinical management support tools, including software and checklists. Coordinate with NDOH and USG on patient tracking systems.	USAID	[redacted] Total [redacted] Base [redacted] S/GAC Track 2

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JHPIEGO New partner? No FBO? No Partners: [redacted]	**OBJECTIVE 2:** Increase the capacity of the National and Provincial DOHs to develop, manage and evaluate HIV/AIDS treatment programs. **Year 1 Target:** 1,500 individuals on ARVs 2 service outlets/programs 1,800 individuals trained	• Develop a core team of master trainers competent in the provision of high quality ARV Therapy training. • Train service providers jointly with [redacted] on ARV Implementation. • Provide mentoring, coaching, supervision and on the job training for trained ART providers. • Support ARV practicum learning opportunities in [redacted] • Support two positions for PLWHA in the NDOH and one treatment specialist in the treatment, care and support unit. • Assess current training curricula, determine gaps and needs and revise accordingly for content, methodologies and length of training. • Provide technical assistance to strengthen the [redacted] training protocols and curricula for clinical management of AIDS and opportunistic infections (OIs). • Provide clinical training to public sector physicians and nurses. • Assist the [redacted] to develop and implement new programs for continuing education and follow-up clinical support.	USAID	[redacted] S/GAC Track 2
Columbia University, Mailman School of Public Health	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV	• Build comprehensive care and treatment programs in the Eastern Cape based on lessons learned from the PMTCT-Plus	DHHS/CDC HRSA	Track 1

New Partner? No FBO? No	*treatment.* **Year 1 Target:** 1,500 individuals on ARVs 4 service outlets/programs *10,022 individuals on ARVs by Year 5*	*projects. Focus on patient retention and* achievement of high ART adherence rates. • Link care and treatment programs to points of service in communities. Provide *family-centered care to HIV-infected* adults and children. • Improve infrastructure for quality service delivery through training, laboratory enhancement, drug management *system, and patient care and monitoring* systems.		
[redacted] New Partner? No FBO? No Partners: Provincial [redacted]	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 1,400 individuals on ARVs 4 service outlets/programs 200 individuals trained	• Provide technical assistance for the design and implementation of ART in Soweto and Limpopo Provinces to a total *of 4 facilities.* • Provide support groups and education for individuals on ARV treatment at Baragwanath Hospital and other facilities. • Research, develop and support adherence models that assist with better ART care.	USAID	[redacted] S/GAC Track 2
[redacted] New partner? No FBO? No	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target :** 1,000 individuals on ARVs 6 service outlets/programs	• Increase provision of ARVs, novel methods of service delivery, and monitoring and evaluation of methods for delivery and safety/efficacy of ARVs to facilities which have been supported by the USG for the past 5 years. • Improve early infant diagnosis and enrolment *into programs for ARVs and* OI-treatment.	HHS/NIAID	[redacted] Track 1.5

		• Expand central laboratory capabilities to increase testing and monitoring of ARV therapy.		
Catholic Relief Services (CRS) New Partner? Yes FBO? Yes	**OBJECTIVE 1:** Rapidly increase the number of individuals receiving ARV treatment. **Year 1 Target:** 3,500 individuals on ARVs 24 service outlets/programs 28,600 on ARVs by Year 5	• Scale up of existing ART services through training in clinical management, lab procedures, drug procurement and data management. • Improve lab services and equipment, apply standard techniques for diagnosis, staging and monitoring individuals on ARVs, and implement adherence tracking protocols. • Build health care treatment networks and strengthen community programs that provide ART support service. • Support community mobilization to promote increased awareness of accessible and affordable programs.	DHHS/CDC HRSA	Track 1
NDOH New Partner? No FBO? No [redacted] New Partner? Yes FBO? No	**OBJECTIVE 3:** Increase the demand for, and acceptance of, ARV treatment through mass communication campaigns and community mobilization. **Year 1 Target:** 7,000,000 reached with HIV-specific communication 250 service outlets/programs 30,000 individuals trained	• Implement a nationwide HIV treatment literacy campaign. • Support popular TV and radio programs presented in nine languages about HIV and AIDS care and treatment. • Inform health care workers and the public about HIV/AIDS treatment to promote enrollment of eligible persons into the national ARV program.	CDC	[redacted] S/GAC Track 1.5

Total partners:	14	New partners:	3	FBOs:	1	Total budget:	

Table 4.1.1	PMTCT-Plus (access to care and treatment by women and families through PMTCT)
4.1.1.1 Current status of program in country	The South African government views care and treatment by women and families through PMTCT as an integrated part of broader care and treatment efforts and therefore does not recognize PMTCT plus services as distinct from broader services. These activities are contained in Tables 4. 1, PMTCT and Table 4.10, Anti-Retroviral Therapy.
4.1.1.2 How new activities will contribute to PEPFAR targets; linkages to other activities	

4.1.1.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1.1, 1.5, 2)
		•				

4.1.1.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
		•		

Total partners:		New partners:		FBOs:		Total budget:	

Table 4.1.2	Strategic Information: Surveillance, Monitoring, Program Evaluation
4.1.2.1 Current status of program in country	*Monitoring and evaluation (M&E) is a priority under the national HIV/AIDS/STD Strategic Plan for 2000-2005.* After setting up a general Monitoring & Evaluation Unit in 2000, the NDOH established another M&E unit for HIV/AIDS and TB in March 2003, in line with the rapid expansion of HIV/AIDS and TB programs. The new unit has developed and reviewed HIV/AIDS indicators and data elements. *It has also developed an HIV/AIDS M&E Plan and* an HIV/AIDS data base for routine monitoring indicators for all programs, and trained HIV/AIDS staff on M&E, data management and a national health information system for MIS. In addition, the USG has supported the design and implementation of the National District Health Information System, which is the backbone of the government health information program. The USG has provided technical assistance to build capacity in the NDOH HIV/AIDS and TB M&E unit since its inception. The South African government is completing a national Demographic Health Survey (DHS) in 2004, with *partial USG support--its first since 1998.* The USG will provide financial support for data analysis and reporting of the SADHS findings. The USG is also funding activities to prepare for implementation of a 2005 HIV/AIDS facility survey. The USG Mission has been building its capacity in the area of Strategic Information to ensure that the Mission and its partners will plan, implement and utilize SI activities effectively. *There are two full-time people* currently in place and 20% time of a senior M&E specialist with additional technical support available to the team through MEASURE Evaluation. Planning with USG partners has also begun: upcoming M&E workshops by thematic area will address specific questions and encourage collaboration among partners. Through initial planning and dialogue with partners we have identified specific needs to be addressed and have used this to inform our SI strategy for Year 1.
4.1.2.2 How new activities will contribute to PEPFAR targets; linkages to other activities	Strategic information collected in South Africa will assist in planning, monitoring and improving services and in providing information to the USG for Emergency Plan reporting. New SI activities will strengthen program level *monitoring and reporting*, develop a USG country data warehouse, and support USG program partners to develop M&E plans. Specific new activities will address one or more of the following objectives: 1) increase capacity to manage and report on strategic information in support of the Emergency Plan; 2) develop and improve capacity for collection, transmission, and use of HIV/AIDS program data; 3) *support studies on program effectiveness*, cost, and feasibility and document and disseminate study results for program improvement; and (4) complete high quality analysis of data to set Emergency Plan baselines.

4.1.2.3 Existing activities, initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source	Track (1,1.5, 2)
Measure Evaluation New Partner? No FBO? No	**OBJECTIVE 1:** Increase capacity to manage and report on strategic information in support of the Emergency Plan. **OBJECTIVE 2:** Develop and improve capacity for collection, transmission, and use of HIV/AIDS program data.	• Design, develop, and maintain a data warehouse to collect, assess, and report monitoring information for USG partners implementing Emergency Plan activities. • Develop and disseminate an overall SI plan and SI manual for the US mission and funded partners. • Provide M&E and HMIS coordination among USG partners. • Complete HMIS assessment in collaboration with Eastern Cape Regional Training Center.	USAID (Year 1) CDC (Year 2)		TOTAL Base S/GAC	Track 1.5
NDOH New Partner? No FBO? No	**OBJECTIVE 2:** Develop and improve capacity for collection, transmission, and use of HIV/AIDS program data. **Year 1 Target:** 15 individuals trained	• Strengthen M&E in the NDOH and the HIV/AIDS Directorate. • Develop M&E indicator guide and strategy for all HIV/AIDS programs. • Provide training and capacity building in M&E to national and provincial	CDC		Total Base S/GAC	Track 1.5

		HIV/AIDS program staff. • Assign a data manager in each of 9 provinces.				
Measure DHS New Partner? No FBO? No	**OBJECTIVE 4:** Complete high quality analysis of data to set Emergency Plan baselines. **Year 1 Target:** 50 individuals trained	• Provide technical assistance for data processing and analysis of the 2003 South African Demographic and Health Survey (SADHS). • Collect quality national baseline Data to support PEPFAR program M&E. • Develop implementing mechanism, sample frame and design, and survey instruments for the 2005 Facility Survey.	USAID		Base S/GAC	Track 1.5
Frontiers **(Pop Council)** New Partner? No FBO?	**OBJECTIVE 3:** Support studies on program effectiveness, cost, and feasibility and document and disseminate study results for program improvement. **Year 1 Target:** 15 individuals trained	• Explore the reasons and implications of nurse attrition in three provinces. • Support, monitor, evaluate and document the feasibility, effectiveness and costs of varying models of VCT integration into traditional reproductive health services in rural public health facilities. • Develop evidence-based	USAID		Base	Track 2

		protocols and M&E systems for integrating HIV/AIDS services into traditional maternal health services sites. • Establish level of care provided to HIV positive children and compare with standard treatment guidelines by the government and WHO. • Conduct research to identify barriers and challenges to management of pediatric HIV infection. • Assess impact of male involvement interventions (men as partners) in preventing HIV infections and violence against women and children. • Evaluate the feasibility, effectiveness and costs of integrating post exposure prophylaxis (PEP) for HIV into post-rape services.				
FHI/CTR New Partner? No FBO? No	OBJECTIVE 3: Support studies on program effectiveness, cost, and feasibility and document and	• Evaluate and document evidence for the design and implementation of reproductive health services that contribute to	USAID		Base	Track 2

Partners: DOH, Provincial DOHs and University of Venda.	disseminate study results for program improvement.	comprehensive HIV/AIDS prevention and care (*ongoing study completed* March 2005).				

4.1.2.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
New partner? No FBO? No	OBJECTIVE 3: Support studies on program effectiveness, cost, and feasibility and document and disseminate study results for program improvement. Year 1 Target: 1,320 people reached 66 service outlets/programs	• Conduct a targeted evaluation to determine the impact of the PMTCT program on pregnant women attending public health facilities in KZN. Results from the evaluation will be used to strengthen the PMTCT program (mother component).	CDC	S/GAC Track 2

HORIZONS (Population Council) New Partner? No FBO? No Partners: Age In Action, Medical Research Council	**OBJECTIVE 3:** Support studies on program effectiveness, cost, and feasibility and document and disseminate study results for program improvement.	• Document models of care giving and develop and initiate interventions to increase household and community capacity to care for OVC and PLWHA. • Determine, qualify and quantify the monetary and non-monetary costs of formal and informal care provided to PLWHA.	USAID	Base Track 2
Policy Project New Partner? No FBO? No	**OBJECTIVE 4:** Complete high quality analysis of data to set Emergency Plan baselines. **Year 1 Target:** 50 individuals trained	• Apply the Goals Model to the South Africa Emergency Plan and assist the South Africa planning team to explore the costs and effects of different strategy options. Develop conversion factors to estimate infections averted and other targets from service statistics.	USAID	Base Track 2

Total partners:	8	New partners:	0	FBOs:	0	Total budget:	

Existing or New Activities with a SI-specific component

Note: The projects listed above are solely focused on Strategic Information, however, many of the projects listed throughout the tables have strong SI components that we feel significantly contribute to the overall SI strategy of the USG Mission in South Africa. We have listed those activities below to give a more holistic view of SI related to PEPFAR. Only the bullet related specifically to SI is listed. The budget is not noted here as this is only a cross reference and the budget will remain in the relevant program table.

	• Establish sentinel sites to monitor the impact of PMTCT on infant morbidity and mortality program in Kwazulu Natal. • Conduct a target evaluation of the impact of an effective PMTCT program on child morbidity and mortality in KZN. • Determine HIV prevalence and vertical transmission rates in 6 week old infants attending Immunization clinics

	at sentinel sites. • Establish baseline infant and child mortality rates in the populations served by the clinics using clinic-based surveillance methods. • Validate clinic-based infant and child mortality rates using community-based surveys.
	• Conduct an economic impact evaluation of an effective PMTCT program in primary health care facilities in KZN. • Measure the costs associated with providing the current package of PMTCT interventions in KZN. • Measure the costs of an expanded package of interventions aimed towards improving the outcome of the PMTCT program in KZN.
	• Conduct face-to-face and telephone assessments as well as self-administered questionnaires to identify training outcomes and impacts within 30-60 days of the training event. • Provide technical assistance support in the design and implementation of a monitoring and evaluation plan.
	• Conduct targeted program evaluation, to identify risk factors for patients defaulting from TB treatment.
	• Develop a robust and user-friendly TB/HIV software to enhance program management capacity. Build on existing applications and user inputs to improve the functional design. Develop in-country programming and Help-Desk support capacity.
Department of Health	• Develop a model TB screening and referral project at CDC-funded VCT sites, and increase the proportion of HIV-positive individuals who are successfully evaluated upon referral; to increase early TB case detection and treatment. • Modify patient registers and other data collection forms; develop monitoring and evaluation tools to document increases in case detection and results of facilitated referrals. Collect monthly syndromic data at selected sentinel sites in each of the 9 provinces and disseminate nationally quarterly. • Analyze etiological composition of major STD syndromes every 18 months to determine trends and association with HIV. • Support serological surveillance for syphilis and HIV at STD clinics. • Disseminate findings of situation analysis on maternal and neonatal care in the context of PMTCT services.

[redacted] (Population Council)	• Evaluate the feasibility, effectiveness and costs of integrating PEP for HIV into post-rape services. • Determine, qualify and quantify the monetary and non-monetary costs of formal and informal care provided to PLWHA. • Develop and initiate interventions to increase household and community capacity to care for OVC and PLWHA.
[redacted]	• Expand the coverage and comprehensiveness of integrated HIV management strategies provided by nine provincial co-coordinators including VCT services linked to high risk populations and ARV roll out. Support consists of training, IEC, expansion, program monitoring and evaluation. • Introduce and train service providers to use "Therapy Edge" software for capturing clinical information.
FHI/IMPACT	• Develop palliative care and CHBC M&E strategies and systems. • Strengthen home and community based care Provincial Coordinators ability to monitor and provide technical support to local implementing organizations and/or service providers.
Right to Care	• Customize and implement computerized clinical information systems. • Maintain a health information system IT infrastructure.
[redacted]	• Support the development and dissemination of new tools and approaches (including diagnostics, treatment, operations research, TB and HIV/AIDS co-infection, and management of patients with multi-drug resistant TB). • Monitor and analyze the effectiveness of models and document experiences.
QAP	• Develop tools to monitor quality service delivery. • Conduct baseline assessments; develop and implement QA plans. • Conduct client satisfaction surveys. • Strengthen existing information management systems. • Monitor quality of service through process and outcome indicators.
Policy Project	• Develop a baseline for stigma measurement. • Conduct targeted program evaluations of training programs.
John Snow, Inc	• Create an effective and efficient distribution system for condoms based on documented consumption and ensure zero stock outs at all 379 service delivery sites. • Develop an appropriate LMIS to manage a continuous supply of condoms to the NDOH primary delivery sites in all provinces, based on documented consumption.

	• Computerize the LMIS at the National level to generate re-supply schedules and quantities and ensure accountability. • Support JSI logistics and Information Technology experts in the NDOH's IT unit.
JHPIEGO	• Facilitate the monitoring of training activities at the regional training center, Eastern Cape. • Install TIMS at the sub directorate. Train managers and planners on the data entry, producing reports and maintaining the TIMS system. • Conduct monitoring and evaluation workshops in provinces to strengthen data management and monitoring. Conduct follow-up visits to support revision and implementation of M&E plans.
[redacted]	• Strengthen drug logistics, quality of care, management, training, supervision, information use, monitoring and evaluation within the district and municipal primary health care systems.
SANBS	• Implement a monitoring and evaluation system for reviewing programs and measure clinical outcomes to assess the impact of the South African National Blood Service safe blood program.
PSI/[redacted]	• Track referrals of 780 clients to post test services in Year one, based on an expected return rate of paper referrals of 30%. This number will increase to 1,800 in subsequent years.

Table 4.13	Cross-Cutting Activities
4.13.1 Current status of program in country	Ongoing cross-cutting programs in South Africa cover a diverse spectrum of activities across the continuum of HIV/AIDS care. An essential component of USG cross-cutting assistance has been to strengthen the capacity of the South African Government to distribute, track, store and dispense drugs. In addition, considerable resources through the USAID Equity program and the Quality Assurance Project have improved the delivery of quality HIV prevention, care and treatment programs within the local primary health care system and have assured the quality of essential health commodities including drugs and test kits. Other activities range from the implementation and/or development of operational policies and programs including those aimed at addressing stigma and discrimination. Specific activities targeting stigma include strengthening the capacity of faith-based organizations and traditional leaders to promote stigma mitigation initiatives, providing practical resource materials designed by and for persons living with HIV/AIDS, promoting greater involvement of persons living with HIV/AIDS, and improving the implementation of workplace policies, particularly among public sector employees. Please see Table 3.1, President's Emergency Plan- In-country Coordination for discussion of the mechanism for donor coordination.
4.13.2 How new activities will contribute to PEPFAR targets, linkages to other activities	New activities will support the achievement of the Emergency Plan Goals, and will play a critical role in assuring quality and strengthening accountability within the health system. The South African Government has announced its intention to procure, through its own resources, the ARV drugs required for all public sector programs. Under the Emergency Plan, the South African government has asked that the USG expand its ongoing logistics and drug management activities to assist the Department of Health in distributing, storing, tracking and managing the roll-out of ARVs to public sector facilities. USG assistance will also provide in-service training of pharmacists responsible for handling and dispensing the ARVs at the public sector treatment sites. In summary, activities will: (1) Scale up innovative technologies and supply chain management systems to create, enhance and promote an un-interrupted supply of high-quality, low-cost drugs and products that flow through an effective system; (2) improve quality assurance across all prevention, care and treatment programs and expand the quality control of drugs, test kits and other supplies; and (3) ensure effective delivery of HIV/AIDS services within ongoing primary health care services in district and municipal public health facilities; and (4) improve systems and policies to address stigma and discrimination and expand HIV/AIDS workplace policies and

	programs across all activities and partners.

4.1.3.3 Existing activities, initiated prior to FY 04

Partner	FY 04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT S/GAC)	Track (1, 1.5, 2)
Policy Project New Partner? No FBO? No Partners: HIV/AIDS Directorate, local NGOs, PLWHA service providers; Catholic Bishops Conference of Southern Africa (CBCSA); Centre for the Study of AIDS (CSA), U. of Pretoria; HIV/AIDS Directorate; Department of Public Service Administration, U. of Stellenbosch/ MEDUNSA; NTCP, TADSA; Operation	OBJECTIVE 4 *Improve systems and policies to address stigma and discrimination and expand HIV/AIDS workplace policies and programs across all activities and partners.* Year 1 Target: 34 service outlets/programs 325 individuals trained	Strengthen the implementation of policies and systems to address: <u>Stigma and discrimination:</u> • Support the NDOH to develop and disseminate national PLWHA strategy, NGO funding guidelines and resource materials designed by PLWHAs. • Train, support and evaluate stigma and discrimination reduction programs for faith based leaders and provincial DOH HIV/AIDS program coordinators. Train and support 20 PLWHA to be Master Trainers in stigma mitigation for PLWHA groups, FBOs and government departments. <u>Workplace Programs</u> • Assist the SAG to develop and	USAID		Base S/GAC	Track 2

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Hunger; VUKA; and Deep South		implement an operational plan, which supports HIV/AIDS workplace programs in 26 national government departments. • Train Stellenbosch University /MEDUNSA Postgraduate Diploma students on HIV/AIDS workplace policies and programs. <u>Strengthening Service Delivery</u> • Provide support to 4 NGO community-based DOTS programs in 8 health districts and assist the development and implementation of National VCT policies, procedures, training materials and guidelines.				
TASC (Partner to be determined) New Partner? Under Negotiation FBO? Uncertain Partners: National Department of Health; Eastern Cape, Mpumalanga,	OBJECTIVE 3: Ensure effective delivery of HIV/AIDS services within ongoing primary health care services in district and municipal public health facilities. Year 1 Target: TBD	• Establish and implement performance agreements to strengthen HIV services (VCT, PMTCT, OI treatment, etc) in clinic facilities in at least two districts in each province. • Initiate a South-to-South mentoring program to provide inter-district assistance in delivering HIV services. • Strengthen the District Health	USAID		Base	Track 2

Limpopo, NorthWest, and KwaZulu Natal Departments of Health		Information System and District Health Management Teams to ensure the inclusion of HIV data and services.				

4.1.3.4 Proposed new activities in FY04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
New Partner? No FBO? No Partners: NDOH	OBJECTIVE 1: Scale-up innovative technologies and supply chain management systems to create, enhance and promote an un-interrupted supply of high-quality, low-cost drugs and products that flow through an effective system. OBJECTIVE 2: Improve quality assurance across all prevention, care and treatment services and expand the quality control of drugs, test kits and other supplies in health facilities. Year 1 Target: 50 service outlets/programs 500 individuals trained	• Strengthen pharmaceutical services through facility assessment, curriculum development and training of pharmacy personnel. • Provide technical assistance for procurement systems, including inventory systems through standard operating procedures and drug utilization reviews. • Integrate pharmaceutical services into HIV/AIDS provincial plans where needed, locate provincial pharmacists in ARV facilities. • Develop and document better practices for drug procurement and management including DOT and ARV programs and support drug management workshops. • Review provincial drug management practices/status and assess provincial drug supply chain to recommend supply chain mechanisms to distribute supplies (TB, PMTCT,OI drugs).	USAID	Track 2

		• Develop training material to promote rational administration of NVP pediatric dosage form to improve PMTCT treatment outcomes. • Improve management and prescribing practices for STI drugs at facilities in high transmission areas.		
QAP New partner No FBO? No Partners: Community Based Organizations, Hospice Associations	**OBJECTIVE 2:** Improve quality assurance across all prevention, care and treatment services and expand the quality control of drugs, test kits and other supplies in health facilities. Year 1 Target: 180 service outlets/programs 700 individuals trained	• Monitor compliance with standards and guidelines and monitor the quality of service delivery (VCT, PMTCT, TB and ARV) at facility level. • Develop and implement an integrated case management model. • Ensure that HIV+ mother-child pairs receive NVPs or other ARV therapies per NDOH protocols; strengthen referral mechanisms of mother-baby pairs to community support (HBC, support groups etc.), ART and nutrition programs. • Train 700 Health Care Workers on quality assurance tools and methods. • Train 5 quality assurance teams; develop tools to monitor quality service delivery; conduct baseline assessments; develop and implement quality improvement. • Ensure availability of ARV standards and guidelines at facility level.	USAID	Base S/GAC Track 2

		• Support clinical training on ART focusing on quality assurance. Develop tools to monitor quality of ARV service delivery. Monitor compliance with ARV standards and procedures. • Develop referral and support linkages between health centers and community-based organizations (hospices).		
John Snow, Inc. New Partner? No FBO? No Partners: NDOH	**OBJECTIVE 1:** Scale up innovative technologies and supply chain management systems to create, enhance and promote an un-interrupted supply of high-quality, low-cost drugs and products that flow through an effective system. **Year 1 Target:** 40 service outlets/programs 100 individuals trained	• Assist the NDOH with the design and implementation of a patient retained record system for ARV treatment. • Assist the NDOH to ensure an efficient, secure, and sustained pipeline of ARVs to designated ART sites. • Second JSI logistics and IT experts to the NDOH's IT and Technology Experts Panel, and the Inventory Management System Strategy and Implementation Committee to design, field test, and implement innovative technologies (smart cards, biometrics) for service delivery and their use in a variety of service delivery models including patient retained records for public sector, private physicianss treating public sector patients, and use by NGO's involved in the rollout. Over 10,000 South Africans will be utilizing patient retained smart card technologies.	USAID	

Total partners	5	New partners	0	FBOs	0	Total budget	

Table 4.14	Laboratory Support
4.14.1 Current status of program in country	In 2001, South Africa restructured its public sector medical laboratory services and created the National Health Laboratory Services (NHLS). The NHLS comprises approximately 260 laboratories countrywide, including all provincial diagnostic pathology laboratories and tertiary laboratories that are used by the university medical schools. As part of the restructuring, the government added health oriented microbiology, parasitology, entomology laboratories to the National Institute of Virology to create another new entity, the National Institute for Communicable Diseases (NICD), also falling under the NHLS. The NICD offers comprehensive microbiology laboratory support for epidemiological surveillance and monitoring. The USG awarded a cooperative agreement to NICD in September 2003 to expand HIV/AIDS, STI and TB laboratory activities. The program is ongoing and its purpose is to improve national surveillance for HIV infection, STDs, and TB and the capacity of NICD, provincial, and other local public health laboratories to provide services for diagnosing these diseases and others related to HIV infection and transmission in South Africa.
4.14.2 How new activities will contribute to PEPFAR targets, linkages to other activities	With the roll-out of anti-retroviral therapy in South Africa, the USG is using funds to work with the National Department of Health to expand access to VCT sites and strengthen laboratory systems. The VCT scale-up requires an expansion of quality assurance and lab support for the rapid test kits used in South Africa to assure the accuracy and quality of testing services. Activities will support the achievement of the Emergency Plan Goals, and new activities will: (1) build capacity for long-term sustainability of quality laboratory systems in South Africa; and (2) assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing and ART roll-out.

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4.14.3 Existing activities initiated prior to FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount ($)	Budget Source (Base, PMTCT, S/GAC)	Track (1, 1.5, 2)
NICD and NDOH New Partner? No FBO? No	OBJECTIVE 1: Build capacity for long-term sustainability of quality laboratory systems in South Africa. Year 1 Target: 3,000 specimens from 400 clinics tested for HIV 200 samples analyzed for drug resistance	• Determine HIV-1 incidence in South Africa based on annual antenatal survey. Test specific technologies to develop an assay that eliminates variability in the determination of incidence with HIV-1. • Monitor HIV drug resistance among pregnant women with incident HIV infection in South Africa. • Provide national syndromic and microbiological surveillance of STDs in South Africa. Determine trends and association with HIV..	CDC		Base	Track 2

4.14.4 Proposed new activities in FY 04

Partner	FY04 Objective	Activities for each objective	Agency	Budget
NICD/NDOH/	OBJECTIVE 2: Assure the accuracy and	• Support a quality assurance field test of VCT rapid tests at publicly funded VCT	CDC	

New partner? Yes FBO? No	quality of testing services in support of rapid scale-up of HIV testing and ART roll-out. Year 1 Target: Blood virus panel for infant *diagnosis convened and* tested in 15 laboratories	sites. • Implement evaluated kits and algorithm. • *Develop an external quality assurance* program for molecular testing in *laboratories that are participating in the* ART roll-out plan. Compose a blood *virus panel that would test HIV-1 viral* load and HIV-1 DNA PCR for infant *diagnosis in laboratories that support* ARV sites.		S/GAC Track 2

Total partners:	3	New partners:	1	FBOs:	0	Total budget:	

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Table 5.1 U.S. Agency Management and Staffing - U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities	Budget
Personnel (Management/Administrative Salaries and fringe)	
Support costs (ICASS, Travel, Equipment, Rent, Utilities, and $500,000 Ambassador Self-Help Fund)	
Total	

5.1.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff			3 (program assistants and secretary)				3
Number of Management Staff	2		3 (2 FSN professionals and 1 A&A Specialist)	2	2 (1 TAACS and 1 Michigan Fellow)	1 (TAACS or CASU)	10
Total Number of Staff	2		6		2		13

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Table 5.2 U.S. Agency Management and Staffing - Department of Health and Human Services (HHS)*

5.2.1 U.S. Agency Management Items and Activities	Budget
Personnel (Management/Administrative Salaries and fringe)	
Support Costs (ICASS, Travel, Equipment, Rent, Utilities, etc.)	
Total	

5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category

	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff	3	.33	3	5	0	0	11.33
Number of Management Staff	2	0	3	5.5	0	0	10.5
Total Number of Staff	5	0	6	10	0	0	21.8

* These numbers represent a total for CDC (21 staff and an additional $450,000 for management/staffing) and HHS (1/3 M&E staff and ½ administrative staff for management/staffing) in South Africa

Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program Area	USAID			HHS*			DOD*	DOD*	Other	TOTAL
	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	PMTCT Budget FY04	S/GAC Request FY04	Base Budget FY04	S/GAC Request FY04	S/GAC Request FY04	
PMTCT										
Abstinence/Faithfulness										
Blood Safety										
Safe Medical Injections										
Other Prevention										
VCT										
HIV clinical care										
Palliative Care										
OVC										
ART										
PMTCT Plus										
Strategic Information										
Cross Cutting Activities										
Laboratory Support										
Management and Staffing										
TOTAL										