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Condensed COP Report

South Africa

2005

Country Operational Plan (COP)

Country Name: South Africa

Fiscal Year 2005

U.S. Embassy Contact	Jendayi	Frazer	Ambassador	FrazerJE@state.gov
HHS In-Country Contact	Gray	Handley	Health Attache	HandleyG@state.gov
HHS In-Country Contact	Okey	Nwanyanwu	Director, CDC	OkeyN@sacdc.co.za
USAID In-Country Contact	Carole	Palma	Interim Mission Director	cpalma@usaid.gov
USAID In-Country Contact	John	Crowley	Chief, Health Team	jcrowley@usaid.gov

Table 1: Country Program Strategic Overview

1.1 National Response

In the first decade of South Africa's democracy, adult HIV prevalence has risen from less than 3% to an estimated 21.5% (UNAIDS, July 2004). With 5.6 million citizens infected with HIV as of mid 2004 (2003 ANC data), South Africa has more infected adults and children than any other country in the world. South Africa's HIV epidemic is generalized and maturing, characterized by: (1) high levels of prevalence and asymptomatic HIV infections; (2) an infection rate that is beginning to plateau but is still high (1,700 new infections per day); (3) particularly high infection rates among sexually active youth aged 18-35, other vulnerable and high risk populations (mobile populations, sex workers and their clients, and uniformed services), and newborns who are infected maternally; (4) vulnerability of women and girls; and (5) important regional variations (ANC data range from 13.1% to 37.5% in the nine provinces).

Though 75% of PLWHA are asymptomatic, South Africa is witnessing increased levels of immunodeficiency and HIV-associated morbidity, frequently manifested by tuberculosis, pneumonia and wasting. The cure rate for TB is low (54% in 2002), and treatment interruption rates remain high (12%) heightening concern for development of Multi-Drug Resistant TB (MDR). AIDS-associated mortality is high (370,000 AIDS deaths in 2003) with large increases in HIV mortality among young adults and children (40% of under-five mortality associated with HIV in 2000). As mortality increases, so too will AIDS orphans, already numbered at 1.1 million (UNAIDS 2004).

HIV and AIDS have a substantial impact on all facets of South African society. Up to 60% of hospital bed occupancy is HIV-associated. With over 500,000 people eligible clinically for ART and an estimated 56,000 enrolled in treatment, the unmet need is enormous. Annual GDP is reduced by an estimated 1% by HIV/AIDS (where the total GDP rises by only 3% per annum), and key private sector industries are affected by lost productivity, rising health care costs, and shortages of skilled labor. South Africa's professional labor force is at risk, with 16-23% of teachers, health workers, law enforcement officers and the military living with HIV. A total population loss of 5% is predicted by 2025; an unprecedented demographic calamity, the social and development impact of which is difficult to imagine. The scale of the epidemic and the geographic, racial and socioeconomic disparities in the distribution of risk factors, prevalence and impact, underscore the need for responses designed and implemented both at the national and community levels; tailored to different conditions.

Even though HIV infection has reached a high prevalence level in South Africa the majority of the population remains uninfected and must be encouraged to maintain that status. With that in mind, the national HIV response has focused for most of the last decade on prevention in the context of poverty reduction and the control of STIs and opportunistic infections. Today, the South African Government (SAG) leads an expanding response with an unprecedented commitment of human and financial resources. A large array of NGOs/FBOs/CBOs and private industry are aligned in this effort, providing able partners for the donor community and the government. The President's Emergency Plan for AIDS Relief has been assisting the SAG in scaling up its response to HIV/AIDS since October 2003, when Ambassador Randall Tobias met with Minister of Health Manto Tshabalala Msimang to define the framework for expanded collaboration. The USG is committed to supporting the SAG and to adhering to the 'three ones' principles endorsed by the U.S. and South Africa, as manifested in the South African National AIDS Council, the National Strategic and Comprehensive Plans, and the National monitoring and evaluation framework currently in development.

In 2000 the SAG released the South African National HIV/AIDS and STI Strategic Plan, 2000-2005 (Strategic Plan), which called for an expanded response, including primary prevention, PMTCT, treatment and care. The Strategic Plan was developed through a participatory process that helped mobilize additional sectors of government and society. Strengthening HIV/AIDS services was called for within the context of the NDOH efforts to strengthen the public health system as a whole and the SAG's core principles of "access, equity, efficiency, quality and sustainability". The Strategic Plan was followed by the 2003 Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa, April 2004-March 2009 (the Comprehensive Plan), which details a national program to provide a continuum of care, including AIDS treatment using ART, provided in district-focused service networks. These two documents mandate a balanced, comprehensive program organized into four key areas of intervention: (1) prevention; (2) treatment, care and support; (3) research, monitoring and surveillance; and (4) legal and human rights. They call for integration of public and private sector resources, community participation, involvement of PLWHA, and incorporation of traditional medical practitioners. They also emphasize the synergistic benefits expected from integrating prevention, treatment and care. The first year target is to have at least one site in each of South Africa's 53 districts providing quality ART (over 100 sites are operational already, with 50 districts having at least one site), and to treat 53,000 AIDS patients in public facilities by March 2005. Over five years the SAG goal is to provide treatment to 1.4 million patients nationwide.

The SAG's HIV and AIDS agenda and policies are the foundation for all Emergency Plan activities in South Africa. USG activities support all three pillars of the Comprehensive Plan: (1) ensuring that the HIV-negative majority remains uninfected through targeted prevention services in the broader context of social programs aimed to reduce poverty; (2) enhancing prevention and treatment of opportunistic infections (OIs), nutrition, and lifestyle choices; and (3) effective management of HIV-infected individuals who have AIDS-defining illnesses, including ART and palliative care. These pillars are linked to support for the economic, educational and social needs of infected and affected communities, including OVCs, through partnership with other SAG departments, civil society and the private sector.

In 2000 the SAG created the South African National AIDS Council (SANAC), including representation from 16 government Departments, civil society and the private sector, to demonstrate the government's commitment to a comprehensive, multi-sectoral response to HIV and AIDS. The SANAC, chaired by the Deputy President, serves as the national AIDS coordination and oversight authority and the Country Coordination Mechanism for proposals submitted to the Global Fund. The HIV and AIDS Chief Directorate in the NDOH is responsible for developing policies and guidelines. The NDOH collaborates with other SAG departments, such as Education, Social Development, Correctional Services, Defense, and Treasury, along with the National Health Laboratory Services and parastatals such as the Medical Research Council. NGOs such as the Health Systems Trust, industry and private organizations, and South Africa's world-class universities also are deeply involved in responding to the HIV and AIDS crisis. All technical units and clusters in the NDOH contribute to the national response, and many have their own HIV/AIDS specialists. The nine Provincial Departments of Health are coordinated by the NDOH, but provinces have considerable autonomy in delivery of health care services. The Provincial DOHs have been a valuable source of leadership and innovation, piloting interventions of national significance.

A U.S.-South Africa joint consultation group, chaired by the NDOH, oversees the implementation of the Emergency Plan program, and USG grantees and contractors consult with appropriate SAG counterparts at each level to ensure projects are consistent with SAG policies and priorities. Other external coordination is promoted through quarterly meetings of a Donor Forum, chaired by the NDOH with support from UNAIDS. Given the SAG's dominance in funding and its policy leadership and oversight in the health and social sectors, the role of all international donors tends to focus on providing catalytic and complementary assistance to both the public and private sectors. Many USG/SA investments in FY2005 follow this strategy of providing technical assistance at national, provincial and district levels, as well as assistance and service delivery support through the NGO and private sector, especially for underserved areas and populations.

Monitoring and evaluation is a priority under the Strategic Plan and an equally high priority in Emergency Plan programs. The SAG is committed to implementing a strengthened and sustainable M&E system by 2008 that will achieve the following purposes: (1) monitoring the status of HIV and AIDS; (2) informing policy development; (3) identifying effective public health and social responses; and (4) ensuring effective program performance. In pursuit of these goals, the NDOH has reviewed and developed HIV and AIDS indicators and disseminated a set of core indicators for South Africa, and developed and implemented the District Health Information System (DHIS) database for routine monitoring of indicators for all public health system programs. The NDOH has also trained HIV staff on M&E, data management and the national health information system.

Although significant steps have been taken toward achieving the SAG M&E goals, the comprehensive nature of the national HIV program, the rapid evolution of HIV and AIDS technical areas, the large number of partners involved in HIV and AIDS service network implementation, and the resulting diverse demands on the M&E system, require a staged approach to designing and implementing an integrated M&E system. A recurrent challenge is balancing urgent needs for management and reporting data on specific HIV and AIDS interventions (e.g. quarterly, beginning in 2004) with the NDOH's objective of integrating HIV into the existing health system. A longer-term challenge is to manage the data flow from district to province to national DOH and ensure data quality at each level. Through collaboration and assistance to the SAG and strengthening of implementing partners' strategic information systems, the USG will work closely with the SAG to address these challenges and progressively ensure that the South African national strategic information system meets its goals by 2008.

The USG will assist SAG efforts to assess and prioritize information needs for tracking HIV and AIDS and measuring its impact by: (1) working with the SAG to make full use of its national surveillance system; (2) helping to fill data gaps (e.g., HIV incidence, population-based mortality); (3) analyzing and synthesizing data to support SAG HIV and AIDS indicators and to answer program and policy questions; and (4) assessing the potential impact of new interventions and changes in HIV transmission cofactors (e.g., male circumcision), as responses evolve. With the DHIS database designed and implemented at the district level, the data aggregation and analysis components of the system will be strengthened to facilitate information flow from the district through the provincial to the central levels. The NDOH is emphasizing training and systems strengthening to build M&E capacity at each level and to improve integration between them. The USG goal is to complement SAG systems and to promote information flow between levels of the system, and between all components of the service delivery networks in order to enhance integrated prevention, treatment and care.

Prior to 1994 the South African health system was based on apartheid ideology, characterized by severe racial and geographic disparities, a focus on hospital-based treatment, and segmentation into 14 separate departments of health. Since the advent of democracy, the SAG has made equity of health care access and service quality a priority through the creation of a nation-wide district health system that emphasizes decentralized management, community participation, and provision of primary health care (PHC) services. Typically each district hospital is linked "down" to a network of community clinics and health facilities and "up" to larger district and provincial hospitals, creating networks of preventive and curative services. This approach has greatly increased access to PHC, especially for many historically disadvantaged citizens. Nonetheless, human resource shortages are severe, and the overall health system remains a complex mix of state-of-the-art facilities and service providers coexisting with functional, but often seriously underdeveloped components.

The SAG's Strategic and Comprehensive Plans call for a network approach to link all the local PHC, district, and provincial facilities, community-based services and private and NGO/CBO services required to provide South Africans with a continuum of HIV and AIDS treatment and care services, reinforced and supported by education and targeted behavior change communication (BCC). The public health sector serves 80% of the population with free services financed by the SAG. Side-by-side, there is a private health system for 20% of the population that represents 60% of national expenditures on health, and includes not-for-profit providers (including FBOs) and for-profit providers which can deliver state-of-the-art medical services for large workplaces and other paying customers. In addition, traditional healers are the first health care providers consulted by many South Africans, and the NDOH endorses their integration into the health system. Complementing the health system, the Department of Education has included HIV/AIDS issues into its Life Skills curriculum, and the Department for Social Development (DSD) provides social grants to PLWHA and OVC, enabling many to access education, health and social services.

The USG provides technical and financial assistance to strengthen these networks by supporting efforts ranging from national programs to rural service delivery. Many of our initiatives are designed to improve communication and integration among different sectors of the health care system, particularly fostering integration of HIV and AIDS services into the primary health care system to improve service quality, accessibility and use. At the request of the SAG, the USG funds several Departments, including the Department of Correctional Services, the Defense Department and the Department of Social Development. In cooperation with the SAG, the USG also is working with NGOs and 'umbrella NGOs' and private companies where they are needed to complement the public sector HIV/AIDS service network. USG-funded programs have identified and applied best practices, fostered public-private partnerships, and provided training and technical assistance to strengthen the logistics, information, management and supervisory systems that are needed to knit the network elements together. These efforts strengthen the SAG-funded public health system, maximizing the impact of USG assistance.

South Africa offers world-class private health services, drugs, commodities and infrastructure to those who can afford them; the large majority who cannot are served with improving, but still insufficient infrastructure and human capacity in the public sector. This aspect of "two South Africas" highlights the opportunities and challenges for human capacity development. On the positive side, South Africa has universities and training institutions that graduate thousands of new health professionals each year, and can provide in-service training in all required areas. South Africa's public and private sector HIV experts and not-for-profit and commercial NGOs are among the best in the world, responsible for the technical standards, guidelines and training curricula to support the roll-out of the Strategic and Comprehensive Plans.

On the other hand, the public health system is seriously overstretched, with vacancy rates across provinces ranging from 13.8% to 67.4% in public hospitals and clinics. The primary SAG challenge is the recruitment, training and retention of health care professionals in the public service, especially in underserved areas. To fully implement ART, the NDOH Comprehensive Plan specifies a need for 6,233 additional FTEs by March 2005 including: medical officers, professional nurses, enrolled nurses, assistant nurses, pharmacists, pharmacist assistants, dietitians/nutritionists, social workers, lay counselors and community health workers, and administrative clerks. The number of needed FTEs balloons to 13,805 by March 2008. Strategies also are needed to integrate traditional practitioners into the care and treatment system. In addition to more trained health workers, improved management, communication, and M&E systems are needed to enable more sites to absorb and administer expanded resources, to ensure services meet local needs, and to integrate and ensure cost-effective performance. These needs apply to the private sector, including NGOs and the for-profit sector, as well as to the public health system.

The USG supports training in key health care professions (medicine, nursing, pharmacy, community workers) for public and private sector partners, and puts special emphasis on building capacity in quality assurance, program management, supply chain management, and strategic information. The USG also is assisting the SAG with innovative HCD models to make headway against the enormous needs, e.g.: "SWAT teams" to fill critical human resource shortages; twinning, including linking strong local teaching hospitals with less well resourced facilities; and distance learning, building on information and communication technology to provide access to up to date medical information in remote areas. In all our technical areas, the USG/SA seeks to *strengthen the national health care system by enhancing the skills of existing implementers, augmenting the number of skilled people, and improving practice with enhance supportive systems.*

The Emergency Plan unites all USG agencies that support HIV/AIDS activities in South Africa: the State Department, HHS (CDC and NIH), the DOD, the Peace Corps, and USAID. The activities of these agencies are coordinated and consolidated through a highly-effective inter-USG-agency Task Force and its Steering Committee chaired by the Ambassador. The Task Force plans and integrates programs, allocates funds, shares information, manages activities, and works through specific USG agencies according to their comparative advantages. The Task Force also provides the SAG with a unified point of liaison for USG collaboration and assistance on HIV and AIDS. Global health, especially HIV and AIDS, is the top priority of the Mission Performance Plan for the US Mission in South Africa, and USG representatives raise the issue in diplomatic and technical exchanges with government and with private sector partners while pursuing Mission objectives such as trade and investment, strengthening regional security, promoting mutual understanding and improving democratic systems and practices.

Since 2000, USG agencies have worked with the NDOH and other SAG departments, NGOs and private sector partners at the national, provincial and local levels. In the first year of Emergency Plan implementation, five government departments - Social Development, Education, Correctional Services, and the South African National Defense Force, as well as the NDOH - have become partners in Emergency Plan activities.

While the public sector in South Africa has the broadest reach, the private sector and civil society play crucial roles in the implementation of the Strategic and Comprehensive Plans. The SAG spends 11.3% of annual government expenditure on health (35.166 billion Rand, or approximately US 5.410 billion dollars in the '03-'04 budget year), and 85% of women use the system for reproductive and child health services. Men's use of the public health system is minimal, however, so the ability to reach them through workplaces and labor unions, through traditional healers, and via NGO outreach to high transmission areas (red light districts, border towns, etc.), complements the reach of the public health system and social services. NGOs can reach communities without access to government facilities and programs, and have special credibility in some vulnerable and high-risk populations.

In addition to support for traditional NGOs, public-private partnerships are an area of USG comparative advantage. South Africa has a well-developed economy and many potential partners in the private business community. Over 80% of large employers have HIV and AIDS workplace policies and many have advanced capabilities for providing HIV counseling and testing, palliative care, and ART for their employees. Private employers and insurers introduced AIDS care - including ART - as early as 2000, and the USG is developing programs to harness this expertise and experience to complement the national rollout of the continuum of AIDS care. Other public-private partnerships are working with trade unions to provide an integrated program of services to their members and are leveraging technology and private investment to further expand the reach of HIV programs and services.

1.4.2

Local Partner Capacity for Health Care Delivery

South Africa has a wealth of capacity for health care delivery in the public, private and NGO sectors. In addition to the strong capacity of private sector partners, there are over 4000 South African NGOs and CBOs working in the development sector, many with a health focus. South African NGOs pioneered and remain world leaders in the area of palliative care for people sick and dying of AIDS, and hospitals and clinics run by NGOs and FBOs are essential elements in the HIV and AIDS service network of many districts. In 2003, to identify promising new partners and projects for Emergency Plan funding, the Task Force released an APS which generated applications from over 400 NGOs and CBOs. The South Africa Task Force has approved 25 of these proposals for funding with the resources available. The evaluation criteria highlighted a preference for indigenous organizations, and those that would leverage or match the USG funding to assure sustainability.

Gender inequities in access to information, education and employment, and widespread sexual violence, all drive the transmission of HIV in South Africa. Enhancing gender norms and respect for persons regardless of their age and gender are critical factors in enabling responsible sexual behavior. Women continue to have higher infection rates than men; in the 15-24 age bracket, 77% of those infected are women (Pettifor et al., 2004). Women and girls are less able to protect themselves against infection than men and boys. However, while power dynamics in social and sexual relationships favor men, men who acquire HIV infection are at a disadvantage in terms of care and treatment. Men reach services much later in the disease trajectory. Most VCT services are offered in antenatal care clinics, and these do not cater to the needs of men. Similarly, many ANC sites do not attempt to reach the male partner with VCT services. While 30,000 women tested at ANC sites, fewer than 20 men were reached through these sites in FY04. Women generally have more contact with the health system given their role in child health, and PHC facilities typically strive to attract and serve women.

In recognition of the role that gender plays in the spread of HIV, the USG/SA has incorporated gender as an overarching theme in its programs. Activities have been strategically planned at two levels – those aimed at changing behavior within society and those directed at improving service delivery. For example, life skills and workplace programs include important gender messages particularly to decrease community tolerance of gender violence, and these messages are reinforced through mass media programs. The USG is supporting BCC and mass media education vehicles such as Soul City and "Tsha Tsha" (popular television shows) that stimulate community dialog about gender and HIV and AIDS in the broader contexts of human rights and human development. At the point of service delivery, many USG projects are designed to take gender into account by, for example, incorporating gender modules when training for service providers. Gender responsiveness is one of the quality standards included in our quality assurance activities in provider training, facility assessments and other tools to improve services to customers. USG/SA-supported programs also promote change in attitudes of men as well as attitudes towards men, specifically in health service points.

Stigma and discrimination present a constant challenge to any HIV/AIDS program. In the past four years the many HIV and AIDS programs in South Africa and the recent availability of ARVs have begun to have an impact on stigma, especially in urban areas. However, it is still far too common for HIV and AIDS to be seen as shameful and for disclosure to be dangerous.

The USG encourages prominent South Africans, such as Archbishop Desmond Tutu and sportspeople, to lend their voices to the national mobilization against HIV/AIDS. The public support of key cultural, business and political leaders has helped focus public attention on the problems of stigma and discrimination, and has attracted international partners with additional resources for NGO and private sector HIV programs. In October 1998, then-Deputy President Thabo Mbeki launched the Partnership Against AIDS, calling on all South Africans to join in the fight by talking openly about HIV, and working actively to de-stigmatize it, and to work together to search for a vaccine and a cure. Deputy President Jacob Zuma commemorates this Partnership annually, and this October, he announced the year's theme is "Respect Women and Protect Children," acknowledging the special vulnerability of these groups to HIV/AIDS.

The USG supports a range of policy dialog, training and media efforts to promote solidarity with and respect for those infected and affected by AIDS. USG partners develop effective messages against stigma and discrimination for use in multi-media campaigns. These efforts are coordinated with community level initiatives that involve PLWHA, traditional leaders, faith leaders and other opinion-leaders. Current USG programs involve PLWHA groups in care and treatment programs, and the USG will continue to look for appropriate opportunities for substantial involvement by PLWHA in our partners' activities. Additionally, USG/SA will continue to support activities that increase the capacity of local indigenous organizations, FBOs and traditional healers to mitigate stigma.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National 2-7-10</u>	<u>USG Direct Support Target End FY05</u>	<u>USG Indirect Support Target End FY05</u>	<u>Total USG Support Target End FY05</u>
Prevention	Target 2010: 1,806,271			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		12,551	125,000	125,000
Number of pregnant women who received PMTCT services in FY05		50,262	500,000	500,000
Care	Target 2008: 2,500,000			
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		139,695	625,380	765,075
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		38,860	41,626	80,486
Number of individuals who received counseling and testing in FY05		99,360	295,813	395,173
Number of OVCs being served by an OVC program at the end of FY05		113,652	7,787	121,439
Treatment	Target 2008: 500,000			
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		35,460	53,000	63,000

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID:
 Mech Type:
 Mech Name:
 Agency:
 Funding Source:

Prime Partner: To Be Determined

Mech ID: 514
 Mech Type: Locally procured, country funded (Local)
 Mech Name: HIV Testing in Pregnancy
 Planned Funding Amount:
 Agency: HHS,
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

B5

Mech ID: 515
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Community-based PMTCT interventions
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

B5

Mech ID: 516
 Mech Type: Locally procured, country funded (Local)
 Mech Name: KZN pt info system
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Prime Partner: Absolute Return for Kids

Mech ID: 414
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 736
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Prime Partner: Academy for Educational Development

Mech ID: 165
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:

UNCLASSIFIED

Prime Partner: Academy for Educational Development

Planned Funding Amount: []
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Cambridge Consulting Corporation
Sub Partner Type: Private Contractor
Planned Funding Amount: []
Local: No
New Partner: Yes

Sub-Partner Name: Crown Agents
Sub Partner Type: Private Contractor
Planned Funding Amount: []
Local: No
New Partner: No

Sub-Partner Name: Project Support Group
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: No

Sub-Partner Name: Satelife
Sub Partner Type: NGO
Planned Funding Amount: []
Local: No
New Partner: No

Mech ID: 166
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: LINKAGES
Planned Funding Amount: []
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Hope Worldwide
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Valley Trust
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner: Africa Center for Health and Population Studies
Mech ID: 397
Mech Type: Locally procured, country funded (Local)

Prime Partner: Africa Center for Health and Population Studies

Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 784
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Prime Partner: Africare

Mech ID: 167
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 166
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: American Center for International Labor Solidarity

Mech ID: 399
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Trade Unions Base funding
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Base (GAP account)
 Prime Partner ID: 734
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 407
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Trade Unions GHAJ
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 734
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Congress of South African Trade Unions
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Federation of Unions of South Africa
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

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Prime Partner:

American Center for International Labor Solidarity

Sub-Partner Name: Ford Motor Company of Southern Africa
Sub Partner Type: Private Contractor
Planned Funding Amount: []
Local: Yes
New Partner: No

Sub-Partner Name: Miles & Associates
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: Yes

Sub-Partner Name: National Council of Trade Unions
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: No

Sub-Partner Name: South African Clothing & Textile Workers' Union
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: Yes

Mech ID: 410
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Teachers Union
Planned Funding Amount: []
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 734
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Academy for Educational Development
Sub Partner Type: NGO
Planned Funding Amount: []
Local: No
New Partner: No

Sub-Partner Name: American Federation of Teachers - Educational Foundation
Sub Partner Type: NGO
Planned Funding Amount: []
Local: No
New Partner: Yes

Sub-Partner Name: National African Teachers Union
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: Yes

Sub-Partner Name: National Association of Professional Teachers in South Africa
Sub Partner Type: NGO
Planned Funding Amount: []
Local: Yes
New Partner: Yes

Prime Partner:

American Center for International Labor Solidarity

Sub-Partner Name: South African Democratic Teachers Union
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Suid Afrikaanse Onderwys Unie/National Association of Teachers Union
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Tshepang Trust
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner:

Aurum Health Research

Mech ID: 190
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 441
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: No

Sub-Partner Name: Anglo American Group Companies
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Kimera Solutions
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: London School of Hygiene and Tropical Medicine
 Sub Partner Type: University
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: S Buys Purchasing
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: No

UNCLASSIFIED

Prime Partner: Aurum Health Research
Sub-Partner Name: Toga Laboratories
Sub Partner Type: Private Contractor
Planned Funding Amount: []
Local: Yes
New Partner: No

Prime Partner: Boston University
Mech ID: 192
Mech Type: Locally procured, country funded (Local)
Mech Name: AIDS Economic Impact Surveys
Planned Funding Amount: []
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 474
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: Wits Health Consortium, Health Economics Research Unit
Sub Partner Type: University
Planned Funding Amount: []
Local: Yes
New Partner: No

Prime Partner: Broadreach
Mech ID: 416
Mech Type: Locally procured, country funded (Local)
Mech Name: []
Planned Funding Amount: []
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 737
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Sub-Partner Name: Harvard Medical School - Division of AIDS
Sub Partner Type: University
Planned Funding Amount: []
Local: No
New Partner: Yes

Sub-Partner Name: National Association of Persons Living with HIV/AIDS, South Africa
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Network Healthcare Holdings Limited (Netcare)
Sub Partner Type: Private Contractor
Planned Funding Amount: []
Local: Yes
New Partner: Yes

Prime Partner: CARE USA
Mech ID: 418
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: []
Planned Funding Amount: []

Prime Partner: CARE USA
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 759
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Diocese of Free State (Church Province of SA)
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Diocese of Limpopo (Church Province of SA)
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Sub-Partner Name: TEBA Development
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: Yes

Prime Partner: Catholic Relief Services
 Mech ID: 422
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 7
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Sub-Partner Name: Children's AIDS Fund (CAF)
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Institute for Youth Development
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: South Africa Catholic Bishop Conference AIDS Office
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: Center for HIV/AIDS Networking
 Mech ID: 432

UNCLASSIFIED

Prime Partner: Center for HIV/AIDS Networking
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Rural KZN Project
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 738
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: Cinema Coporate Creations
Mech ID: 433
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 739
Prime Partner Type: Private Contractor
Local: Yes
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Prime Partner: Columbia University Mailman School of Public Health
Mech ID: 484
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 475
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: University of Transkei, Regional Training Center
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: CompreCare
Mech ID: 436
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 740
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: **CompreCare**

Sub-Partner Name: African Engineering International
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Pretoria Child and Family Care Society
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Pretoria Sungardens Hospice
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: **Dira Sengwe**

Mech ID: 480
 Mech Type: Locally procured, country funded (Local)
 Mech Name: SA AIDS Conference
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 741
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: **Elizabeth Glaser Pediatric AIDS Foundation**

Mech ID: 193
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 178
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Africa Center for Health and Population Studies
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: McCord Hospital
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 215
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: PMTCT
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
 Prime Partner ID: 178
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Africa Center for Health and Population Studies
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: McCord Hospital
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Mothers to Mothers to Be
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: EngenderHealth
 Mech ID: 216
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 179
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: African Men's Health Organization
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: HIV South Africa
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Hope Worldwide South Africa
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: The Personal Concept Project
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner:

EngenderHealth

Sub-Partner Name: The Township AIDS Project
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Western Cape Tertiary Institutions
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Wits Health Consortium, Perinatal HIV Research Unit
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Wits Health Consortium, Reproductive Health Research Unit
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner:

Family Health International

Mech ID: 218
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 221
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: IMPACT RHAP
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 180
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: ANERELA+
 Sub Partner Type: FBO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: CARE Lesotho
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

UNCLASSIFIED

Prime Partner: Family Health International
Sub-Partner Name: Centre for Positive Care
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Mech ID: 222
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: IMPACT
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Mech ID: 224
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CTR
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 180
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Foundation for Professional Development
Mech ID: 226
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account
Prime Partner ID: 245
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Fresh Ministries
Mech ID: 463
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: N/A
Prime Partner ID: 742
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Harvard University School of Public Health
Mech ID: 227
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ASPH Cooperative Agreement
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 478
Prime Partner Type: University

Prime Partner: Harvard University School of Public Health
 Local: No
 New Partner: No

Prime Partner: Health Systems Trust
 Mech ID: 470
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 744
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: HIVCARE...
 Mech ID: 472
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 745
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: Yes

Prime Partner: Hope Worldwide South Africa
 Mech ID: 476
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: New Track 1 Award
 Planned Funding Amount:
 Agency: USAID
 Funding Source: N/A
 Prime Partner ID: 762
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Mech ID: 477
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 762
 Prime Partner Type: FBO
 Local: No
 New Partner: No

Sub-Partner Name: Humana People to People
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

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Prime Partner: Hope Worldwide South Africa
Sub-Partner Name: International Churches of Christ
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Regional Psychosocial Support Initiative, South Africa
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: St. Bernards Hospice
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Witwatersrand Hospice
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: Hospice and Palliative Care Assn. Of South Africa
Mech ID: 478
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 255
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Humana People to People
Mech ID: 479
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 746
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: IBM
Mech ID: 480
Mech Type: Locally procured, country funded (Local)
Mech Name: AIDS Economic Impact Survey
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA account)
Prime Partner ID: 747
Prime Partner Type: Private Contractor
Local: No
New Partner: Yes

Prime Partner: IBM

Sub-Partner Name: Center for Health Systems Research and Development, University of the Free State University

Sub Partner Type:

Planned Funding Amount:

Local: Yes

New Partner: Yes

Sub-Partner Name: Joint Economics, AIDS and Poverty Program

Sub Partner Type: NGO

Planned Funding Amount:

Local: Yes

New Partner: Yes

Sub-Partner Name: Wits Health Consortium, Health Economics Research Unit

Sub Partner Type: University

Planned Funding Amount:

Local: Yes

New Partner: No

Prime Partner: International Training and Education Center on HIV

Mech ID: 229

Mech Type: Headquarters procured, country funded (HQ)

Mech Name:

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHAI account)

Prime Partner ID: 190

Prime Partner Type: University

Local: No

New Partner: No

Prime Partner: JHPIEGO

Mech ID: 241

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: Capacity Building 2

Planned Funding Amount:

Agency: USAID

Funding Source: Deferred (GHAI)

Prime Partner ID: 193

Prime Partner Type: NGO

Local: No

New Partner: No

Mech ID: 242

Mech Type: Headquarters procured, country funded (HQ)

Mech Name: Capacity Building 1

Planned Funding Amount:

Agency: USAID

Funding Source: GAC (GHAI account)

Prime Partner ID: 193

Prime Partner Type: NGO

Local: No

New Partner: No

Mech ID: 243

Mech Type: Headquarters procured, country funded (HQ)

Mech Name:

Planned Funding Amount:

Agency: HHS

Funding Source: GAC (GHAI account)

Prime Partner ID: 193

Prime Partner: JHPIEGO
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: John Snow Inc
 Mech ID: 246
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Deliver 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Mech ID: 249
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Save Medical Practices
 Planned Funding Amount:
 Agency: HHS
 Funding Source: N/A
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Sub-Partner Name: Academy for Educational Development
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: No

Sub-Partner Name: Program for Appropriate Technology in Health
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: No
 New Partner: No

Mech ID: 251
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Delivery 2
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHA1)
 Prime Partner ID: 427
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: Johns Hopkins University Center for Communication Programs
 Mech ID: 328
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHA1 account)
 Prime Partner ID: 481
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Prime Partner:

Johns Hopkins University Center for Communication Programs

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: ABC Ulwazi
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: CADRE
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: DramAidE
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Mindset
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: SABC Education
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Valley Trust
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner:

Kagiso Media, South Africa

Mech ID: 252
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 449
 Prime Partner Type: Private Contractor
 Local: Yes
 New Partner: No

Prime Partner:

Living Hope

Mech ID: 481
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:

UNCLASSIFIED

Prime Partner: Living Hope
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 763
 Prime Partner Type: FBO
 Local: Yes
 New Partner: Yes

Prime Partner: Macro International
 Mech ID: 482
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Measure DHS
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 429
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: Wits Health Consortium, Reproductive Health Research Unit
 Sub Partner Type: University
 Planned Funding Amount:
 Funding To Be Determined
 Local: Yes
 New Partner: Yes

Prime Partner: Management Sciences for Health
 Mech ID: 255
 Mech Type: Locally procured, country funded (Local)
 Mech Name: TASC2: Intergrated Primary Health Care Project
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 194
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 588
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: RPM Plus 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 194
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Sub-Partner Name: City of Tshwane Metro
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: East London Health Complex
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner:

Management Sciences for Health

Sub-Partner Name: Ethekwini Metro
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Hospice and Palliative Care Assn. Of South Africa
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Medical Care Development International
 Sub Partner Type: Private Contractor
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Medical Univeristy of South Africa
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Nelson Mandela Metropole Municipality
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Port Elizabeth Health Complex
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Rhodes University
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Sedibeng Municipality
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Umtata Medical Complex
 Sub Partner Type: Host Country Government Agency
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Mech ID: 595
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: RPM Plus 2
 Planned Funding Amount:
 Agency: USAID
 Funding Source: Deferred (GHA)

UNCLASSIFIED

Prime Partner: Management Sciences for Health
Prime Partner ID: 194
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: East London Health Complex
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Medical University of South Africa
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: North West University, South Africa
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Port Elizabeth Health Complex
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Rhodes University
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Umtata Medical Complex
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: University of Kwazulu-Natal
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: University of Port Elizabeth, South Africa
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: University of the North
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: Medical Research Council of South Africa

Prime Partner: Medical Research Council of South Africa
Mech ID: 257
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 354
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Chris Hari Baragwanath Hospital
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Life Care Hospitals
Sub Partner Type: Private Contractor
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: University of Witwatersrand, School of Public Health
Sub Partner Type: University
Planned Funding Amount:
 Funding To Be Determined
Local: Yes
New Partner: No

Mech ID: 597
Mech Type: Locally procured, country funded (Local)
Mech Name: Monitoring PMTCT
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 354
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Natal University for Health, South Africa
Mech ID: 259
Mech Type: Locally procured, country funded (Local)
Mech Name: PMTCT Sentinel Surveillance
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 503
Prime Partner Type: University
Local: Yes
New Partner: No

Prime Partner: National and Provincial Government Departments, TBD
Mech ID: 501
Mech Type: Locally procured, country funded (Local)
Mech Name: Projects in Development 2
Planned Funding Amount:

UNCLASSIFIED

Prime Partner: National and Provincial Government Departments, TBD

Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 1,972
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 502
Mech Type: Locally procured, country funded (Local)
Mech Name: Projects in Development 1
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,972
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: National Association of State and Territorial AIDS Directors

Mech ID: 489
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 590
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: National Department of Correctional Services, South Africa

Mech ID: 486
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 748
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: National Department of Health, South Africa

Mech ID: 492
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 749
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Sub-Partner Name: Eastern Cape Department of Health
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

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Prime Partner:

National Department of Health, South Africa

Sub-Partner Name: Muslim AIDS Program
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: Northern Cape Department of Health
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Scripture Union
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Sub-Partner Name: University of Transkei, Regional Training Center
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Youth for Christ South Africa (YFC)
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 500
Mech Type: Locally procured, country funded (Local)
Mech Name: CDC Support
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 749
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Sub-Partner Name: HeADIS
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: WamTechnology
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner:

National Health Laboratory Service, South Africa

Mech ID: 503
Mech Type: Locally procured, country funded (Local)
Mech Name:

Prime Partner: National Health Laboratory Service, South Africa
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 751
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: National Institute for Communicable Diseases, South Africa
Mech ID: 260
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 367
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 262
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CDC GHAI
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 367
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Nelson Mandela Children's Fund, South Africa
Mech ID: 263
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 280
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: Centre for Positive Care
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Sub-Partner Name: Fanang Diatla
Sub Partner Type: NGO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: No

Prime Partner:

Nelson Mandela Children's Fund, South Africa

Sub-Partner Name: KwaZulu Natal Christian Council
 Sub Partner Type: FBO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Project Support Association
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Sibambiseni
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Thembaletlu Home-based Care
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Zululand Chamber of Business Foundation
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Sub-Partner Name: Zululand Hospice
 Sub Partner Type: NGO
 Planned Funding Amount: Funding To Be Determined
 Local: Yes
 New Partner: No

Prime Partner:

Nelson Mandela School of Medicine, University of KwaZulu-Natal

Mech ID: 519
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Traditional Healers Project
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 1,938
 Prime Partner Type: University
 Local: Yes
 New Partner: Yes

Sub-Partner Name: Ethekwini Traditional Healers Council
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

UNCLASSIFIED

Prime Partner: Nelson Mandela School of Medicine, University of KwaZulu-Natal

Sub-Partner Name: KwaZulu Natal Traditional Healers Council
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Project Hope
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: Nurturing Orphans of AIDS for Humanity, South Africa

Mech ID: 504
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 283
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner: Population Council

Mech ID: 267
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Horizons
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 204
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Eastern Cape Council of Churches
Sub Partner Type: FBO
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Mech ID: 268
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Frontiers
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 204
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Rural AIDS Development and Action Research Center
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: Population Services International

Prime Partner: Population Services International
Mech ID: 659
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Regional HIV/AIDS Project
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAJ)
Prime Partner ID: 206
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Right To Care, South Africa
Mech ID: 271
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 290
Prime Partner Type: NGO
Local: Yes
New Partner: No

Sub-Partner Name: AIDS Care Training & Support Initiative
Sub Partner Type: FBO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Alexander Forbes Health Management Services
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Clinical HIV Research Unit
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Council for Health Services Accreditation in Southern Africa
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Helen Joseph Hospital - Department of Health
Sub Partner Type: Host Country Government Agency
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Home Loan Guarantee Company (HLGC)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

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Prime Partner:

Right To Care, South Africa

Sub-Partner Name: Ndlovu Medical Trust
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Prime Cure
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Rea'phela Clinic
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Rightmed Pharmacy
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Road Freight Industry
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: South African HIV Clinicians Society
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: The Careways Group
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Witkoppen Health & Welfare Centre (WHWC)
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Wits Health Consortium, Health Economics Research Unit
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner:

Salesian Mission

Mech ID: 507
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name:
Planned Funding Amount:
Agency: USAID

Prime Partner: Salesian Mission
Funding Source: N/A
Prime Partner ID: 753
Prime Partner Type: FBO
Local: No
New Partner: No

Prime Partner: Salvation Army
Mech ID: 335
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 21
Prime Partner Type: FBO
Local: Yes
New Partner: Yes

Prime Partner: Save the Children UK
Mech ID: 509
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHA) account)
Prime Partner ID: 720
Prime Partner Type: NGO
Local: No
New Partner: No

Sub-Partner Name: Centre for Positive Care
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: Society for Family Health - South Africa
Mech ID: 657
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: VCT 1
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA) account)
Prime Partner ID: 966
Prime Partner Type: NGO
Local: Yes
New Partner: No

Mech ID: 658
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: VCT 2
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHA)
Prime Partner ID: 966
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Soul City
Mech ID: 510

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Prime Partner: Soul City
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 755
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: South Africa National Blood Service
Mech ID: 511
Mech Type: Headquarters procured, centrally funded (Central) --
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: N/A
Prime Partner ID: 756
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: South African Military Health Service
Mech ID: 273
Mech Type: Locally procured, country funded (Local)
Mech Name: Masibambisane 2
Planned Funding Amount:
Agency: Department of Defense
Funding Source: Deferred (GHAI)
Prime Partner ID: 389
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Mech ID: 274
Mech Type: Locally procured, country funded (Local)
Mech Name: Masibambisane 1
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 389
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: South African National Council for Child and Family Welfare
Mech ID: 512
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 765
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: South African National Defense Force
Mech ID: 276
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: PHIDISA

UNCLASSIFIED

Prime Partner: South African National Defense Force
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 390
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Starfish
Mech ID: 513
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 764
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Sub-Partner Name: Heartbeat
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Masoyi
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Sub-Partner Name: Thandanani
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: The Futures Group International
Mech ID: 466
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Policy Project
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

Sub-Partner Name: Center for the Study of AIDS, University of Pretoria
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner:

The Futures Group International

Sub-Partner Name: Health Economics Unit, University of Cape Town
Sub Partner Type: University
Planned Funding Amount:
Local: Yes
New Partner: No

Sub-Partner Name: Triangle Project
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner:

Tshikululu Social Investments

Mech ID: 518
Mech Type: Locally procured, country funded (Local)
Mech Name:
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 857
Prime Partner Type: NGO
Local: Yes
New Partner: Yes

Prime Partner:

Tshikululu Social Investments

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

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Prime Partner: Tshikululu Social Investments
Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: National Association of Childcare Workers
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: Yes

Prime Partner: University of Kwazulu-Natal

Mech ID: 520
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: CAPRISA NIH
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 511
Prime Partner Type: University
Local: Yes
New Partner: No

Mech ID: 522
Mech Type: Locally procured, country funded (Local)
Mech Name: CAPRISA CDC
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 511
Prime Partner Type: University
Local: Yes
New Partner: No

Prime Partner: University of North Carolina

Mech ID: 523
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: MEASURE Evaluation
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAJ account)
Prime Partner ID: 589
Prime Partner Type: University
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: Khulisa
Sub Partner Type: Private Contractor
Planned Funding Amount:
Local: Yes
New Partner: Yes

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Prime Partner: University of North Carolina
 Sub-Partner Name: University of Pretoria, South Africa
 Sub Partner Type: University
 Planned Funding Amount:
 Local: Yes
 New Partner: Yes

Prime Partner: University of the Western Cape
 Mech ID: 524
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 757
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Prime Partner: University Research Corporation, LLC
 Mech ID: 1,201
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: QAP 1
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 437
 Prime Partner Type: Private Contractor
 Local: No
 New Partner: No

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount:
 Local: No
 New Partner: Yes

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Prime Partner: University Research Corporation, LLC
Mech ID: 1,212
Mech Type: Locally procured, country funded (Local)
Mech Name: TB - TASC
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 437
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Mech ID: 1,214
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: QAP 2
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 437
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Sub-Partner Name: To Be Determined
Sub Partner Type: Own Agency
Planned Funding Amount:
Local: No
New Partner: Yes

Prime Partner: US Agency for International Development
Mech ID: 1,400
Mech Type: Locally procured, country funded (Local)
Mech Name: Management 2
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 527

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Prime Partner: US Agency for International Development
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,401
Mech Type: Locally procured, country funded (Local)
Mech Name: Management 1
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 429
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,070
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Management/Staffing - HHS/CDC
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of Health and Human Services
Mech ID: 1,402
Mech Type: Locally procured, country funded (Local)
Mech Name: Emergency Plan Secretariat
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 530
Prime Partner Type: Own Agency
Local: No
New Partner: No

Prime Partner: US Department of State
Mech ID: 1,235
Mech Type: Locally procured, country funded (Local)
Mech Name: Small Grants Fund
Planned Funding Amount:
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner ID: 531
Prime Partner Type: Other USG Agency
Local: No
New Partner: No

Prime Partner: US Department of State

Prime Partner: US Peace Corps

Mech ID: 1,071
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: Peace Corps
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 536
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Sub-Partner Name: To Be Determined
 Sub Partner Type: Own Agency
 Planned Funding Amount: Funding To Be Determined
 Local: No
 New Partner: Yes

Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit

Mech ID: 525
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name:
 Planned Funding Amount:

Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 758
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Mech ID: 528
 Mech Type: Locally procured, country funded (Local)
 Mech Name: ART Franchising
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 758
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Mech ID: 1,066
 Mech Type: Locally procured, country funded (Local)
 Mech Name: PMTCT and ART Project
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 758
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Sub-Partner Name: HIV South Africa
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Sub-Partner Name: Rural AIDS Development and Action Research Center
 Sub Partner Type: NGO
 Planned Funding Amount:
 Local: Yes
 New Partner: No

Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
 Mech ID: 526
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Treatment Rollout
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 842
 Prime Partner Type: University
 Local: Yes
 New Partner: No

Mech ID: 598
 Mech Type: Locally procured, country funded (Local)
 Mech Name: ART in Joburg Health Precinct
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 842
 Prime Partner Type: University

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Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
Local: Yes
New Partner: No

Prime Partner: World Health Organization
Mech ID: 346
Mech Type: Locally procured, country funded (Local)
Mech Name: Nutrition and HIV Consultation
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 523
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: Yes

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1: Capacity building and training of all levels of health care workers involved in PMTCT and MCWH service delivery.
- Result 2: Quality PMTCT services integrated into routine maternal and child health services and into other HIV services.
- Result 3: Improved quality of PMTCT services, including complete ARV prophylaxis for HIV-positive pregnant women and follow-up of HIV-exposed infants.
- Result 4: Increased individual and community awareness of and demand for PMTCT services.
- Result 5: Increased access to quality PMTCT services.

Total Funding for Program Area (\$) **Current Program Context:**

The goal of the SAG PMTCT program is to achieve universal coverage by March 2005. As of July 2004, the coverage of PMTCT services was about 55% nationally. While KwaZulu-Natal, Gauteng, and Western Cape Provinces have achieved almost universal coverage, the rate of expansion in the other provinces has varied considerably. The latest reports indicate that there are 2,064 PMTCT sites around the country, although not all are fully operational. The SAG PMTCT program began in 2001 with two pilot sites in each province. The program's intention was to use two years of experience from the pilot phase to address operational issues prior to implementing PMTCT services on a broader scale. However, in July 2002, South Africa's constitutional court ordered the SAG to make PMTCT services available to all pregnant women using public health facilities. In compliance, the NDOH was forced to expand the PMTCT program rapidly, and was not able to resolve all of the operational challenges highlighted during the initial rollout of the pilot phase. In addition, since the program's inception, ARV prophylaxis used in the PMTCT program has been single-dose Nevirapine to both the mother and infant. However, recent research findings on Nevirapine resistance, and the South African Medicines Control Council's (MCC) requirement that single-dose Nevirapine be discontinued as the sole PMTCT option for pregnant women, have challenged the existing protocol. The South African Minister of Health has formed a Nevirapine Task Team to make appropriate policy recommendations, and a policy change in line with the new WHO recommendations is expected. If and when this policy shift occurs, significant resources will be needed to implement a new program. Recent national studies conducted on the effectiveness of the PMTCT program in South Africa identified loss of infant and mother to follow-up, inadequate training of health care providers on infant feeding choices, and lack of community support as barriers to acceptance of PMTCT among antenatal and post-natal women. To address these, the National PMTCT Steering Committee supports interventions that (1) improve community understanding of PMTCT related issues, including Nevirapine resistance and mixed feeding; (2) build human capacity to deliver PMTCT services; and (3) improve monitoring and evaluation of PMTCT interventions. The USG/SA will continue to support the SAG PMTCT program to ensure expansion and strengthening of the national program through policy development and implementation, capacity building of health care practitioners and community health workers, adherence to PMTCT protocols and standards, and the development of logistic and information systems. At the community level, the USG supports programs that engage local leaders and other influential community members to increase awareness of, and support and demand for, quality PMTCT service delivery. Activities targeting cultural attitudes to mixed feeding and male involvement in PMTCT will be rolled out to address identified needs. To best support the goals of the Emergency Plan and the SAG equity goals, the US Mission has carefully selected partners and interventions that will have the greatest impact in areas with the highest HIV infection rates, while aggregately covering the broadest geographical and population areas. All activities were selected to complement one another and to cover as many districts and sub-districts as possible in the geographically vast provinces. USG will facilitate meetings for PMTCT partners working in similar content and geographic areas, including Track 1 partners, to ensure that all activities contribute to an integrated program and are non-duplicative. Note: Although both the William J. Clinton Presidential Foundation and UNICEF were major contributors to PMTCT efforts in the past, neither has targeted PMTCT in this fiscal year, and no other major donors are currently active in this sector.

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: LINKAGES / Academy for Educational Development

Planned Funds:

Activity Narrative: To help develop national monitoring and evaluation capacity
 Emergency Plan funds will support AED/Linkages to continue ongoing technical assistance and support to the National Department of Health to strengthen linkages between HIV/AIDS and MCH services.

Activities will include training 60 community PMTCT workers, 24 trainers, nine Provincial Health Directors, and representatives from six partner NGOs in the newly-developed clinical practice guidelines related to nutrition for pregnant and lactating women and infant and young children feeding (IYCF) behaviors in the context of HIV/AIDS. In addition, in collaboration with the NDOH AED will develop a PMTCT nutritional module on maternal nutrition and IYCF in the context of HIV/AIDS to be incorporated into the department's MCH curriculum for health workers. AED will also build the capacity of six partner NGOs to develop BCC strategies that incorporate IYCF and PMTCT promotion to strengthen their community projects, including HIV care and support activities. Finally, at the request of the provincial department of health, AED will conduct a baseline survey of public knowledge, attitudes and practices about PMTCT and IYCF in Ugu District, KwaZulu-Natal, to enable the district to strengthen PMTCT, maternal nutrition, and IYCF intervention in the context of HIV/AIDS at the community level.

This project is a component of an integrated program described in the prevention and strategic information sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	1,062	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	60	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	81	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	1,062	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	53	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Medical/health service providers
 - Nurses
 - Private health care providers
- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / EngenderHealth

Planned Funds:

Activity Narrative:

With Emergency Plan funding, EngenderHealth will provide training and technical assistance to a range of partner NGOs within Gauteng, the Western Cape, and Limpopo Provinces, to assist these organizations in increasing men's active involvement in prevention of mother to child transmission (PMTCT) programs. Results anticipated include increased access to quality PMTCT services and increased awareness and demand created for PMTCT services.

EngenderHealth is a US-based, nonprofit organization that works internationally to support and strengthen reproductive health and HIV/AIDS services for women and men. EngenderHealth will work to improve PMTCT outcomes by increasing men's involvement in family planning, men's support for their partners' participation in PMTCT programs as well as men's support for formula feeding. EngenderHealth will work with existing PMTCT sites to ensure that partner testing is also made available. In addition, EngenderHealth will develop IEC materials and use community mobilization strategies to promote shifts in social norms to encourage men to become more involved in the prevention of mother to child transmission. Specific activities undertaken will include conducting Men as Partners (MAP) workshops, linking workshops with PMTCT services, reaching men through their partners' participation in ANC and PMTCT, mobilizing a cadre of men as community volunteers who promote PMTCT and VCT through outreach services, and developing IEC and peer education tools and materials.

These activities are part of a holistic approach to increase male involvement in HIV prevention. Additional components of this program are described within the prevention section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	30%

Target Populations:

- Men
- Women
- Community-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
 - Traditional healers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- M&E specialist/staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Program managers
- Trainers
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Northern Cape	ISO Code: ZA-NC
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

EGPAF will use Emergency Plan funds to provide direct support to PMTCT programs at 53 public health facilities in KwaZulu-Natal, Western Cape, North West and Limpopo provinces with the goal of increasing access to PMTCT services, assisting with integration of these services into routine maternal and child health programs including family planning services, and increasing the use of a complete course of ARV prophylaxis by HIV-positive pregnant women seeking care in these public facilities. EGPAF will train 100 health care providers and estimates that over 40,000 women will be provided a complete package of PMTCT services as a result of this project.

Specific activities include training public health providers to deliver quality PMTCT services at project health delivery sites including counseling and testing all pregnant women seeking prenatal care and offering those who test positive ARV prophylaxis. EGPAF will assess site specific needs and tailor interventions appropriately to strengthen PMTCT service delivery at each partner facility. Based on assessment results, EGPAF will implement training activities at each site and anticipates improving counseling and testing services, capacity to effectively deliver ARV prophylaxis, capacity to screen for and treat opportunistic infections, and overall integration of MCH and PMTCT services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	13	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Factory workers
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional healers
- High-risk population
 - Discordant couples
 - Men who have sex with men
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Police
- Miners
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Refugees/Internally displaced persons
- Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Religious/traditional leaders
- Students
 - Secondary school
 - University
- Sex partners
- Teachers
- Trainers
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys
- Transgender individuals

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Gauteng

State Province: Limpopo (Northern)

State Province: Western Cape

ISO Code: ZA-GT

ISO Code: ZA-LP

ISO Code: ZA-WC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CTR / Family Health International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support FHI (CTR) in partnership with the NDOH to design, develop and implement high quality, comprehensive and cost-effective PMTCT programs in 30 PMTCT sites in the Eastern Cape, Western Cape, KwaZulu-Natal, and Gauteng provinces. Training will be conducted to guide program managers in transferring lessons learned from case studies of successful programs (conducted in FY04) to specific local needs. The information will also be used to inform the review of national PMTCT program policies and guidelines.

South Africa's National Department of Health (NDOH) is in the process of expanding coverage and strengthening delivery of PMTCT services throughout the country. Previous national service assessments have revealed health system constraints that limit PMTCT uptake. This project will train 300 health care managers to support the SAG's service expansion, and result in improved services for over 28,000 pregnant women.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	300	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Faith-based organizations
- Family planning clients
- Health Care Workers
- Traditional birth attendants
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Women of reproductive age

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative:

Emergency Plan funds will continue to support technical assistance to the Eastern Cape Regional Training Center (EC RTC) to: 1) increase access to quality PMTCT services; 2) continue to assure the provision of quality PMTCT care and ARV treatment to all family members; 3) provide a model clinic preceptorship training site for health care worker teams involved in PMTCT activities from the Eastern Cape; and 4) provide technical assistance and build the capacity of the RTC to develop and implement a strategic information system to measure the training impact of the PMTCT program for the EC RTC.

The International Training and Education Center on HIV (I-TECH) provides technical assistance to the Eastern Cape Department of Health (ECDOH) and the University of the Transkei (UNITRA), specifically related to the development of training centers and training curricula for health care workers serving persons infected with HIV/AIDS and related illnesses on Prevention of Mother to Child Transmission (PMTCT).

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

Target	Value	Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	2,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community-based organizations
- Country coordinating mechanisms
- Disabled populations
- Factory workers
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional birth attendants
 - Traditional healers
 - Private health care providers
- High-risk population
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- International counterpart organization
- M&E specialist/staff
- Media
- Military
- Police
- Peacekeeping personnel
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Religious/traditional leaders
- Students

- Primary school
- Secondary school
- University
- Teachers
- Trainers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Widows
- Women of reproductive age

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Kagisio Media, South Africa

Planned Funds:

Activity Narrative: On the request of the National Department of Health and CDC, Kasigio will use Emergency Plan funding to broaden the current PMTCT communication strategy, to target community health workers, community leaders and men.

Kasigio's involvement over the last two years in the development and implementation of national and provincial communication strategies for PMTCT places it very close to communities around the country. Confusion around Nevirapine and low uptake of PMTCT are significant impediments to successful PMTCT implementation.

Health care worker training materials currently do not cover issues around Nevirapine resistance, the negative conceptions and myths around Nevirapine, social grants, and partner and other family member involvement in PMTCT. To this end, with Emergency Plan support, Kasigio will develop a video and workbook specifically for training community health workers on PMTCT issues. Pocket size information booklets will be developed for the community health care workers, which will ensure that they have access to information. An estimated 10,000 community health workers will be trained using these materials.

To address the broader community, a number of activities will be carried out. Poster size information on Nevirapine and the importance of PMTCT will be distributed to clinics, community centers, and universities. Workshops will be held with community leaders around media issues relating to PMTCT. In addition, Kasigio will target men's groups in order to increase active participation of men in PMTCT.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	35%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	5,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	2,500	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Community leader*
- Community members*
- Community-based organizations*
- Faith-based organizations*
- Community health workers*
- HIV+ pregnant women*
- Pregnant women*
- Students*
- University*
- Women of reproductive age*

Key Legislative Issues:

- Addressing male norms and behaviors*

Coverage Area: **National**

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASC2: Integrated Primary Health Care Project / Management Sciences for Health

Planned Funds:

Activity Narrative:

Management Sciences for Health's Integrated Primary Health Care Project will use Emergency Plan funds to develop district level capacity by: increasing the number of PMTCT service points in five targeted provinces; strengthening existing PMTCT services through district HIV/AIDS/STI/TB committees; and leveraging community resources for the support and follow-up of mother and infant.

An assessment of district PMTCT service points will be conducted to determine the extent each program can be expanded to other facilities within the districts. Thereafter, ongoing training of health care providers (professional and non-professional) on the PMTCT program will take place. Trained staff will provide mentoring and ongoing support.

To strengthen existing PMTCT services, the project focuses on the quality of care and integration of PMTCT into routine MCWH services. The International Primary Health Care (IPHC) Project will provide ongoing monitoring, support and evaluation of the program through the district HIV/AIDS/STI/TB committee in each district and subdistrict. This committee will be trained and supported throughout the process to ensure quality of care that meets the national standards for PMTCT. Activities will also strengthen the capacity of the district to monitor and evaluate its programs, leading to better quality service and more accurate reporting of program results (uptake of PMTCT, extent of functional integration into ANC, effectiveness of PMTCT services and other key service outcomes), enabling IPHC to track key Emergency Plan indicators for PMTCT.

Traditional leaders' forums, CBOs, NGOs, and Mothers-to-Mothers-2-Be will help identify community sources of support and follow-up for mother and infant. Traditional leaders will be trained to increase and mobilize male/partner understanding of the program (and thus strengthen the support system for the mother). Community health care workers will be trained on infant feeding counseling, tracking of infants to ensure follow up, and nutrition support for mothers. IPHC will assist districts to implement mother-to-mother-to-be programs for continued support for HIV-positive pregnant women.

MSH's MTCT activities are part of an integrated HIV prevention, care and treatment program, with related activities described in those sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	35%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	400	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	150	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Family planning clients
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional healers
- High-risk population
- Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Religious/traditional leaders
- Trainers
- Volunteers
- Women of reproductive age
- Youth

Key Legislative Issues:

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

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

State Province: North-West

ISO Code: ZA-NW

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Frontiers / Population Council

Planned Funds:

Activity Narrative:

Emergency Plan funds will be used in 2005 to fulfill a KwaZulu-Natal Provincial Department of Health (KZN DOH) request for technical assistance from FRONTIERS to develop evidence-based guidelines and protocols for integrating PMTCT and other HIV prevention and treatment services into routine maternal and child health services. KZN DOH is co-funding this activity.

FRONTIERS and KZN DOH have held workshops to identify key challenges encountered by health care providers in their current provision of antenatal and post-natal care services and priority areas for integration to address HIV prevention, care and support needs for pregnant women. In addition, task teams have been formed to undertake and document a critical review of existing guidelines and research evidence. Frontiers will continue this effort by providing technical support to the KZN-DOH in order to accomplish: (1) integration of quality PMTCT services into routine maternal and child health services, (2) increased use of ARV by HIV-positive pregnant women and (3) increased use of quality STI services in PMTCT sites in KZN Province.

This activity is part of an integrated program, with related activities described in the prevention, care and strategic information sections of this document.

Activity Category

Policy and Guidelines

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	3,190	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	627	<input type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- HIV+ pregnant women
- Policy makers

Key Legislative Issues:

- Reducing violence and coercion

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

The South African Military Health Services will use Emergency Plan funding to increase access to high quality PMTCT services for military members and their families at the three Military Hospitals, and to expand services to at least one health care facility per province where there is no Military Hospital. Funded activities include provision of prophylaxis to HIV-positive pregnant women and newborns, staff training, and IEC. All activities are carried out through the Masibambisane project.

Activities will provide a baseline package of services for preventing MTCT including (1) Training of health care workers (HCW) on (a) counseling and testing of pregnant women, (b) counseling on safe infant feeding for HIV exposed newborns, (c) ARV prophylaxis to prevent MTCT, (d) family panning counseling and referral; (2) Training of pregnant HIV-positive women regarding safe infant feeding and prevention of post-natal transmission of HIV infection; (3) Provision of ARV prophylaxis to prevent MTCT; and (4) Distribution of posters, pamphlets and illustrative training aids on HIV transmission during pregnancy.

These activities increase access to high quality PMTCT services at the 3 Military Hospitals and in each of the nine regions. Additionally these activities increase awareness and demand for high quality PMTCT services to be integrated into routine maternal and child health services.

Masibambisane is an integrated prevention and care program, related components of which are described in other program area sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	80%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	90	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	200	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Family planning clients
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- Men who have sex with men
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- Peacekeeping personnel
- Mobile populations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Sex partners
- Trainers
- USG in country staff
- USG Headquarters staff
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

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

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Teachers Union / American Center for International Labor Solidarity

Planned Funds:

Activity Narrative: The American Center for International Labor Solidarity, in collaboration with the South African Teacher's Union, will use Emergency Plan funding to increase demand for and access to PMTCT services by teachers in three provinces through work-based peer education programs. The project will target female teachers and the spouses of male teachers in 15,000 schools, and include both education and referrals, in collaboration with the South African Medical Association (SAMA).

Master Trainers will provide PMTCT training to union school representatives from the 15,000 schools, using the Educators' AIDS Action kit. School representatives will serve as peer educators, responsible for informing teachers (50,000 in year one) about PMTCT. In addition, school representatives will assist in referring pregnant teachers and spouses to local counseling and testing centers within communities. In collaboration with the South African Medical Association, HIV-positive pregnant women will be referred to PMTCT sites and services for antiretroviral prophylaxis, monitoring of HIV status, and ongoing counseling. Some pregnant women will receive a complete course on antiretroviral prophylaxis in a PMTCT setting through this project.

This project is a component of an integrated service delivery program described in the prevention, care and treatment sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Teachers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Centers for Disease Control and Prevention

Planned Funds:

Activity Narrative:

Emergency Plan funds will support a family of targeted evaluations in Soweto to identify factors in the development of neonatal sepsis, particularly among HIV-exposed infants, as well as potential interventions to reduce sepsis-related morbidity and mortality. The results of this project will be used to improve MTCT programs and reduce morbidity among HIV-exposed infants.

Worldwide, an estimated 10.8 million deaths per year occur in children under five years of age, including 4 million deaths in newborns. Bacterial infections are a leading cause of neonatal mortality and rates of neonatal bacterial infections (neonatal sepsis) appear to be increasing in countries hardest hit by the HIV epidemic.

South Africa faces a number of unique challenges: (1) The burden of neonatal infections is uncharacterized (no surveillance to determine incidence and causes); (2) A high proportion of mothers (25-30%) are HIV-positive; and (3) Evidence suggests that progress made in reducing neonatal sepsis in the 1980s and early 1990s has been reversed and rates are increasing.

Emergency Plan funds will be used to support the following family of activities:

- Establish prospective, population-based surveillance in Soweto at Chris Hani Baragwanath Hospital, (CHBH) to characterize disease burden of neonatal and maternal post-partum sepsis in a high HIV prevalence population;
- Determine whether HIV-exposed infants are at higher risk for neonatal infections, and characterize other risk factors for neonatal sepsis among infants delivered at CHBH;
- Characterize perinatal HIV transmission rate among infants delivered at CHBH, 2004-2007;
- Evaluate implementation of perinatal infection prevention among women delivering at CHBH.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- HIV+ pregnant women
- Pregnant women

Key Legislative Issues:

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

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

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Cinema Coporate Creations.

Planned Funds:

Activity Narrative:

At the request of the National Department of Health and CDC, Cinema Corporate Creations will use Emergency Plan funding to update the existing NDOH PMTCT awareness-raising video series and to bring it in line with current PMTCT recommendations, reproduce 3500 videos and distribute them to antenatal care clinics offering PMTCT services (approximately 2064), and other health care settings such as family planning clinics and child immunization clinics, in all nine provinces.

Due to the rapid expansion of the South African PMTCT program, little emphasis was placed on raising community awareness for PMTCT service delivery. As a result, communities have been significantly unaware of and unprepared to support the PMTCT program, and uptake for services is low. In order to address this gap, the NDOH, with technical and financial assistance from CDC, developed a series of PMTCT and infant feeding videos aimed at pregnant women attending antenatal care. The PMTCT program video describes all aspects and components of the PMTCT program by following a HIV-positive pregnant woman from her first antenatal visit through the one-year testing of her infant, and is shown to women in facilities where PMTCT services are offered, ensuring that pregnant women will have a deeper understanding of the PMTCT program prior to individual counseling sessions. For many pregnant women, antenatal care is their first exposure to VCT. The purpose of the video is to empower women with basic knowledge to make an informed decision regarding HIV testing and participation in the PMTCT program. Provincial PMTCT trainers, nursing colleges and medical schools are using the video as a training tool. To date the video series has been developed in six local languages.

In support of Emergency Plan goals, the content of the video will be updated to include recent information highlighting Nevirapine resistance, The Comprehensive Plan, the new WHO PMTCT recommendations, and incorporate outcome evaluation data from the first video. This will ensure that pregnant women and women of reproductive age receive clear and consistent basic information on ARV prophylaxis, PMTCT services and treatment referrals.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	3,500	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Family planning clients
- HIV+ pregnant women
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Health Systems Trust

Planned Funds:

Activity Narrative:

Health Systems Trust will use Emergency Plan funds to support a facility-based intervention at the three sites of the Emergency Plan-funded Good Start Cohort Study designed to impact the uptake and quality of PMTCT service delivery (hospital and feeder clinics in Umlazi, Paarl and Rietvlei). This intervention will adapt existing Department of Health and CDC training materials and guidelines and conduct training of health care providers with the aim of improving the counselling offered to antenatal clients. Supervisors will also be trained to provide ongoing support to staff and to monitor the quality of counselling.

Despite training efforts on PMTCT and infant feeding in South Africa, health care provider knowledge and counselling abilities remain weak and assessments of social and economic resources are frequently neglected. Several field guides and training manuals have been developed to assist the training of health care providers and health workers (lay counsellors) on HIV and infant feeding; however many of these tools still need to be implemented and their impact rigorously evaluated.

HST also will conduct a targeted evaluation. Pregnant women will be recruited antenatally and will be interviewed during routine child health visits at recruitment, six weeks and 14 weeks. Improvements in the quality of counselling will be measured through structured observations. Knowledge of health workers will be assessed through self-completed questionnaires. Extensive baseline PMTCT data in the three cohort sites (Umlazi, Rietvlei, Paarl) has been collected since 2002. Since the intervention will be occurring in the same sites, the effect of the intervention will be measured against the Good Start cohort as a historical control group.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	50%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of health workers newly trained or retrained in the provision of PMTCT services	80	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,600	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	7,200	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community members
- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- HIV+ pregnant women
- Infants
- Pregnant women
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-WC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

With Emergency Plan support the National Department of Health will train health care workers in PMTCT implementation in the Eastern Cape and Northern Cape, will provide additional community health workers in the Eastern Cape, and will develop an operational manual to support PMTCT training, implementation, quality assurance, and rapid expansion of PMTCT services.

The goal of the national PMTCT 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." Although the national program has expanded rapidly in the last 12 months, both the Eastern Cape and Northern Cape Provinces are struggling to implement PMTCT services. One of the barriers to implementation is the lack of trained health care workers to serve in the program.

The National Department of Health, CDC-South Africa and UNICEF have developed a five-day PMTCT and infant feeding training curriculum. A minimum of two health care workers and two community health workers from each PMTCT-implementing facility will be trained to provide PMTCT services, including integration into routine maternal and child health services, and effective referral systems. In addition, in the Eastern Cape, funding will be used to place one additional community health worker in each of 500 facilities. This project will enable the Eastern Cape and the Northern Cape Departments of Health to facilitate expansion of the program.

Additionally, in FY04, the ECDOH Regional Training center (RTC) conducted an operational assessment of PMTCT in the O.R. Tambo district. Based on the findings, Emergency Plan funding will be used to develop an operational manual to support PMTCT training, implementation and quality assurance in clinics in which PMTCT is already operating, and to support rapid expansion of PMTCT in the rest of the province.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	610	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	11,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	215	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Traditional birth attendants
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- Mobile populations
- Policy makers
- Pregnant women
- Program managers
- Students
 - University
- Sex partners
- Trainers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Eastern Cape
 State Province: Northern Cape

ISO Code: ZA-EC
 ISO Code: ZA-NC

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Support / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

In order to expand quality PMTCT services nationally, the NDOH has requested technical and financial assistance from CDC. Using Emergency Plan funding, two contract staff will be placed at the national program to ensure that training of health care workers continues nationwide.

Specifically, contract staff will be responsible to NDOH for (1) disseminating a new protocol on PMTCT that is in line with the expected policy change to dual therapy; (2) ensuring that health workers and communities are provided information about why a protocol change has taken place; (3) addressing operational challenges; and (4) implementing quality services. Technical and financial assistance will also support the integration of PMTCT into routine antenatal care and child health services.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	4,000	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Infants | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Trainers | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Women of reproductive age | |
| <input checked="" type="checkbox"/> HIV+ pregnant women | | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Community-based PMTCT interventions / To Be Determined

Planned Funds:

Activity Narrative: With Emergency Plan funding, NDOH will work with NGOs to develop community-specific interventions in all nine provinces aimed not only at increasing awareness of PMTCT services, but at empowering community members and families to take action and support HIV-positive mothers and infants.

The National PMTCT steering committee is concerned with the low uptake of PMTCT services and high maternal and infant mortality and morbidity rates around the country. Community support will improve the likelihood that babies born to HIV-positive mothers are brought back to the clinic at the appropriate intervals to be monitored. It also will encourage safe-feeding practices, reduce stigma, ensure that families are aware of signs and symptoms of disease progression for both mother and infant, and that referrals to treatment, care and support services occur in the appropriate time such that fewer infant and maternal deaths occur. These activities are expected to increase the number of women who exclusively feed their infants, improve the follow-up of infants born to HIV-positive mothers and ensure timely referrals to treatment, care and support programs.

The NDOH will select the NGOs to implement this activity, and CDC and NDOH will jointly monitor the contracts.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	80%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	100	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	9	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Infants |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Students |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> University |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Girls |
| | <input checked="" type="checkbox"/> Boys |

UNCLASSIFIED

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: KZN pt info system / To Be Determined

Planned Funds:

Activity Narrative: Emergency Plan funds will be used to hire two full-time Information Systems Consultants to assist the KwaZulu-Natal Provincial Department of Health in the optimal use of the PMTCT patient management system for a sustainable, well-monitored and potentially changing PMTCT program. In addition, the consultants will ensure that the system can be linked to the ARV patient information system in the province.

With the assistance of financial support from the Centers for Disease Control/South Africa, the KwaZulu-Natal PMTCT program acquired a unique patient information management system, which requires additional support, particularly in the absence of suitably qualified individuals within the PMTCT unit.

The consultants will provide technical assistance in the following areas: (1) Support of PMTCT management information system; (2) Changes to codes, screens, etc. in the system; (3) Development of new features, screens, functions and reports; (4) Oracle Application Server end user layer set up and support (Ad-hoc reporting); (5) Database administration support; (6) Development of a query screen to chronologically list all interactions with a patient; (7) Set-up of Oracle Discoverer, ad-hoc Query tool at Natalia; (8) Resolve bandwidth issues; (9) Developing a suitable reporting mechanism; and (10) Page statistical reporting for balancing purposes (to ensure completeness of capture)

In addition, the two consultants will provide training to the provincial PMTCT program staff to ensure sustainability of the data management at the end of the consultants' contracts, and to develop capacity in program monitoring and evaluation. These activities are expected to strengthen local health management systems, expand the use of quality program data for policy development and program management, and improve human resource capacity for monitoring and evaluation.

These consultants will be hired through a contractor to be determined by CDC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	10	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	1	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

M&E specialist/staff

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / University of the Western Cape

Planned Funds:

Activity Narrative:

The University of the Western Cape will use Emergency Plan funding to train local existing community health workers and peer educators to carry out effective home visits to address deficits identified in the Emergency Plan-funded Good Start Cohort Study and maximize the child survival benefits of the PMTCT intervention. This project will strengthen postnatal care and support in the three study sites in an attempt to improve the implementation and outcomes of the PMTCT program, namely fewer HIV-positive infants at 12 months of age.

Post-natal transmission of HIV and high maternal and child mortality were key findings from the Good Start Cohort Study, an observational cohort study conducted at three sites implementing the government PMTCT program (Paarl, Umlazi and Rietvlei). Further studies conducted in the same sites by the University of Western Cape and Health Systems Trust highlighted the poor quality of infant feeding counseling, minimal postpartum support and follow up, and poor infant feeding practices, all of which significantly counter the positive benefits of PMTCT interventions.

This intervention will address issues identified by the study focusing specifically on the community. UWC will train local existing community health workers (Paarl and Umlazi) and peer counselors (Rietvlei) who will visit households with newborn children in order to support exclusive infant feeding, identify sick infants, and improve care seeking behaviors. Home visits will take place at 1, 2, 6, 12, 16, and 24 weeks. During the week 16 visits, abrupt cessation of breastfeeding support will be given. DNA-PCR testing will be done using dry blood spots at the 24-week home visit.

Recommendations for the possible rollout of a community-health worker home visit program will be made to the National PMTCT Steering Committee at the conclusion of the project.

This intervention is expected to improve follow-up care of infants born to HIV-positive mothers; increase the number of women who comply with exclusive infant feeding and cotrimoxazole and who demonstrate other health-seeking behaviors; and increase knowledge of mothers about infant illnesses.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Caregivers
- Community members
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Infants
- Pregnant women
- Program managers
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT and ART Project / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

With Emergency Plan support, the Perinatal HIV Research Unit (PHRU) will continue high quality coverage of PMTCT in Soweto. PHRU will disseminate the model for replication at 51 sites in Limpopo Province, strive to improve weaknesses in the model, offer training, support and mentoring for other users of the model, adapt it to other settings, and continue to research novel ways to improve the quality of PMTCT services.

PHRU's program in Soweto is considered a best practice model for PMTCT in South Africa. The program reaches pregnant women in all 13 prenatal, public sector clinics in Soweto, with funding from USAID and the Gauteng Provincial Department of Health. In 2003, approximately 28,800 pregnant women were offered VCT and 30% tested positive. In addition, PHRU reaches some women who are not reached through antenatal care, by providing postpartum VCT at Chris Hani Baragwanath Hospital (CHBH) and a post-exposure prophylactic dose of Nevirapine syrup is provided to their infants. The post-partum VCT program reaches around 3,100 women per annum.

The PHRU program has been initiated in the Bohlabela district of Limpopo Province. PHRU will implement a rural model of support through continued mentoring and training of fieldworkers, and provision of educational materials related to prevention and care. Psychosocial support will be offered through support groups running in all these facilities and an outreach program in the community. Through this program, basic HIV education, nutrition, prevention, and other advice are disseminated. PHRU also intends to utilize this program to test other interventions such as screening for active TB, and screening women who could benefit from ART.

These PMTCT activities are part of an integrated prevention, care and treatment program also described in other program area sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	49%
<input checked="" type="checkbox"/> Logistics	36%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	195	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,750	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	32,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	15	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community members
- Family planning clients
- Nurses
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Pregnant women
- Women of reproductive age
- Girls

Key Legislative Issues:

- Increasing women's access to income and productive resources

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

State Province: Limpopo (Northern)

ISO Code: ZA-LP

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 1 / University Research Corporation, LLC

Planned Funds: **Activity Narrative:**

With Emergency Plan support, URC/QAP activities will focus on implementing best practices guidelines and protocols at the facility and community level in five priority provinces. A major focus will be to achieve functional integration of PMTCT activities, to improve referrals between various levels of care, and to ensure universal compliance with national protocols.

URC/QAP's goal will be to create an enabling environment for quality care. In each Local Service Area (LSA), URC/QAP will work collaboratively with DOH offices and other stakeholders to ensure that knowledge and skills gained through training by healthcare providers are applied at the facility and community levels. A key set of Emergency Plan PMTCT indicators will be monitored on a regular basis to track changes in VCT and Nevirapine uptake, and to track referrals and compliance with various national standards by providers and patients. URC/QAP will work with local health offices and other stakeholders (CBOs, FBOs) to use appropriate interventions (including training, mentoring, community mobilization) to improve provider and community knowledge, skills, and attitudes that are necessary to enhance both demand and use of PMTCT services. URC/QAP will also support local partners (professional associations, CBOs/FBOs, universities) to develop capacity in financial management, human resource management, MIS, quality assurance, strategic planning, and leadership and coordination of partner organizations. This project also will target local communities and their formal and informal leaders, to increase their support for quality PMTCT and awareness of ways in which the community can support reduction of the risk of transmission of HIV/AIDS.

The activities will result in increased access to quality PMTCT services, increased uptake of PMTCT and referrals to treatment, care and support services, quality PMTCT services integrated into routine Maternal and Child Health services, and increased use of complete course of ARV prophylaxis by HIV-positive pregnant women.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	55%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	450	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	245	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV+ pregnant women
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Pregnant women
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: Increased quality and effectiveness of mass media approaches targeting youth.
- Result 2: HIV/AIDS stigma and discrimination reduced.
- Result 3: HIV preventive behaviors (A/B) among youth and young people improved.
- Result 4: Changed social and community norms to reduce high risk behaviors.
- Result 5: A/B prevention messages in faith-based and community networks strengthened.

Total Funding for Program Area (\$):

Current Program Context:

South Africa's future depends on how effectively it mobilizes resources to prevent HIV among youth. Many young people are sexually active early. Results from a 2003 antenatal clinic survey show prevalence rates of 15.8% for the under-20 age group and 30.3% for 20-24 year olds. A 2003 Youth Risk Behavior Study noted that 40% of 13-18 year olds reported being sexually active, with 14% reporting sexual activity prior to age 14. Almost 10% of respondents reported that they had been forced to have sex at some stage.

The South African Departments of Health and Education continue to implement 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. The USG has contributed to SAG priorities in A/B programming by providing financial and technical assistance for such projects as (1) a Youth Risk Behavior Survey, (2) development of a peer education program using PLWHAs as health promoters at tertiary institutions, and (3) printing and distribution of NDOH-produced, youth-focused prevention materials. In addition, USG assistance supports the important contributions of FBOs in promoting and supporting A/B behaviors, funds A/B mass media campaigns, and supports effective youth-focused programs.

USG agencies will continue to provide financial and technical assistance to initiatives that support adolescents and youth to delay sexual debut and decrease number of sexual partners. The USG program, which utilizes multi-media methods of communication, such as pamphlets, posters, industrial theatre, videos and TV drama, is comprehensive and ranges from mass awareness and workplace programs, to education, training and development, including gender equity, spiritual and value-based training. USG-funded programs address stigma and strive to prevent discrimination.

USG-supported programs strengthen HIV/AIDS abstinence and faithfulness prevention measures for in- and out-of-school youth by addressing youth sexuality, co-factors to HIV transmission, and life skills to delay sexual debut. USG partners include discussions of gender issues, economic pressures, basic information about care and treatment in prevention, and young people's roles in providing care and support in their programs. With USG funding, the National Department of Correctional Services will introduce an innovative prison-based program using A/B-trained peer educators to target A/B messages to groups of young prisoners serving short sentences.

USG FBO partners contribute to and strengthen SAG's FOHAP (Faith Organizations in HIV and AIDS Programs) A/B programs by providing direct services and by supporting faith-based organizations and networks to better reach their communities with comprehensive and effective messaging. These partners promote faithfulness and secondary abstinence to sexually active audiences. Specific USG-funded projects support networks of religious leaders to mobilize an appropriate and comprehensive faith-based response, and to manage and create sustainability in their A/B programs.

The other major donor currently working in this program area is the European Union Development Cooperation.

Program Area: Abstinence and Be Faithful Programs.

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ Africare

Planned Funds:

Activity Narrative:

Emergency Plan funds will support Africare in their continued work with youth, CBOs, FBOs, and traditional healers and leaders to increase and improve A/B focused community outreach programs, and to change social and community norms to reduce HIV risk behaviors in two communities in the Eastern Cape Province. Africare estimates that they will reach 116,000 individuals with their abstinence and faithfulness prevention programs.

Programs are designed to promote the delay of onset of sexual activity and a reduction in the number of sexual partners. The program will identify peer-educators from the 17 clinic catchment areas from populations of in- and out-of-school youth, teachers, traditional leaders/healers, CBOs and faith-based groups, and train them through workshops and information sessions. Training will stress the delivery of culturally sensitive messages that result in changed behavior and/or reinforce positive behavior. These messages will also be delivered through the project's network of 22 Service Corp Volunteers and 90 community caregivers.

In collaboration with the Department of Education and other organizations, the project will target in-school youth and teachers through an expansion of the existing HIV/AIDS school based curriculum. The project will identify and link with the Department of Education, and through an expansion of existing programs into primary and secondary schools in the 17 catchment areas. Organizations implementing school based HIV/AIDS curricula. Peer education campaigns conducted through CBOs, youth groups, youth forums and churches/faith-based organizations will target out-of-school youth.

The project will train traditional healers/leaders in workshops on basic HIV/AIDS information and A/B messages tailored specifically to meet their occupational needs, and to prepare them to serve as peer educators to their clients. Training will focus on cultural practices that may contribute to the further spread of HIV/AIDS. CBOs will be trained in peer education using workshops, training of trainers and exchange visits. Faith-based groups will be mobilized to hold monthly community forums to discuss openly the effects of HIV/AIDS on families, and the impact of intergenerational sexual practices, stigma, discrimination and denial.

The A/B activities of the Africare project form one component of a comprehensive approach to HIV/AIDS treatment, care and support to the community surrounding the Hewu hospital, which includes community mobilization, step-down and palliative care, and prevention activities described in other sections of the COP.

Activity Category

- Community Mobilization/Participation
- Development of Network/Linkages/Referral Systems
- Information, Education and Communication

% of Funds

- 20%
- 10%
- 25%

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- Quality Assurance and Supportive Supervision 10%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	7	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	116,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- People living with HIV/AIDS
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Teachers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

UNCLASSIFIED

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / EngenderHealth

Planned Funds:

Activity Narrative:

EngenderHealth will use Emergency Plan funds to support bold and innovative approaches to responsible sexual health with an emphasis on abstinence and faithfulness and a reduction of gender based violence through the Men as Partners Program (MAP). Activities include MAP implementation training in five tertiary learning institutions throughout the country; provision of technical assistance (TA) to the Esselen Street Clinic training team and staff to improve the quality of sexual and reproductive health (SRH) and HIV/AIDS prevention service provided to men; and implementation of MAP programs in the wider Hillbrow community to promote male involvement in reproductive health and reduced risk taking among young adult men.

First, in collaboration with five tertiary institutions – the University of the Western Cape, the University of Cape Town, Cape Technikon, Peninsula Technikon and Stellenbosch University – EngenderHealth will train dedicated staff and peer educators to run MAP workshops and to carry out MAP related activities with students, faculty and staff. The goals of the MAP program are to reduce the spread and impact of HIV/AIDS by challenging those gender roles and sexual norms that compromise men and women's SRH and increase their vulnerability to HIV and AIDS, with a strong emphasis on abstinence and faithfulness. In addition, EngenderHealth will work with campus health care workers to improve the quality of SRH services available to male students while simultaneously working with the campus community to increase men's demand for those services – especially STI treatment and VCT.

Second, the Esselen Street clinic, based in the inner city Johannesburg community of Hillbrow, treats over 5000 patients monthly (VCT, STD, TB, ARV, RH/FP services) and also supports the HIV clinics at two large academic hospitals nearby. EngenderHealth will provide TA activities to improve the quality of health care services provided to men, especially STI treatment, VCT and ARV treatment and literacy, as well as increase the demand for these services by men in the community. Staff will be trained, outreach approaches will be strengthened and new program approaches to increase constructive male involvement in reproductive health and HIV/AIDS prevention using an entry point promoting the benefits of abstinence and faithfulness will be implemented.

Finally, Emergency Plan funds will support MAP workshops and other community based education activities with an emphasis on abstinence and faithfulness, to provide men with the information and support needed to utilize VCT services and, if HIV positive, to access and adhere to ARV treatment when needed. Finally, community activities will include organized discussions about the health benefits of abstinence and the reduction of sexual partners, including an emphasis on the need for men to respect women's right to say no to sex and/or to determine the terms and conditions of sex as well as on the health implications for themselves and their partners of infidelity.

Lessons learned will be integrated into training currently provided to students and staff at the University of Witwatersrand and the other 7 clinics in Johannesburg's Region 8. Anticipated results include changed social and community norms including delayed sexual debut, abstinence and faithfulness and when appropriate condom promotion.

These activities are part of a holistic approach to increasing male involvement in HIV prevention. Additional components of this program are described in the prevention section of this COP.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%

UNCLASSIFIED

- Policy and Guidelines
- Training

15%
35%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	52,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> Midwives <input checked="" type="checkbox"/> High-risk population <input checked="" type="checkbox"/> Discordant couples | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Injecting drug users <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Miners <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Mobile populations <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|---|--|---|

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
 - Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Gauteng
State Province: Western Cape

ISO Code: ZA-GT
ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs
 Budget Code: (HVAB)
 Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT-RHAP / Family Health International

Planned Funds:



Activity Narrative:

Emergency Plan funds will support FHI to expand provision of HIV/AIDS education, including abstinence and faithfulness messages, to a Network of Religious Leaders Living with or Personally Affected by HIV/AIDS (ANERELA+) reaching an estimated 10,000 individuals.

FHI will provide support to the network's leadership to produce quarterly newsletters to promote HIV prevention messages and provide examples of how to effectively deliver messages to their faith communities through sermons and individual and family-based counseling. FHI will also support retreats to train religious leaders and build their capacity to incorporate abstinence and faithfulness messages into sermons and to counsel members of their communities about HIV/AIDS prevention as well as to strengthen new aspects of the network as the network grows and expands. Fifty religious leaders are expected to attend each retreat. In addition, FHI's activities will involve supporting the ANERELA+ network's management capacity through support of key staff positions and for ongoing management and financial technical assistance to promote network sustainability.

Results will include the integration of abstinence and faithfulness messages into the faith-based and community networks as well as the reduction of HIV/AIDS related stigma and discrimination within these target communities.

The activities described here reflect the South Africa portion of a larger regional initiative managed under the Regional HIV/AIDS Program (RHAP) for Southern Africa Corridors of Hope project, and thus the network of religious leaders expands across the region with reach greater than the activities described here. Additional components are described within the prevention section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults-
 - Men
 - Women
- Business community
- Community leader
- Community members
- Faith-based organizations
- International counterpart organization
- Religious/traditional leaders

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CTR / Family Health International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support FHI (CTR) to design, test and scale up effective interventions that will equip youth in institutions of higher learning with the knowledge and skills to abstain from sex and/or be faithful as a means of protecting themselves from HIV, STIs and unwanted pregnancies. Work will be carried out in partnership with the University of the Western Cape; Fort Hare University, the Association of Catholic Tertiary Students (ACTS), and the South African Centre for Organizational Development (SACORD) program called "Mayihlome! Graduate Alive." FHI will work with its partners to incorporate abstinence and faithfulness as well as family planning messages into new and existing outreach programs to reduce STIs and unwanted pregnancies.

Currently, most efforts addressing sexuality and reproductive health needs and rights for young people are focused on out-of-school youth, and those in secondary schools. Youth at institutions of higher learning represent a special group at high risk as they are often left unsupervised by both parents and teachers, who are under the assumption that they are mature enough to manage their own affairs, including sexuality. Available evidence suggests that these youth have high STI and pregnancy rates, an indication that they are not yet equipped with the knowledge and skills required to protect themselves from these adverse outcomes.

Family Health International (FHI) is an international public health organization actively engaged in implementing health programs aimed at preventing the spread of HIV/AIDS and caring for those infected and affected by the epidemic. FHI's A/B activities

Anticipated results include:

- ?A/B prevention messages in faith-based and community networks strengthened
 - ?Changed social and community norms to reduce high risk behaviour.
 - ?HIV preventative behaviours (A/B) among youth improved
- HIV/AIDS stigma and discrimination reduced described here are part of an integrated program, additional components of which are described in the prevention, care and treatment sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	24,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Family planning clients
- Implementing organization project staff
- National AIDS control program staff
- Program managers
- Religious/traditional leaders
- Students
 - University
- Women of reproductive age
- Youth

Key Legislative Issues:

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

Coverage Area:

State Province: Eastern Cape
 State Province: Western Cape

ISO Code: ZA-EC
 ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ASPH Cooperative Agreement / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Emergency Plan funds will support abstinence and faithfulness (AB)-focused peer education programs for young people in school and community settings in four provinces using the Rutanang model. This project will be carried out through collaboration between the Harvard School of Public Health, provincial departments of education, the Catholic Institute for Education, and faith-based organizations, notably the Evangelical and Anglican churches and the Muslim Youth Organization. It will reach over 34,000 individuals.

The project will equip peer education programs in four provinces (Western Cape, Free State, Gauteng, KwaZulu-Natal) to promote primary and secondary abstinence, delay of sexual onset, and fidelity/AB prevention in faith-based, school, and community settings; improve a range of attitudes and skills, and strengthen social norms supporting delay of sexual initiation; and create opportunities for peer and mutual support among OVCs that will contribute to reductions in stigma and discrimination.

Primary and secondary abstinence, delay of sexual onset, and fidelity are the appropriate focus of peer education programs working with young people in schools, communities, and faith-based organizations. These and other health-promoting norms and behaviors, such as help-seeking and help-offering, and gender-equity norms essential to addressing the epidemic, are the substance of peer education activities for preteens and teens that programs participating in the Rutanang process will conduct.

This project will carry out A/B trainings we provide to of adult professionals and community members through collaborating organizations (public schools in collaboration with provincial departments of education; the Catholic Institute for Education for its public schools on private property; and collaborating faith-based organizations). Training and TA will be provided in the use of Rutanang guidelines, tools, and curricular materials, as well as the new MIS to be tested for all peer education programs in SA.

In the Western Cape, these activities will be coordinated with peer education activities supported by a Global Fund grant to the WCDOH for peer education using the Rutanang model.

This project is a component of an integrated program also described in the prevention, care, strategic information and policy analysis sections of the COP.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

12/09/2004

Page 119 of 576

UNCLASSIFIED

<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	64	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	213	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	10,000	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	24,760	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	100	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> Street youth | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Students | |
| <input checked="" type="checkbox"/> Primary school | |
| <input checked="" type="checkbox"/> Secondary school | |

Key Legislative Issues:

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

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

State Province: Gauteng

ISO Code: ZA-GT

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Western Cape

ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver 1 / John Snow Inc

Planned Funds:

Activity Narrative: JSI will use FY05 Emergency Plan funding to continue to work with the NDOH's Khomanani Communications Consortium to develop and implement the government's long term A/B strategy. This strategy will comprise both above-the-line (e.g. TV, radio) and below-the-line (e.g. pamphlets, posters, leaflets) components. With past Emergency Plan funding, JSI assisted the government of South Africa to strengthen its ABC program by replacing obsolete HIV prevention messaging around "use a condom every time" with a new campaign emphasizing South Africans' right to choose options within the HIV prevention program.

In June 2004, the Minister of Health officially launched the National Department of Health branded public sector condom, choice™ - a brand name that was deliberately selected to emphasize the right to choose options within the HIV prevention strategy. Several key choices were highlighted: the importance of choosing to delay sexual debut among youth; the importance of choosing to have fewer partners; the importance of choosing to be faithful; and the overwhelming effectiveness of HIV prevention by choosing to abstain from sex. Only in circumstances where these front line options are not feasible was the high quality government condom put forward as a second line choice. It is essential to sustain this comprehensive prevention campaign message with its emphasis on abstinence and being faithful in order to translate into significant behavior change.

These HIV prevention activities form one component of an integrated program also described in the prevention and ARV services sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Policy and Guidelines	80%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	11,300,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults Youth
- Men
- Women
- Business community
- Caregivers
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community members
- Community-based organizations
- Family planning clients
- Government workers
- Health Care Workers
- High-risk population
- HIV/AIDS-affected families
- Military
- Miners
- Mobile populations
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Nelson Mandela Children's Fund, South Africa

Planned Funds:

Activity Narrative:

Nelson Mandela Children's Fund works with community leaders and organizations to support youth mobilization, health awareness campaigns, and peer education programs that use cultural beliefs and religious messages to promote abstinence. Through training of peer educators and responsible persons from different implementing partners, Emergency Plan funds will be used to reach out to 10,000 people in eight communities in KwaZulu-Natal, Mpumalanga, and Limpopo provinces.

Goelama is a multi-sectoral community-based program operated by the Nelson Mandela Children's Fund. The project mobilizes youth in each municipality ward through peer education programs, positive lifestyle clubs, and targeted discussion forums that use cultural beliefs and religious messages to promote healthy positive living and help achieve abstinence. A central component of the program is to foster the creation of community support for A/B behavior change through the formation of strategic partnerships with relevant institutions and organizations that promote greater involvement of men in the programming. Religious leaders are engaged in the project to provide moral leadership to achieve prevention through abstinence.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	8	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> High-risk population <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Refugees/internally displaced persons <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|---|--|

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

HORIZONS will undertake three A/B activities with the support of Emergency Plan funds: a school-based A/B program, a program promoting mutual monogamy, and a program targeting A/B preventive behaviors among OVC.

A school-based activity will respond to gaps in HIV/AIDS prevention by integrating appropriate strategies to address abstinence and faithfulness into the Life Skills education program in six schools in KwaZulu-Natal. Results will include the development of an A/B curriculum, the integration of A/B into the Life Skills curriculum, enhanced knowledge and skills among teachers and learners on abstinence and faithfulness, and greater peer support for A and B.

Emergency Plan funds will also support activities to promote targeted strategies for mutual monogamy among members of faith-based groups in the Eastern Cape. Results will include the development of an A/B curricula, greater peer support for A and B, strengthened FBO-based HIV/AIDS prevention programs and counseling, the promotion of norms of faithfulness among couples, and messages developed to strengthen A/B behaviors.

Finally, Emergency Plan funds will support Horizon's activities to develop A/B messages for OVC and to undertake targeted prevention strategies to improve the preventive behaviors of OVC. Two programs, each reaching approximately 600 OVC, will train 60 additional youth in OVC HIV/AIDS prevention activities. Activities will include training youth caregivers on prevention, the development and dissemination of A/B messages, promotion of dialogue, and advocacy on A/B and peer support and counseling. Results will include messages developed to strengthen preventive behaviors including A and B among OVC, changes in norms and attitudes towards AB, behavior change towards adopting AB, and improved knowledge and awareness of preventive behaviors among OVC.

These activities are part of an integrated program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Faith-based organizations
- Religious/traditional leaders
- Secondary school
- Teachers
- Youth

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 2 / South African Military Health Service

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the South African Military Health Services comprehensive A/B program, which includes mass awareness, workplace programs, education, training and development, gender equity training, spiritual and value-based training with a strong emphasis on A/B principles. The program also addresses de-stigmatization and prevention of discrimination, and utilizes multi-media methods of communication, such as pamphlets, posters, industrial theatre and videos. Activities will be carried out through the Masibambisane project.

This project will sustain the momentum of abstinence based prevention programs that have already been implemented by the DOD. These programs include (1) Commanders' workshops that seek to increase military leadership's responsibility for the implementation of Work Place Program (WPP) as part of the Military Community Development Committee functions; (2) substance abuse prevention campaign in order to prevent HIV/AIDS; and (3) training for Military Chaplains.

Community/unit awareness and education programs will sustain HIV/AIDS mass awareness by continuing the phases of the Masibambisane multi-media communication campaign and through community awareness programs (abstinence-based youth programs, candle lighting ceremonies, exhibitions and displays, World AIDS Day programs in all units, and art and culture competitions with HIV/AIDS messages).

Diffusion of innovation will be accomplished by publishing articles on best practices in HIV/AIDS prevention in military magazines and journals to strengthen abstinence, faithfulness and safety messages in the military community, change social and group norms to reduce high-risk behavior, and improve HIV preventive behavior among young recruits.

Human Resources will be developed through spiritual and ethical training workshops for reserve force chaplains, SADC chaplains and master trainers. Training materials (video and manuals) will be produced and translated into Zulu & Sotho. Emergency Plan funds will also support an upgrading of training facilities and accommodations for residential training that includes the SADC chaplaincy course and other SADC Master trainer courses. These improvements will increase training capacity and decrease training costs.

Masibambisane is an integrated prevention and care program, related components of which are described in other program area sections of the COP.

SAMHS's proposed activities are funded through a combination of FY04 deferred and new FY05 funds. The program activity description for both SAMHS funding mechanisms in this program area. Targets for these A/B activities are reported under the FY05-funded portion of the project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Training	60%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Medical/health service providers
- High-risk population
- Military
- Peacekeeping personnel
- Mobile populations
- Religious/traditional leaders

Key Legislative Issues:

Coverage Area: National

State Provinces:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the South African Military Health Services comprehensive A/B program, which includes mass awareness, workplace programs, education, training and development, gender equity training, spiritual and value-based training with a strong emphasis on A/B principles. The program also addresses de-stigmatization and prevention of discrimination, and utilizes multi-media methods of communication, such as pamphlets, posters, industrial theatre and videos. Activities will be carried out through the Masibambisane project.

This project will sustain the momentum of abstinence based prevention programs that have already been implemented by the DOD. These programs include (1) Commanders' workshops that seek to increase military leadership's responsibility for the implementation of Work Place Program (WPP) as part of the Military Community Development Committee functions; (2) substance abuse prevention campaign in order to prevent HIV/AIDS; and (3) training for Military Chaplains.

Community/unit awareness and education programs will sustain HIV/AIDS mass awareness by continuing the phases of the Masibambisane multi-media communication campaign and through community awareness programs (abstinence-based youth programs, candle lighting ceremonies, exhibitions and displays, World AIDS Day programs in all units, and art and culture competitions with HIV/AIDS messages).

Diffusion of innovation will be accomplished by publishing articles on best practices in HIV/AIDS prevention in military magazines and journals to strengthen abstinence, faithfulness and safety messages in the military community, change social and group norms to reduce high-risk behavior, and improve HIV preventive behavior among young recruits.

Human Resources will be developed through spiritual and ethical training workshops for reserve force chaplains, SADC chaplains and master trainers. Training materials (video and manuals) will be produced and translated into Zulu & Sotho. Emergency Plan funds will also support an upgrading of training facilities and accommodations for residential training that includes the SADC chaplaincy course and other SADC Master trainer courses. These improvements will increase training capacity and decrease training costs.

Masibambisane is an integrated prevention and care program, related components of which are described in other program area sections of the COP.

SAMHS's proposed activities are funded through a combination of FY04 deferred and new FY05 funds. The program activity description for both SAMHS funding mechanisms in this program area. Targets for these A/B activities are reported under the FY05-funded portion of the project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Training	60%

President's Emergency Plan for AIDS Relief

Country Operational Plan South Africa FY 2005

12/09/2004

Page 132 of 576

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	42,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	465	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Medical/health service providers
- High-risk population
- Military
- Peacekeeping personnel
- Mobile populations
- Religious/traditional leaders

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs

Planned Funds: []

Activity Narrative:

JHU will use Emergency Plan funding to partner with the MINDSET project Health TV Channel will to produce and broadcast HIV A/B prevention content, in multiple languages, to public health facilities. Broadcasts target 350 waiting rooms in HIV treatment facilities and rural health clinics. AB content will be produced for the Mindset channel.

Mindset will reach 400,000 patients and 5,000 health care workers, with new materials created in multiple languages. This project includes an important public-private partnership with PanAmSat, the provider of the satellite communications network. The Mindset broadcasts are complemented by discussions facilitated by trained health care workers. A/B prevention activities are part of an integrated program also described in prevention and care sections of this COP.

JHU will also partner with SABC Education, CADRE, DramAide and Curious Pictures to produce Tsha Tsha, a popular TV drama series that explores the challenges and life experiences of young people living in a rural community. The 26 episode series highlights their struggles with HIV and AIDS and associated social problems, and includes significant A/B messaging. The series uses a lesson approach in narrative, taking youth through the processes they can embark on to respond to HIV/AIDS in their lives, homes and communities. This television series is one of the most popular programs in South Africa and reaches an audience of 2.4 million youth each week that it is aired.

Themes from Tsha Tsha will be linked with targeted community mobilization, and with programs on community radios where listener and viewer groups discuss both the radio shows and the TV drama. Additional project components include peer education and provision of supportive services at tertiary institutions, schools and in communities where young people can be organized. In total, the project will have 112 outlets including listener and viewer groups with 2784 peer educators trained and a collective reach of 930,000. A faith-based initiative will deal with prevention focused on abstinence, and on reduction of HIV-related stigma.

The USG is actively encouraging the media partners to increase local support and sponsorship of mass communications efforts and we are optimistic that in the future the proportion of local funding for these successful initiatives will increase relative to USG support.

These activities are part of an integrated prevention and care program described in the prevention, VCT and OVC sections of the COP.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds
50%
50%

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Salvation Army

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Salvation Army to promote abstinence and faithfulness in six provinces by building the capacity of church leaders, youth and representatives from the community to lead and facilitate positive action to combat HIV, by establishing community counseling efforts to foster and enable behavior change, and by establishing and/or strengthening existing Community Action Teams to coordinate and sustain a community prevention response to HIV/AIDS.

The Salvation Army Program in South Africa aims to reduce behaviors that put people at risk for HIV/AIDS by strengthening individual ability to choose abstinence and fidelity, and increasing their capacity to avoid and resist harmful sexual behaviors. The program emphasizes reducing the vulnerability of at-risk youth to HIV/AIDS transmission due to sexual coercion, abuse and high risk behaviors.

Specific activities will include school-based life skills training, KIDS' Clubs and Camps, and training and action planning with church leaders, teachers, and youth mentors. These activities will be accomplished in collaboration with the National Departments of Health, Education, Social Services and Home Affairs and in direct partnership with the Salvation Army's existing network of local churches with reach to 234 communities.

This project will strengthen abstinence and faithfulness messages in these faith-based communities, improve preventive behaviors among youth, and change social and community norms to increase faithfulness and reduce overall high risk behaviors.

These activities are part of an integrated program, with related activities described in the OVC and palliative care sections of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	60%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	234	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	52,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	935	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Students
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Teachers Union / American Center for International Labor Solidarity

Planned Funds:

Activity Narrative:

The American Center for International Labor Solidarity will use Emergency Plan funds to work with labor organizations throughout South Africa, and this project focuses on teachers working in KwaZulu Natal, Limpopo, and Eastern Cape provinces. With Emergency Plan support, the four teacher union partners will carry out a prevention peer education and HIV and AIDS management prevention program in 5,000 primary and secondary government schools in KwaZulu-Natal, Limpopo and Eastern Cape provinces. The project will be carried out in collaboration with four teachers' union partners whose 15,000 trained school union representatives will facilitate weekly discussion groups among teachers over a 6-12 month period.

Each school representative will be a peer educator responsible for carrying out a school-based intervention for teachers. As a focal point, the school representative will schedule staff room discussions on all of the components of the program contained in the educators' AIDS Action kit. The core curriculum for the programme is based on the SETA accredited course prepared by the Solidarity Center in cooperation with the Department of Health: Fundamentals of HIV/AIDS and Approaches to Teaching About HIV/AIDS and HIV/AIDS and Employment.

The content will promote the development of self-awareness, an understanding of one's own sexuality, and decision-making skills as they relate to abstinence, faithfulness to one partner and sex. It will further focus on strategies for moving teachers from "knowing" and "talking" to taking personal responsibility and acting upon the knowledge. 33,000 teachers will acquire a balance between knowledge, skill, attitude and values for survival.

This project is part of an integrated service delivery program described in the prevention, care and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	90%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	33,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Teachers

Key Legislative Issues:

Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CompreCare
 Planned Funds:

Activity Narrative:

Emergency Plan funds will support CompreCare to introduce a value based, abstinence and faithfulness prevention program via faith based and community networks in Mamelodi, Pretoria, a township in the Tshwane Metropole, as well as other parts of the metropole area.

The aim is to change individual, family/household, and community norms to reduce high risk behavior, to build stable family relationships, and to build the capacity of faith leaders to effectively promote abstinence and faithfulness, ultimately leading to increased awareness of HIV preventive practices and to reduced risk of HIV infection among members of the faith-based and high-risk target communities.

The project will carry out the following activities: (1) A value based HIV prevention communication program will be developed based on a successful model implemented by Africon, and communication messages and materials will be adapted to effectively address the unique linguistic and cultural needs of the community (including baseline data collection from the target communities). (2) Prevention activities will be implemented using several modalities, in cooperation with SA National Civics Organisation (SANCO). Prevention communication will be implemented via a network of trained "Eyes of the Community" – change agents / facilitators who will be trained, supervised, and supported through the project – who will work at the grassroots (street) level in target communities. In addition, leaders of faith communities will be trained to raise awareness about HIV/AIDS prevention, specifically to incorporate abstinence and faithfulness messages into their ministry. Finally, a mass media radio program will be implemented in collaboration with Trans World Radio, and aired via local community radio services in the target areas.

CompreCare is a South African NGO undertaking HIV/AIDS prevention and care activities under a multi-partner initiative called CHAMPS - Coordinated HIV/AIDS Management Programs. CompreCare's partners include Sungardens Pretoria Hospice (including Mamelodi and Atteridgeville Hospices), Pretoria Child and Family Care Society, Africon, HosiVision, Kurima, SANCO, and Trans World Radio.

This project is part of a holistic program, additional components of which are described in the prevention, care and support sections of the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	17,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	130	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Volunteers | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|--|

UNCLASSIFIED

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Fresh Ministries

Planned Funds:

Activity Narrative: This is a recently announced Track One award. Additional information regarding the program will be determined after the awards are made in the United States and implementation activities are approved in South Africa.

Activity Category % of Funds

Targets: -

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Policy Project / The Futures Group International

Planned Funds:

Activity Narrative:

§ POLICY will use Emergency Plan funds to implement abstinence and faithfulness (AAB)-focused prevention programs through FBOs and traditional leaders. In addition, POLICY will focus attention on the need for A/B programs for men who have sex with men, through the development of a national strategy.

§ Faith based organizations are well placed to deliver strong A/B prevention messages. POLICY will extend support to the development of national HIV/AIDS strategies for 5 faith groups, including the Zion Christian Church, Shembe, International Pentecostal Christian Church, South African Jewish Council, and the Catholic Church. These interventions will mobilize an appropriate and comprehensive faith based response in communities across South Africa.

There are approximately 2000 traditional leaders across South Africa that are able to ensure that rural communities are mobilized to respond effectively to HIV/AIDS prevention messages. POLICY will scale up the capacity development program for the traditional leaders, to improve their HIV/AIDS advocacy and human rights leadership skills.

The POLICY Project will also develop a national strategy that stimulates programmatic and policy implementation on A/B preventative HIV/AIDS messages towards men who have sex with men (MSM). In addition, POLICY will develop and implement a sensitization workshop aimed at stakeholders managing HIV/AIDS prevention programs. The workshop will increase their capacity to implement successful programs targeting MSM.

This activity is part of a holistic program, with related activities described in the care, strategic information and policy analysis sections of this document.

Activity Category

- Information, Education and Communication
- Training

% of Funds

- 50%
- 50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	94	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,381,250	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,182	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Faith-based organizations
- Discordant couples
- Men who have sex with men
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Women of reproductive age
- Youth
 - Girls
 - Boys
- Transgender individuals

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: Gauteng

ISO Code: ZA-GT

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

State Province: Western Cape

ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: New Track 1 Award / Hope Worldwide South Africa

Planned Funds:

Activity Narrative: This is a recently announced Track One award. Additional information regarding the program will be determined after the awards are made in the United States and implementation activities are approved in South Africa.

Activity Category _____ % of Funds _____

Targets: _____

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide South Africa

Planned Funds:

Activity Narrative:

Emergency Plan support will enable Hope Worldwide South Africa (HWSA) to continue its programs to promote and strengthen abstinence and faithfulness (AB) prevention messages within its existing community outreach efforts that include communities of faith (through the South African Council of Churches), 50 schools (through the Department of Education), and CBOs and NGOs, reaching over 200,000 people.

Specifically, HWSA staff will conduct peer education activities with a focus on A/B at schools, faith-based organizations, communities and clinics; train teachers in an AB-based curriculum; and continue to use its extensive network of clinics and community groups to promote A/B HIV prevention. In addition, HWSA will hold a series of community meetings and workshops to promote innovative HIV prevention programs incorporating strong A/B messages. HWSA will also collaborate with key partners in HIV prevention (selected based on prevention methodology, coverage and potential to scale up efforts) to promote A/B messages.

Hope Worldwide South Africa has worked in HIV prevention efforts in South Africa for over 10 years. It has developed 'Best Practice' community mobilization models and an HIV Competence framework that mobilizes community stakeholders and strengthens community responses to HIV/AIDS. HWSA has developed prevention strategies that address sexual inequality and gender based issues. HWSA Service outlets/programs for A/B include community groups such as schools and communities of faith, clinics, and targeted communities.

This project is part of an integrated program with HIV care components described in that section of the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	36%
<input checked="" type="checkbox"/> Local Organization Capacity Development	16%
<input checked="" type="checkbox"/> Training	48%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	80	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	267,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Community leader
- Community members
- Faith-based organizations
- High-risk population
- HIV/AIDS-affected families
- Pregnant women
- Students
- Teachers
- Volunteers
- Youth
- Girls
- Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-WC

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Humana People to People

Planned Funds: []

Activity Narrative:

Emergency Plan funds will support the South African NGO Humana People to People (Humana) to implement a comprehensive HIV/AIDS prevention program called Total Control of the Epidemic (TCE). This program will use a person-to-person campaign methodology to reach every single household within the project target area, Waterberg & Bohlabela Municipal Districts of Limpopo Province, which have a combined total population of 400,000 people.

TCE will recruit and train 400 members of the community as peer educators and counselors who will each reach 1000 individuals (approximately 350 households) with HIV/AIDS information, emphasizing abstinence and faithfulness (A/B) with the objective of changing community sexual norms. These trained volunteers will visit households and engage individuals in discussions about HIV/AIDS and preventive behavior, they will promote VCT and PMTCT, and when appropriate they will teach proper condom use. Volunteers will be trained to recognize potential signs and symptoms of advanced AIDS and HIV-related conditions and will refer individuals directly to the local public health clinic for evaluation including VCT, CD4 testing, HIV clinical staging, and treatment of opportunistic infections as needed. Furthermore, volunteers will mobilize whole communities to address stigma and discrimination associated with HIV/AIDS and to raise awareness related to HIV preventive behaviors. Humana estimates that this comprehensive prevention program will reach 400,000 individuals.

Humana will collect data prior to launching the person-to-person campaign in order to establish a baseline level of community awareness and health service utilization. Data will be gathered through community-based survey implementation and clinic record reviews. Focus group discussions will be conducted annually to monitor levels of community awareness and behavior change and an end of project survey to measure impact will be implemented. Humana's community prevention activities form one component of a comprehensive HIV/AIDS program that includes prevention and VCT activities.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	400,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Health Care Workers
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)

ISO Code: ZA-LP-

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Living Hope
Planned Funds:

Activity Narrative:

Emergency Plan funds will support Living Hope to undertake an HIV/AIDS abstinence and faithfulness prevention program targeting children, teens, and adults in the Western Cape. Activities will include life skills education and training clubs for children and teens, HIV/AIDS awareness workshops for adults, and support to local churches to undertake HIV/AIDS prevention.

Living Hope Community Center is an indigenous South African faith based organization (FBO) formed in 1999 in direct response to the HIV/AIDS epidemic. In collaboration with six local churches, Living Hope will implement a life skills development program for children and youth based on an abstinence value system. Specific activities will include weekly children's and teen's clubs that incorporate life skills training to encourage healthy life choices, including abstinence until marriage and faithfulness once married, and to enable youth to resist sexual pressures. Activities to prevent adults from becoming HIV positive will include formal HIV/AIDS awareness workshops held in six community churches to increase awareness about HIV/AIDS and reduce stigmatization and discrimination against people living with HIV/AIDS (PLWHA). Women will be empowered through these training workshops to say no to premarital, extramarital, and unprotected sex. Adults will be encouraged to participate in HIV testing and direct referrals to voluntary counseling and testing programs at Masiphumelele Local Authority Clinic and False Bay Hospital will be made. Furthermore, a program to assist local church leaders to support HIV/AIDS prevention activities and link support services to Living Hope's palliative care activities will be implemented.

Living Hope's HIV/AIDS prevention program is one component of an integrated program that combines abstinence and faithfulness based prevention activities with care and support activities for HIV positive individuals and their families. Living Hope's other program component is described in the palliative care, basic care and support section of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	6	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	900	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Faith-based organizations
- High-risk population
- People living with HIV/AIDS
- Religious/traditional leaders
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing women's legal protection

Coverage Area:

State Province: Western Cape

ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services; South Africa

Planned Funds:

Activity Narrative:

The Department of Correctional Services will use Emergency Plan funding to provide master training to 180 prisoners (both sentenced and unsentenced) in peer education in the abstinence and fidelity program. Each master trainer will train 25 peer educators, for a total of 4,500 peer educators trained.

Training will target young and young people under age 25, who make up 45% of the current correctional center population countrywide (80,000 young inmates). Messages will be focused on in-prison risks, as it is accepted that sexual relationships in prison between persons of the same sex exist). In addition, training will cover behaviors after release from prison, as many of the youth and young adult prisoners are serving short-term sentences (under ten years), and when released many of them will still be young persons. This is a "captive" audience and a priority for both HIV / AIDS and development programs in South Africa.

Services will also be offered to prisoners awaiting trial to increase impact in the prison population and to further disseminate skills if these prisoners are released into the community.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

Activity Category
 Training

% of Funds
100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	239	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	4,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Commercial sex workers
- Disabled populations
- Government workers
- High-risk population
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS
- Pregnant women
- Prisoners
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

Through the cooperative agreement with the National Department of Health, the Emergency Plan will continue support for three faith-based organizations that currently receive funds from NDOH for A/B programs. The projects will focus on the following three activities: (1) Scale-up of life skills-based HIV education, especially targeted to younger boys and girls; (2) Promotion of healthy norms and behaviors; and (3) Reinforcing the role of parents and other protective factors.

The three partners for this project will each take a unique approach to the proposed activities utilizing the resources of their diverse faith-based communities and established programs. Youth for Christ (YfC) South Africa will present life skills-based HIV education to young adults in schools in six provinces. Edutainment teams will provide arts and sexuality education programs to create an enabling environment that facilitates positive behavior modeling and support for abstinence.

The Muslim AIDS Project will continue to work in four provinces with youth in pre-schools, public and private schools and other youth organizations to convey messages on healthy norms and behaviors regarding sexuality and sexual activity, drug use, and values and morals based on the teaching of the Quraan. The Muslim AIDS Program will work with parents, women and religious leaders to improve communication regarding these issues between adults and youth within the Muslim community.

Scripture Union will work in six provinces with youth aged 10-18, in schools and youth centers, holiday clubs and camps. Youth education will focus on developing skills for sexual decision-making and encouraging young people to choose a set of values putting them at least risk for infection. This funding will allow Scripture Union to expand its current program to additional provinces, develop a Peer-to-Peer curriculum, devise a new community worker tool-kit, and establish a new Youth Center.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Faith-based organizations
- Street youth
- Orphans and other vulnerable children
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Teachers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Mpumalanga
State Province: Northern Cape
State Province: North-West
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-MP
ISO Code: ZA-NC
ISO Code: ZA-NW
ISO Code: ZA-WC

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Health Laboratory Service, South Africa

Planned Funds:

Activity Narrative: The National Health Laboratory Service (NHLS), through its network of 11 mobile clinics working in communities close to mine shafts in Free State and Gauteng provinces, will use Emergency Plan funds to target in- and out-of-school youth with prevention messages that will focus mainly on abstinence and behavior change. The program is an effective public-private partnership between NHLS' Sexually Transmitted Infections Reference Centre (STIRC) and mine companies operating in these areas.

The program will target this vulnerable group residing in the high-seroprevalence Welkom and Carttonville areas, many in informal settlements (squatter camps). Project staff and peer educators will be trained in communication strategies that will equip them to deal effectively with youth and to provide youth-friendly services. The project will function through peer educators who will work with community youth to develop and perform dramas and songs with A/B messages. HIV prevention messages will focus mainly on the promotion of primary and secondary abstinence, faithfulness to sexual partners, and partner reduction. These messages will be marketed along with community-based VCT through local mass media, IEC materials and other promotional activities to encourage abstinence, mutual faithfulness to sexual partners, and uptake of VCT.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	100%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	54	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	800,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Community members
- Community-based organizations
- High-risk population
 - Partners of sex workers
 - Street youth
- Miners
- Mobile populations
 - Migrants
 - Migrant workers
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

UNCLASSIFIED

Coverage Area:

State Province: Free State
State Province: Gauteng

ISO Code: ZA-FS
ISO Code: ZA-GT

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Salesian Mission

Planned Funds:

[Redacted]

Activity Narrative:

This is a recently announced Track One award. Additional information regarding the program will be determined after the awards are made in the United States and implementation activities are approved in South Africa.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ Soul City

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Emergency Plan funds will support the development and production of two mass media IEC interventions (Soul City Series 7, and Soul Buddyz 3) broadcast in prime time and in radio episodes, and community mobilization interventions (Soul Buddyz Club) based in 2000 communities, all with significant A/B components. The South City FY05 activities build on the successes and experiences of the FY04 activities.

Soul City series 7 comprises 26 half hour TV episodes aimed at a family audience, broadcast during prime time in two batches of 13 episodes; and 60 fifteen-minute radio episodes in nine languages broadcast in two batches of 30 episodes; a 36 page colour booklet for adults on ART or who are about to be started on ART - printed in 9 languages, with 2 million copies distributed through health facilities, NGOs and community organisations supporting the rollout of ART (booklet will focus on abstinence and faithfulness in addition to ART issues); and marketing to promote and link the above materials. Issues to be covered include HIV/AIDS and all aspects of treatment, and ongoing messages on prevention and stigma including the promotion of abstinence, faithfulness, and VCT. The series will also cover masculinity and gender with particular reference to HIV/AIDS.

Soul Buddyz 3 comprises (1) the development and production of 26 half hour TV drama episodes aimed at children and their parents, and broadcast in prime time in two batches of 13 episodes; (2) the development and production of 26 half hour TV episodes aimed at children to be broadcast in children's time the day after the drama called "Buddyz on the Move"; (3) the development and production of 26 half hour radio episodes in nine languages; (4) development, printing and distribution of one million copies of a 42-page colour parenting book in four languages; (5) development of a 116 page grade 7 life skills book distributed to pupils in that grade in 2006; and (6) marketing to promote and link these materials.

The topics for Soul Buddyz series 3 cover HIV/AIDS from a child's perspective, focusing on the impact of HIV/AIDS on children's lives and on the school system, particularly where the death of a parent has occurred. Soul Buddyz will also deal with the impact of the epidemic on the school system in terms of stigma, absenteeism of teachers and children. It focuses on both practical and emotional issues. The series will also continue to include prevention messages, in particular the promotion of abstinence and faithfulness. The success of the Soul Buddyz intervention is that it deals with a range of developmental topics relevant to children's lives and not only focuses on HIV/AIDS. It is for this reason we have included the other topics these include nutrition and lifestyle, and gender and masculinity

Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly at schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series (in which A/B messages are stressed) and are encouraged to do outreach work in their schools, families and communities. 1600 clubs already exist nationwide, and in 2005 we will establish a further 400 clubs, undertake 80 training sessions for facilitators, 25 people per session, develop, print and distribute 4500 annual club guides, hold 2 national children's committee meetings, develop, print and distribute 20 000 newsletters bi-monthly, and run Buddyz club competitions. The content focus of the clubs will be AIDS and its impact on schools; AB, sexuality and focusing on the prevention of HIV transmission.

Both Soul City and Soul Buddyz A/B components are part of integrated programs that include all aspects of HIV and AIDS. The USG financial contribution to Soul City IHDC activities amount to approximately 30% of the total financial resources used for the described programs, which are co-funded by the South African Government as well as DFID, Development Cooperation Ireland, the national broadcaster as well as commercial sponsors. Soul City has also received Global Fund resources, which are leveraged by Emergency Plan support for this program. Past USG funding enabled Soul City IHDC to conduct a baseline national survey against which some results will be measured.

The Emergency Plan also funds a related set of activities described under ARV services.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	275,000,00	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Media
- People living with HIV/AIDS
- Primary school
- Teachers
- Volunteers
- Girls
- Boys

Key Legislative Issues:

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

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Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Traditional Healers Project / Nelson Mandela School of Medicine, University of KwaZulu

Planned Funds:

Activity Narrative: This project will train and mobilize traditional healers in KwaZulu-Natal so that they will be effective promoters of HIV prevention messages and strategies; including AB-focused behavior change messages. Traditional healers are extremely influential and have conservative attitudes toward sexual practices and abstinence that make them natural partners in this effort.

The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional healers, in rural areas of Ethekwini District, KZN Province. Traditional Healers are extremely influential in KZN, and are a largely untapped resource in HIV/AIDS prevention and mitigation on the community level. Through a carefully designed HIV training program supported with Emergency Plan funds, UKZN will build upon the HIV prevention and mitigation messages already developed and delivered by the provincial health department, and adapt them to the work of the traditional healers.

Healers ascribe to and uphold traditional African cultural values. These values are a set of social and community norms that support delaying sex until marriage and that denounce forced sexual activity among unmarried individuals. Up until now this perspective has not been reinforced or adumbrated in public A/B campaigns in KZN, and given the position the healers hold in their social networks, working with the healers holds great promise for enhancing the uptake of a culturally appropriate version of the A/B message.

This work will be done in the context of the training workshops UKZN will run and in the work the project management team will do together to develop and refine the messages. This message development will be targeted specifically to the current cultural understandings of the communities in which the healers are working.

This project is one component of a comprehensive program to integrate traditional healers into South Africa's Comprehensive HIV/AIDS work. Prevention and care aspects of the program are described elsewhere in this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%
<input checked="" type="checkbox"/> Workplace Programs	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	200	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	264,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Traditional healers

Key Legislative Issues:

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

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

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Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Regional HIV/AIDS Project / Population Services International

Planned Funds: []

Activity Narrative:

Emergency Plan funds will support PSI's South Africa affiliate, the Society for Family Health (SFH) to conduct an abstinence and delayed sexual debut program among youth in Ladybrand and Ficksburg, two Free State border communities. SFH will work closely with local community based organizations (CBO) in each project area and will partner with other NGOs that receive funding under the Regional HIV/AIDS Program for Southern Africa, Corridors of Hope (COH) Program umbrella. SFH's activities will result in a total of 32 school visits, reaching a minimum of 4,000 school youth with messages promoting HIV preventive behavior and delayed sexual debut and in at least 500 out of school youth participating in HIV prevention activities that promote abstinence and delayed sexual debut.

In Ficksburg and Ladybrand, SFH will conduct activities to promote abstinence and delayed debut of sexual activity among in- and out-of-school youth and will train CBO volunteers to design educational messages and activities that promote adoption of HIV preventive behaviors among youth. SFH will reach in-school youth through quarterly school visits and will engage students through music and entertainment, blended with HIV/AIDS prevention messages that emphasize abstinence and delayed debut (edutainment). Other SFH activities for in-school youth will include working closely with its partner Sexual Health and Rights Promotion Program (SHARP) to conduct speech contests, drama and song competitions thematically centered on abstinence and delayed debut, and to sponsor open resource rooms where youth can access information regarding reproductive health issues.

Out of school youth will be reached through edutainment events as well as activities and games at the SHARP Resource Center. Youth events will include soccer matches and pool tournaments with promotional items provided to youth to motivate participation. In addition to the healthy alternative to spending time loitering and/or engaging in drinking and early sexual activity that these activities offer, educational sessions will be incorporated into these matches and tournaments in order to provide abstinence and delayed debut information and social support.

These activities are part of an integrated program, with related activities described in additional program areas within the prevention section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	11%
<input checked="" type="checkbox"/> Information, Education and Communication	60%
<input checked="" type="checkbox"/> Local Organization Capacity Development	14%
<input checked="" type="checkbox"/> Training	15%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	2	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	1	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Community leader
- Community members
- Faith-based organizations
- Street youth
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- Students
- Teachers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Small Grants Fund / US Department of State

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

From the application process to the reporting required, the Emergency Plan is designed for partners with the capacity to conduct large-scale interventions generating substantial contributions to Emergency Plan targets. The South Africa Emergency Plan Task Force would also like to fund the most promising small community organizations making significant contributions to the fight against HIV/AIDS.

South Africa has numerous NGO/CBO/FBOs making a difference in their local communities, but generally these organizations are excluded from the Emergency Plan unless they are fortunate enough to find a partnership with a larger organization. The South Africa Mission intends to fund a vehicle for these organizations to access Emergency Plan support, in any of the nine provinces. The fund will be administered at the U.S. Embassy by the Emergency Plan secretariat, with the application, approval and monitoring of the programs shared by the South Africa Emergency Plan Task Force. Pending guidance from OGAC, the Task Force has not further defined the parameters of the fund. We intend to submit a proposal to OGAC consistent with the guidelines once they are available. If guidance on a small grants program is not provided before January, the Task Force will allocate this unallocated fund to other approved and partially funded COP projects or to our National Government and Provincial Government Projects in Development.

The Task Force anticipates that small grants will support community-based interventions relating to (1) home-based and palliative care, (2) abstinence and be faithful programs for youth, and (3) OVC support. Accordingly, this project is reflected in each of these areas in the COP.

Activity Category.

- Community Mobilization/Participation
- Local Organization Capacity Development

% of Funds
50%
50%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	50	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: HIV prevention messages incorporated into blood donor program.
- Result 2: Training and reference center for South Africa and other African countries established.
- Result 3: Systems to measure, assess and project outcomes of blood safety program activities developed.
- Result 4: Management of national blood transfusion services strengthened.
- Result 5: Improved, sustainable systems to assure quality of national blood transfusion service.

Total Funding for Program Area **Current Program Context:**

Blood transfusion in South Africa is recognized as an essential part of the healthcare system. South Africa has a strong blood safety program that is directed by the South African National Blood Service (SANBS). SANBS actively recruits voluntary blood donors and educates the public about blood safety. Blood donors are voluntary and not remunerated. Blood is collected at fixed donor clinics and mobile clinics that visit schools, factories, and businesses. All blood is routinely screened for HIV-1 and 2, hepatitis B and C, and syphilis. The SANBS operates in eight of the nine provinces in South Africa and is responsible for the delivery of transfusion services to 87% of the patients of the country. The Western Province Blood Transfusion Service provides blood only to patients in the Western Cape. The National Health Service Act requires a single national blood transfusion service. In the foreseeable future, the Western Province Blood Transfusion Service will merge with SANBS, creating a sole provider in all nine provinces. On July 31, 2004, SANBS received a centrally funded Emergency Plan award of (deferred to FY05). These funds will support the activities described in the FY 05 COP until July 31, 2005, at which time a new central award will be made. SANBS efforts are focused on expanding the donor base beyond the current group of middle-aged white males to a younger and more demographically representative group. An important element of this effort is coordinating with the Department of Health and the Department of Education to provide prevention education to potential young donors that will assist them in protecting themselves from infection and will result in their being "certified" as safe donors. In addition, SANBS will strengthen its IT systems and training of donor recruiters, HIV counselors, technicians, quality officers, and healthcare providers both in South Africa and other African countries. No other major donors are working directly in blood safety at this time.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / South Africa National Blood Service

Planned Funds:

Activity Narrative:

The South Africa National Blood Service (SANBS) will use Emergency Plan funds to expand the national blood donor base, implement donor education and recruiting programs that are area and culture specific, develop a national logistic management system and develop and implement blood conservation programs. These activities will improve quality of the blood service; ensure the availability of safe blood to all provinces; strengthen the infrastructure for the collection, testing and distribution of safe blood; and improve management of the blood service.

SANBS provides blood products to 592 hospitals in eight provinces. Emergency Plan -supported activities will focus on human resource development and addressing the skills shortage in SANBS through training programs for technicians, technologists, donor collection staff, and recruitment staff. Appropriate training materials will be developed and continuous professional development programs for specialist technical and donor staff will be implemented. Specifically, training activities will encompass the following targets: 50 high-school graduates trained as medical technicians; 40 technicians enrolled to qualify as medical technologists; specialist training courses for 5 technologists; 50 donor attendants trained; 20% of donor collection staff trained on computer systems; 20% of nursing staff trained in blood safety, HIV counselling, and donor clinic management; 30 donor recruiters trained; 2 technologists trained; and 25 trainers provided "train-the-trainer" programs.

The collection and analysis of management information will be achieved by aligning the present disparate information technology systems and developing and implementing a customized data warehouse. This will allow the optimal management of blood donors and blood inventory. It will also provide management information that will be used to measure the outcome of programs, and the impact of these projects on blood safety and on the availability of safe blood products, and to ensure continuous quality improvement for long-term sustainability.

SANBS efforts are focused on expanding the donor base beyond the current group of middle-aged white males to a younger and more demographically representative group. An important element of this effort is coordinating with the Department of Health and the Department of Education to provide prevention education to potential young donors that will assist them in protecting themselves from infection and will result in their being "certified" as safe donors.

These activities are part of a broader program also described in the strategic information and laboratory infrastructure program areas of the COP.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

12/09/2004

Page 176 of 576

UNCLASSIFIED

<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	308	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	592	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Factory workers
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- High-risk population
 - Injecting drug users
 - Men who have sex with men
- Media
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Religious/traditional leaders
- Students
 - Secondary school
 - University
- Teachers
- Trainers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape

State Province: Free State

State Province: Gauteng

State Province: KwaZulu-Natal

State Province: Limpopo (Northern)

State Province: Mpumalanga

State Province: Northern Cape

State Province: North-West

ISO Code: ZA-EC

ISO Code: ZA-FS

ISO Code: ZA-GT

ISO Code: ZA-NL

ISO Code: ZA-LP

ISO Code: ZA-MP

ISO Code: ZA-NC

ISO Code: ZA-NW

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Improved policy support for medical wastes and sharps disposal.
- Result 2: Intervention, training, and communications plan developed to address identified issues around safe injections.
- Result 3: Improved policy support for safe injection practices, including development of a national safe injection task force.

Total Funding for Program Area (\$): **Current Program Context:**

A South African National HIV Prevalence, Behavioral Risks and Mass Media Household Survey conducted in 2002 by Nelson Mandela/HSRC identified a higher than expected rate of HIV prevalence in the 2-14 year-old age group. The survey report offered a number of explanations for this unexpectedly high prevalence, including possible exposure to unsterilized needles. In February, John Snow Inc. was awarded Emergency Plan central funds to work on injection safety in 11 countries, including South Africa. In May, representatives of JSI, HHS, CDC, USAID, and the National Department of Health met and agreed on the specific program activities to be implemented in South Africa. Injection safety, infection control, and medical waste disposal have not had a single focal point or group charged with overseeing and managing these tasks. Therefore, attention to this issue has been sporadic. In addition, the Health Department noted that it was concerned about weaknesses in the disposal of all medical wastes. The plans for JSI to address these issues were agreed upon. The funding for these activities concludes in December 2004. Recently, a newly competed cooperative agreement has been awarded to JSI to continue their current efforts in South Africa into 2005. As part of the ongoing collaboration between the USG and the South Africa military, Emergency Plan funds will support the South Africa Military Health Services (SAMHS) plans to enhance their injection safety practices at counseling and testing sites. No other major donors are working directly in injection safety at this time.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Save Medical Practices / John Snow Inc

Planned Funds:

Activity Narrative:

With an alarming rise in HIV infections worldwide, the Centers for Disease Control and Prevention (CDC) and the U.S. Agency for International Development (USAID) awarded a contract to John Snow Inc (JSI) to undertake an Injection Safety Project in some African and Caribbean countries. The goal of this project is to provide a rapid response aimed at preventing the transmission of this disease by improving medical injection safety.

In FY05, the project will build upon the FY04 one-year project by expanding the training of health care workers and other personnel in Free State, KwaZulu-Natal and Eastern Cape Provinces. With Emergency Plan support, JSI will assist the South African Government to develop and implement a strategy to achieve commodity security; implement behavior change to reduce unnecessary injections; develop a sustainable medical waste management system (and related training curriculum); and improve health worker safety. Within these areas, health care workers' safety will be the primary focus in South Africa through specific activities such as the observance of universal precautions, the use of protective gear for waste handlers, post-exposure prophylaxis, and promotion of Hepatitis B vaccination for health workers. These activities will expand beyond the initial project areas to work toward reaching national coverage under JSI's new five-year project.

Emergency Plan funding will support the training of health workers in injection safety, medical waste management, and capacity building in procurement and supply management. In addition to training staff, the project will work to develop cadres of trainers at the national, provincial and district levels

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	13%
<input checked="" type="checkbox"/> Human Resources	39%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	28%

Targets:

Not Applicable

Number of individuals trained in injection safety	1,230	<input type="checkbox"/> Not Applicable
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Target Populations:

- Men
- Women
- Caregivers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Traditional birth attendants
- Traditional healers
- Private health care providers
- High-risk population
- HIV/AIDS-affected families
- International counterpart organization
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Prisoners
- Religious/traditional leaders
- University

Key Legislative Issues:

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

Coverage Area:

State Province: Eastern Cape
State Province: Free State
State Province: KwaZulu-Natal

ISO Code: ZA-EC
ISO Code: ZA-FS
ISO Code: ZA-NL

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative: Emergency Plan funding will support the South African Military Health Services' (SAMHS) plans to enhance the occupational health and safety (OHS) conditions for HCWs in the military health care setting, focusing specifically on counseling and testing centers.

Given the high seroprevalence of HIV in the South African military, health care workers (HCW) in SAMHS face a high risk of occupational exposure to HIV. This project will address this critical concern through the following activities: (a) providing retractable needles, vacutainer safety products, and safe syringes at military VTC sites, (b) expanding training in OHS to include the prevention and medical management of occupational exposure, and (c) disseminating training manuals and aids, posters and pamphlets for mass awareness campaigns aimed at HCWs. This program will expand the pool of trainers to enable them to reach more than 80% of all HCWs in military VCT clinics in the use of basic personal protective gear. Activities will be carried out through the Masibambisane project, an integrated service delivery program, with related activities described in the prevention and care sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	70%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in injection safety	120	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Medical/health service providers
 - Nurses
- Host country national counterparts
- Military

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: Increased workplace HIV prevention and mitigation programs to educate the South African labor force.
- Result 2: Increased male involvement in HIV/AIDS prevention.
- Result 3: Increased community mobilization to address underlying factors in the transmission of HIV, and increased numbers of FBOs and CBOs that address HIV/AIDS.
- Result 4: Increased access to HIV/AIDS prevention services for high-risk populations and PLWHA.
- Result 5: Increased awareness and knowledge about HIV/AIDS and preventive practices.
- Result 6: New infections among adults reduced/averted.

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$):

Current Program Context:

While some basic knowledge about HIV/AIDS is nearly universal in South Africa, behavior change to prevent the transmission of HIV remains problematic and the issue is particularly acute among the young (15-24), the sexually active, and pregnant women. The central challenge of prevention programs in South Africa continues to be the development and provision of correct and timely information through tools that are appropriate and have legitimacy.

Until recently, prevention programs have been the primary focus of SAG's response to HIV/AIDS. South Africa is one of only a handful of developing countries committed to purchasing large quantities of condoms from its own budget, and making them available free of charge to the public. With USG support, the NDOH has developed a new brand of condoms, CHOICE, accompanied by a new slogan – NO CHOICE NO SEX. This brand has become very popular with youth. Recently, the NDOH has begun purchasing more female condoms and expanding distribution beyond pilot sites. The Government's HIV prevention communication campaign, KHOMANANI, is designed to increase use of condoms and promote early detection and treatment of STIs.

USG agencies will continue to support South Africa's national HIV/AIDS strategy. USG activities include: (1) mass media programs targeting hard to reach areas of the country, and promoting behavior change for youth, such as the award-winning Tsha Tsha program, the national TV youth drama series Soul City, and drama-based, community-focused youth approaches; (2) public-private partnership activities focused on workers and workplace policies and programs; (3) condom logistics support for the NDOH and promotion of condom acceptability; (4) projects that focus on high risk populations and traditionally underserved regions; and (5) programs focused on changing male behavior and increasing the involvement of men in HIV prevention. Many prevention efforts by USG implementing partners are components of integrated service delivery projects.

Other major donors in this program area in South Africa include DFID, which funds condom research and social marketing, and STI prevention and management. Most donors focus their prevention assistance at the NGO level.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: LINKAGES / Academy for Educational Development

Planned Funds:

Activity Narrative:

AED/LINKAGES, in will collaboration with JHU/CCP, national and provincial Departments of Health, and NGOs such as The Valley Trust and Hope Worldwide, will use Emergency Plan funding to enhance in all nine provinces public awareness of the importance of improved nutrition for HIV-positive pregnant and lactating women. AED estimates that 500,000 people will be reached with mass media and community outreach activities through this program.

Linkages' work is in response to a request from the Department of Health to provide technical assistance on nutritional guidelines, specifically in the context of HIV/AIDS. They assist the South African government to develop nutrition guidelines for HIV positive pregnant and lactating women, and to build capacity of DOH staff and selected local NGOs on infant feeding and maternal nutrition in the context of HIV/AIDS. They also provide technical assistance for question and answer guides on HIV and infant feeding.

Interventions will include 1) collaborating with JHU/CCP and DOH to adapting existing messages and incorporate them into the leaflets and radio and television materials of local media organizations such as Soul City, Tsha Tsha, and Mindset, 2) developing a BCC guide for community health workers on maternal nutrition and IYCF in the context of HIV, 3) revising existing IEC materials of the provincial and national DOH and partner NGOs The Valley Trust and Hope Worldwide to include quality messages on nutrition for pregnant and lactating women and IYCF in the context of HIV, and 4) printing distributing national nutrition guidelines for pregnant and lactating women and IYCF in the context of HIV. This prevention activity is part of an integrated program that also includes PMTCT and strategic information components described in those program areas of this document.

Activity Category

Information, Education and Communication

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,300,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members*
- Community-based organizations*
- Family planning clients*
- Health Care Workers*
 - Community health workers*
 - Medical/health service providers*
 - Nurses*
 - Traditional birth attendants*
 - Traditional healers*
- Media*
- Ministry of Health staff*
- Refugees/internally displaced persons*
- National AIDS control program staff*
- Nongovernmental organizations/private voluntary organizations*
- People living with HIV/AIDS*
- Pregnant women*
- Program managers*
- Volunteers*
- Women of reproductive age*

Key Legislative Issues:

- Stigma and discrimination*

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / EngenderHealth
 Planned Funds:

Activity Narrative:

Emergency Plan funds will support EngenderHealth in South Africa to provide a series of sequenced trainings to selected Emergency Plan grantees to assist them to develop strategies that promote constructive male involvement in their HIV/AIDS program activities. These organizations provide a wide range of HIV/AIDS related prevention, care and support services and responses, including work with and include diverse health, education and development agencies, communications and the media as well as media focused efforts.

EngenderHealth will provide technical assistance aimed at achieving the following goals:

- Strengthening Emergency Plan grantees in commitment and ability to addressing the relationship between gender roles, gender based violence and the spread and impact of HIV/AIDS;
- Encouraging men to take an active stand against violence against women in their personal lives and in their communities;
- Increasing men's involvement in HIV/AIDS related prevention, care and support activities;
- Promoting men's active support for gender equality; and
- Increasing the quality of, and demand for, reproductive health care services provided to men with special attention to STI treatment, VCT services and ARV treatment adherence. This activity is part of an integrated program that includes VCT, ARV treatment adherence, and care and support. The additional components are described in the relevant program area of the COP.

Anticipated results will include increased demand for and access to quality HIV/AIDS prevention services for high-risk populations and awareness and knowledge about HIV/AIDS preventive practices increased. Specifically, the technical assistance provided by EngenderHealth to the various Emergency Plan grantees in South Africa will allow these organizations to reach men across the country with messages and services that will reduce the spread and impact of HIV/AIDS.

These activities are part of a holistic approach to increasing male involvement in HIV prevention. Additional components of this program are described within the prevention section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

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| <input checked="" type="checkbox"/> Policy and Guidelines | 10% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 10% |
| <input checked="" type="checkbox"/> Training | 40% |

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass-media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Clients of sex workers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional birth attendants <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialists/staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Military <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Peacekeeping personnel <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff |
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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: IMPACT RHAP / Family Health International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support FHI to work with and support local partners to provide HIV/AIDS services to mobile populations in border sites in Limpopo and Free State provinces. In addition, FHI with its partners will develop a comprehensive BCC strategy including developing target group specific IEC materials that are linguistically and culturally appropriate. FHI will also implement further activities with transport workers through the development of a workplace HIV/AIDS program and the provision of quality HIV/AIDS prevention services by the transport industry employers. FHI estimates that over 500,000 individuals will be reached through community outreach and over 600,000 will be reached through mass media activities.

Activities will include strengthening the skills of community volunteer peer educators to enable them to provide quality HIV/AIDS messages that include abstinence, faithfulness, and partner reduction for high risk target groups such as truckers and other mobile populations. This will be accomplished through various forums including organizing workshops, conducting regular training meetings, and performing intensive on-site supervision to ensure quality of services provided.

An intensive mass media campaign will support the BCC efforts. Community participation will be a critical element contributing to the effectiveness of the peer education program. Involvement of the communities will start from recruitment of the peer educators and will continue through message development and the actual implementation of community education on HIV/AIDS issues.

FHI's prevention activities described here reflect the South Africa portion of a larger regional initiative managed under the Regional HIV/AIDS Program (RHAP) for Southern Africa Corridors of Hope project, and thus the reach of activities expands across South Africa's border and across the region with impact greater than the activities and their intended South Africa results described here. Additional activities are described in the AB section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	20%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	675,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	540,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- High-risk population
 - Partners of sex workers
- Mobile populations
 - Truckers
- Sex partners
- Volunteers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Free State
 State Province: Limpopo (Northern)

ISO Code: ZA-FS
 ISO Code: ZA-LP

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ASPH Cooperative Agreement / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Harvard School of Public Health to the creation of 45 peer-based HIV prevention programs focusing on older youth, young adults and families in secondary schools, as well as HIV prevention and worksite programs in six provinces. Harvard will implement this project in collaboration between the Harvard School of Public Health, with the provincial departments of education, the South African Police Services, and the South Africa Department of Correctional Services, and local faith-based organizations. Harvard estimates that over 20,000 individuals will be reached with prevention messages through this program.

Rutanang peer education focusing on older youth, young adults, and families through worksite programs and faith-based organizations, continues to emphasize the benefits and rewards of primary and secondary abstinence and delay of sexual onset. However, for these populations prevention activities will also address information, attitudes and skills concerning fidelity, reduction in number of partners, condom use for those who are not abstinent, and improved diagnosis and treatment of STIs. In all settings, a reconsideration of male roles and behavior, promotion of gender equity, and reductions in gender violence will be critical components of a comprehensive prevention strategy.

The project will equip programs to use peer-based HIV prevention activities in the following settings: secondary schools as part of in-school Life Orientation and after-school activities conducted by NGOs; faith-based organizations; universities and technikons; and worksite programs. In FY05 Harvard will begin work with the South African Police Services and South Africa Correctional Services on peer education for employees and inmates. Training and technical assistance will be provided in the use of Rutanang guidelines, tools, and curricular materials, as well as the new MIS to be tested for all peer education programs in SA. The provinces where SAPS and Corrections implement peer education pilot sites are still to be determined, but school-based, faith-based and tertiary peer education for HVOP will be focused in Western Cape, Free State, KwaZulu-Natal, and Eastern Cape.

Peer education HIV prevention activities promoted by the project will increase access to HIV/AIDS prevention services for youth at high risk (especially in correctional facilities, tertiary institutions, and community settings); and provide "beyond awareness, beyond information" skills-based learning for youth and parents (through programs at SAPS and FBOs focusing on parents) in HIV preventive practices. An additional desirable outcome will be improvement in STI services and access to those services in tertiary institutions and correctional facilities.

This project is a component of an integrated program also described in the prevention, care, strategic information, and policy analysis sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	120	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	20,850	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	384	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- Street youth
- HIV/AIDS-affected families
- Implementing organization project staff
- Police
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Prisoners
- Religious/traditional leaders
- Students
- Primary school
- Secondary school
- University
- Teachers
- Trainers
- Volunteers
- Youth
- Girls
- Boys

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Key Legislative Issues:

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

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver 1 / John Snow Inc

Planned Funds:

Activity Narrative:

With support from Emergency Plan funds JSI will continue to support the STI & HIV Prevention Unit of the National Department of Health, providing logistics management technical assistance in the procurement, warehousing, distribution and tracking of the national male and female condom programs.

The JSI-developed Logistics Management Information System (LMIS) has ensured less than 1% stock-out rates in the provinces. JSI has provided support to the provinces in making condoms readily available and accessible, especially among vulnerable and high-risk populations.

JSI has begun the process of capacity building to develop the Department's technical capabilities to manage the LMIS and all logistics functions for this massive program (over 300 million condoms per year) without further long-term assistance from JSI. Recruitment of NDOH staff to fulfill newly established posts in logistics has begun and capacity building and final "hand over" process is expected to be completed in 2006. These HIV prevention activities form one component of an integrated program that also includes abstinence and faithfulness and ARV services components described in the relevant program areas of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Logistics	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Commercial sex industry
- Clients of sex workers
- Commercial sex workers
- Community-based organizations
- Factory workers
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
 - Traditional healers
- High-risk population
 - Discordant couples
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Religious/traditional leaders
- Students
 - University
- Sex partners
- Teachers
- Youth

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

HORIZONS will use Emergency Plan funds to enhance prevention among HIV-positive individuals and their partners by working with PLWHA support groups in Limpopo to (1) promote their understanding of the importance of their role in prevention, (2) integrate prevention strategies into their activities, and (3) promote adoption of positive behavioral norms. Results will include prevention messages developed; training curriculum developed; strengthened organizational capacity; improved understanding of gender issues in primary and secondary prevention; and improved understanding of PMTCT.

One hundred people will be trained in each of two support groups in Limpopo Province to provide prevention counseling and information, reaching an estimated 2,000 PLWHA. Activities that will be conducted include peer support, behavior change adherence strategies, counseling for STI prevention and treatment, partner reduction strategies, condom negotiation skills, and assistance with partner HIV disclosure.

This prevention activity forms one component of an integrated HIV/AIDS program that includes abstinence and faithfulness, home based care, and ARV services components that are described in the relevant program areas of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Training	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Community-based organizations
- Community health workers
- Doctors
- Nurses
- Discordant couples
- Police
- People living with HIV/AIDS
- Sex partners
- Girls
- Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)

ISO Code: ZA-LP

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Frontiers / Population Council

Planned Funds:

Activity Narrative:

In response to a rapidly escalating AIDS epidemic and high levels of sexual violence that lead to HIV exposure through forced sex, the SAG has approved and is implementing a policy supporting provision of post-exposure prophylaxis (PEP) for HIV. Emergency Plan funding through Population Council/Frontiers will support the PEP program at selected sites in the Limpopo provinces. Frontiers will train 50 health providers and estimates reaching 6000 clients per year with post-rate care including PEP services.

Within various provinces, individual hospitals, clinics, rape crisis centers and NGOs are developing approaches to PEP delivery on an ad hoc basis, and with little systematic monitoring or evaluation. Based on baseline assessments conducted in 2004, Frontiers, in collaboration with Limpopo Province and a local NGO, will implement and pilot approaches for delivering post-rape care.

The project will develop IEC materials to support implementation, train new service providers and offer refresher training to those trained in 2004/2005 funding cycle, monitor implementation, collect data to assess the effectiveness and cost of the model and document adherence to PEP. All HIV-positive rape survivors will be referred to the approved ARV roll-out centers for ARV assessment.

The project will (1) increase access to HIV/AIDS prevention services for rape survivors, who are a high-risk group; (2) increase awareness and knowledge about PEP and other HIV preventive practices among rape survivors, rape care service providers and community members; (3) strengthen human resource capacity to deliver ARV to rape survivors; (4) improve ARV compliance among those receiving PEP and increase demand for and acceptance of ARV treatment; and (5) provide strategic information on effective models of PEP service delivery for rape and strategies to strengthen ARV adherence.

These activities are part of a holistic program, with related activities described in the prevention, care and strategic information sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Community health workers
- Doctors
- Nurses
- Police
- Girls
- Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection

Coverage Area:

State Province: Limpopo (Northern)

ISO Code: ZA-LP

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

The military population is a high-risk group of individuals prone to high rates of infection of STIs and HIV. The South African Military Health Services will use Emergency Plan funding to support new and ongoing activities in condom access and promotion; promotion of healthy lifestyles; life skills; and responsible sexual decision-making; and the implementation of syndromic management of STIs.

The provision of condom containers and condoms is well-established and ongoing and is part of the comprehensive mutually-supportive ABC intervention program. This intervention will improve links directly to other interventions of behavior change and VCT, and improve monitoring of condom use distribution in this population. I'm not sure how they are going to monitor condom use, it's better to use condom distribution.

Health promotion activities will include (1a) promoting healthy lifestyle on National Youth day and other national days, (2b) presentations in military units, (3c) HIV/AIDS-related activities to commemorate health month, (4d) HIV and nutrition workshops, (5e) life skills and sexuality course workshops for youth, and (6f) renovation of existing training facilities to allow more training.

In order to implement syndromic management of STIs, this program will enable the (1a) training of all health care workers in the syndromic management of STIs, (2b) training of all health care workers on STI counseling and prevention; and (3c) distribution of posters and pamphlets that address STIs and their link to HIV/AIDS.

Activities will be carried out through the Masibambisane project, an integrated prevention and care program, with related components described elsewhere in this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Training	60%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Health Care Workers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Military
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age
- Youth

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative:

Through Johns Hopkins' Center for Communication Programs, Emergency Plan funds will support the Mindset project Health TV Channel to broadcast HIV content to 350 waiting rooms in public health facilities in all nine provinces. The project will target HIV treatment facilities and rural health clinics and will have separate channels for clients and health care workers. Emergency Plan funds will also link prevention themes from a popular TV program, Tsha Tsha, with targeted community mobilization. The MINDSET project Health TV Channel will broadcast HIV content to 350 waiting rooms in public health facilities, targeting HIV treatment facilities and rural facilities in all nine provinces. Separate channels will continue to broadcast distance learning material for health care professionals.

Increased topical and relevant HIV content will be produced for the Mindset channel. Mindset will reach 400 000 patients and 5000 health care workers with 27 hours of new materials created in multiple languages. This project includes an important public-private partnership with PanAmSat, the satellite communications network provider of the satellite communications network. Mindset prevention programs are integrated into service delivery sites where they are broadcast into waiting rooms. The Mindset broadcasts are complemented by discussions facilitated by trained health care workers. These HIV prevention Non-AB prevention activities are part of an integrated program also described in AB and care sections of this COP.

Emergency Plan funds will support the TSHA TSHA program; a TV drama that, through ballroom dancing and the stories of young people in a small town explores the challenges and life experiences of living in a rural community. It highlights their struggles with HIV and AIDS and associated social problems. The series uses a lesson approach in narrative, taking youth through the processes they can embark on to respond to HIV/AIDS in their lives, homes and communities. A 26 episode series will be produced. This television series is one of the most popular programs in South Africa and reaches an audience of 2.5 million youth each week that it is aired.

Themes from Tsha Tsha will be linked with targeted community mobilization, and with programs on community radios where listener and viewer groups discuss both the radio shows and the TV drama. Additional project components include peer education and provision of supportive services at tertiary institutions, schools and in communities where young people can be organized. In total, the project will have 112 outlets including listener and viewer groups with 2784 peer educators trained and a collective reach of 930,000.

These activities are part of an integrated prevention and care program described further in the AB, VCT and OVC sections of this COP.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds

21%
79%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2,500,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	930,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	3,134	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Health Care Workers
- Nurses
- Media
- Orphans and other vulnerable children
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Trade Unions Base funding / American Center for International Labor Solidarity

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Emergency Plan funds will support the Solidarity project be used to train and establish a mentorship program for 400 Master Trainers from among seven major public and private health sector unions in South Africa. Master Trainers from these unions will be provided with technical and financial assistance to conduct HIV and AIDS prevention education programs for union membership, senior union leadership and workplaces in the Eastern Cape, Western Cape, KwaZulu-Natal, Gauteng and Northern Cape provinces. In addition, a Young Workers' Campaign project involving life skills based education to enable young workers to embrace a healthy lifestyle including adoption of safe sexual practices and HIV prevention strategies will be implemented. Solidarity estimates that master trainers will provide training to at least 4,000 individuals, enabling them to undertake AIDS prevention activities, and will reach over 700 young workers through the HIV prevention campaign.

The American Center for International Labor Solidarity works with labor organizations throughout South Africa. The "HIV/AIDS Training and Technical Assistance Support Project" of the Solidarity Center was designed to strengthen the capacity of South African trade unions to implement effective HIV/AIDS prevention education programs. The Center will have established a cadre of over 400 master trainers from among the health and education sectors of the three South African trade union federations. Master Trainers will have responsibility for the following key HIV and AIDS prevention efforts: (1) develop strategies to increase the awareness of HIV and AIDS, STIs and TB among union members; (2) increase the involvement of unions in the development, implementation and monitoring of HIV and AIDS workplace policies and programs; (3) increase the involvement of men in HIV prevention efforts and in efforts to combat violence against women; (4) develop strategies to reduce the stigma and discrimination against HIV-infected members in the workplace and (5) develop strategies to promote healthy lifestyles and adoption of risk reduction behaviors, contributing to HIV prevention and care efforts in workers' communities. The Solidarity Center's HIV and AIDS Training Team (HATT) will provide ongoing mentorship and coaching to the Master Trainers.

The HIV and AIDS Training Team (HATT) of the Solidarity Center will serve as "mentors" or "coaches" for 400 Master trainers and will provide additional skills in program design and implementation, facilitation, and negotiation. Through the Mentorship Program, Master Trainers will have responsibility for the following key HIV and AIDS prevention efforts: (1) develop strategies to increase the awareness of HIV and AIDS, STIs and TB among union members; (2) increase the involvement of unions in the development, implementation and monitoring of HIV and AIDS workplace policies and programs; (3) increase the involvement of men in HIV prevention efforts and in efforts to combat violence against women; (4) develop strategies to reduce the stigma and discrimination against HIV infected members in the workplace and (5) develop strategies to promote health lifestyles and adoption of risk reduction behaviors.

Young workers, aged 20 - 34, comprise 44.72% of the workforce in South Africa. Solidarity's The Young Workers' Campaign project will reach 720 young workers within union structures and at the workplace through a year-long life skills based education and leadership development program. The program is designed to develop knowledge, positive attitudes and skills that assist young people in maintaining safe lifestyles. The Young Workers Campaign will provide training in the following core areas: health and sexuality education; HIV/AIDS/STIs and TB transmission and prevention; gender and the world of work; male involvement in HIV/AIDS prevention, care and support; culture and HIV/AIDS; Voluntary counseling and testing; management of HIV/AIDS in the world of work; leadership skills; teaching/learning methodology; dispute resolution; human rights and the law, organizing and collective bargaining. The Young Workers' Campaign will result in improved general health status and adoption of and maintenance of risk-reduction behaviors; increased capacity of young workers, aged 20 - 34 to develop and implement HIV/AIDS prevention programs and policies; increased awareness of HIV/AIDS status among young workers, increased involvement of young men in HIV prevention efforts and in efforts to combat violence against women and enhanced participation of young workers in traditional union structures and

campaigns. Solidarity's prevention activities with trade unions is one component of an integrated program that also includes counseling and testing activities which are described in the C&T section of the COP.

This activity is funded through a combination of CDC Base and GHAI funds, and appears twice in this program area as a result of the two funding sources. All targets for this activity are reported under Base funding.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	50%
<input checked="" type="checkbox"/> Workplace Programs	40%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	400	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Factory workers
- Health Care Workers
 - Community health workers
 - Nurses
- Miners
- Truckers
- Teachers
- Trainers
- Trade union membership

Key Legislative Issues:

- Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Northern Cape	ISO Code: ZA-NC
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Trade Unions GHAI / American Center for International Labor Solidarity

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Emergency Plan funds will support the Solidarity project be used to train and establish a mentorship program for 400 Master Trainers from among seven major public and private health sector unions in South Africa. Master Trainers from these unions will be provided with technical and financial assistance to conduct HIV and AIDS prevention education programs for union membership, senior union leadership and workplaces in the Eastern Cape, Western Cape, KwaZulu-Natal, Gauteng and Northern Cape provinces. In addition, a Young Workers' Campaign project involving life skills based education to enable young workers to embrace a healthy lifestyle including adoption of safe sexual practices and HIV prevention strategies will be implemented. Solidarity estimates that master trainers will provide training to at least 4,000 individuals, enabling them to undertake AIDS prevention activities, and will reach over 700 young workers through the HIV prevention campaign.

The American Center for International Labor Solidarity works with labor organizations throughout South Africa. The "HIV/AIDS Training and Technical Assistance Support Project" of the Solidarity Center was designed to strengthen the capacity of South African trade unions to implement effective HIV/AIDS prevention education programs. The Center will have established a cadre of over 400 master trainers from among the health and education sectors of the three South African trade union federations. Master Trainers will have responsibility for the following key HIV and AIDS prevention efforts: (1) develop strategies to increase the awareness of HIV and AIDS, STIs and TB among union members; (2) increase the involvement of unions in the development, implementation and monitoring of HIV and AIDS workplace policies and programs; (3) increase the involvement of men in HIV prevention efforts and in efforts to combat violence against women; (4) develop strategies to reduce the stigma and discrimination against HIV-infected members in the workplace and (5) develop strategies to promote healthy lifestyles and adoption of risk reduction behaviors, contributing to HIV prevention and care efforts in workers' communities. The Solidarity Center's HIV and AIDS Training Team (HATT) will be providing ongoing mentorship and coaching to the Master Trainers.

These trainers have the skills, information, and training to: 1) reduce the level of HIV transmission; 2) respond effectively to HIV-related issues in the workplace and public policy areas; and 3) contribute to HIV prevention and care efforts in workers' communities.

The following public and private health sector unions will engage in this project: Public Servants' Association of SA (PSA); Health and Other Service Personnel Trade Union of SA (HOSPERSA); Independent Municipal and Allied Trade Union (IMATU); Democratic Nurses Association of South Africa (DENOSA); National Education, Health and Allied Workers' Union (NEHAWU); South African Chemical Workers' Union (SACWU); and Municipality, Education, State, Health and Allied Workers' Union (MESHAWU).

Young workers, aged 20 - 34, comprise 44.72% of the workforce in South Africa. Solidarity's The Young Workers' Campaign project will reach 720 young workers within union structures and at the workplace through a year-long life skills based education and leadership development program. The program is designed to develop knowledge, positive attitudes and skills that assist young people in maintaining safe lifestyles. The Young Workers Campaign will provide training in the following core areas: health and sexuality education; HIV/AIDS/STIs and TB transmission and prevention; gender and the world of work; male involvement in HIV/AIDS prevention, care and support; culture and HIV/AIDS; Voluntary counseling and testing; management of HIV/AIDS in the world of work; leadership skills; teaching/learning methodology; dispute resolution; human rights and the law, organizing and collective bargaining. The Young Workers' Campaign will result in improved general health status and adoption of and maintenance of risk-reduction behaviors; increased capacity of young workers, aged 20 - 34 to develop and implement HIV/AIDS prevention programs and policies; increased awareness of HIV/AIDS status among young workers, increased involvement of young men in HIV prevention efforts and in efforts to combat violence against women and enhanced participation of young workers in traditional union structures and campaigns. Solidarity's prevention activities with trade unions is one component of

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an integrated program that also includes counseling and testing activities which are described in the C&T section of the COP.

This activity is funded through a combination of CDC Base and GHAI funds, and appears twice in this program area as a result of the two funding sources. All targets for this activity are reported under Base funding.

Over the two-year period (FY05 and FY06), the Solidarity Center will train and mentor 400 master trainers from seven private and public health sector unions. The training will involve 300 master trainers in FY05, and 100 in FY06.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	50%
<input checked="" type="checkbox"/> Workplace Programs	40%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Rural KZN Project / Center for HIV/AIDS Networking

Planned Funds:

Activity Narrative:

Emergency Plan funds will enable the Center for HIV/AIDS Networking (HIVAN) to carry out HIV-prevention training (including peer education skills development), and assist rural communities in KwaZulu-Natal Province to establish and support local community-led HIV/AIDS management programs. HIVAN estimates that 140 individuals will receive training under this initiative.

Specific activities will include: (1) training 60-75 local community health workers in (a) basic skills in AIDS-care, peer education, counseling, and networking, and (b) supporting volunteers in applying these skills in practical settings over the course of the year; (2) training 60 school learners in HIV-awareness, AIDS-care, counseling and peer education skills; (3) training 20 men in HIV-awareness and peer education skills; (4) building partnerships between local people and relevant civil society, and public and private sectors; and (5) document and evaluate the activities to develop guidelines for best practices around community mobilization and participation in relation to HIV and AIDS in rural areas of southern Africa.

The Center for HIV/AIDS Networking (HIVAN) is an externally-funded center at the University of KwaZulu-Natal. HIVAN has spent the past year conducting an in-depth case study of local responses to the challenges of HIV-prevention and AIDS-care in a remote, rural area in KwaZulu-Natal Province. (This area has limited access to roads, health services, radios, water, etc.) This work was done with an eye toward shifting from "intervention by outside experts" to "facilitation of local responses," and the growing importance of building social environments that are supportive of HIV/AIDS management efforts.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

	0	<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	140	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Faith-based organizations
- Medical/health service providers
- Traditional birth attendants
- Traditional healers
- HIV/AIDS-affected families
- Host country national counterparts
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Youth

Key Legislative Issues:

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

Coverage Area:

State Province: KwaZulu-Natal ----- ISO Code: ZA-NL-----

Program Area: Other Prevention Activities
Budget Code: (HVOP)
Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services, South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will support funding to the Department of Correctional Services (DOC) to implement an HIV/AIDS peer educator prevention program targeting adult offender/train offenders from all nine provinces. Master Trainers will be chosen from among offenders with long sentences from each of the 239 correctional facilities and receive training that includes basic information related to HIV transmission, effective preventive behavior, and care and support services available to PLWHA. Training content will also include s to utilize prevention materials (including basic HIV/AIDS information, the links between HIV and TB and HIV and STSTIs and TB link, and healthy nutrition and positive living) to a maximum benefit. Master trainers

To achieve long term benefits from this project, the Department will train master trainers among offenders with long sentences in each of the 239 facilities who will in turn be supported to train over 5,000 peer educators chosen from the other offender population, reaching over 125,000 individuals through outreach and education activities. PEPFAR funds will support 12 coordinators (2 per DOC region) to implement all aspects of the HIV/AIDS program including data collection and reporting. The project will include support for improved systems for service delivery and access for high risk populations

This program is intended to focus on adult offenders who need basic information on the spread of HIV and precautionary measures to prevent transmission. Peer educators will disseminate information to other prisoners and to the external communities upon their release, with the expectation of changed social and community norms to reduce high-risk behaviors, and increased demand for HIV-related services.

Emergency Plan funds will also support 12 coordinators (2 per DOC region) to oversee all implementation aspects of the program including data collection and reporting. The project will include establishing improved systems and linkages to these systems for service delivery and access to care for high risk populations. These

Services will also be offered to prisoners awaiting trial to increase impact in the prison population and to further disseminate skills if these prisoners are released into the community.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

- | Activity Category | % of Funds |
|---|------------|
| <input checked="" type="checkbox"/> Human Resources | 75% |
| <input checked="" type="checkbox"/> Training | 25% |

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	239	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,975	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	239	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Clients of sex workers
- Commercial sex workers
- Disabled populations
- High-risk population
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth
- HIV+ pregnant women
- People living with HIV/AIDS
- Prisoners
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys
- Transgender individuals

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Support / National Department of Health, South Africa

Planned Funds:

Activity Narrative: The Emergency Plan will support NDOH activities implemented by CDC to address the needs of several underserved groups severely affected by HIV/AIDS: youth, vulnerable/hidden populations such as injection and non-injection drug users, and sex workers using drugs.

A Rapid assessment will be conducted in three cities to better understand and respond to vulnerable/hidden populations using the I-RARE curriculum. The assessment will include training, field-work, data analysis and a final report on recommended approaches for working with these populations. The results will be used to develop a plan to reach the target groups using community-based outreach, referral to VCT, drug treatment and HIV/AIDS care.

The CDC South Africa office will hire a youth program specialist to develop a youth prevention (based in part on the rapid assessment) strategy for the NDOH and youth providers, and to build capacity of local youth-serving organizations to provide skill-building and youth specific interventions.

Dr. Donna Futterman, a leader in adolescent medicine, will provide technical assistance to a youth clinic in Khayelitsha including expansion of HIV-related services at the current youth center, creation of a second youth clinic, and TA to providers treating youth in other health settings.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Needs Assessment	70%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Commercial sex workers
- Community members
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Injecting drug users
 - Street youth
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Students
 - Secondary school
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Traditional Healers Project / Nelson Mandela School of Medicine, University of KwaZulu-

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the University of KwaZulu-Natal in direct collaboration with Associations of Traditional Healers to train 200 traditional healers to deliver HIV prevention messages to their clients and communities. This Traditional Healers Project will vastly expand access to HIV prevention information in mostly rural communities, with over 250,000 people reached directly as a result of this initiative.

The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional healers in rural areas of Ethekwini District, KwaZulu-Natal Province. Traditional Healers are extremely influential in KwaZulu-Natal, and are a largely untapped resource in HIV/AIDS prevention and mitigation on the community level. They are also generally considered to hold conservative attitudes towards sexual practices and abstinence that make them natural partners in HIV prevention efforts. This project will provide traditional healers with the necessary tools and training to act as effective HIV prevention agents.

Through a carefully-designed HIV training program this project will build upon the HIV prevention and mitigation messages already developed and delivered by the provincial health department, and adapt them to the work of the traditional healers. ABC was developed in a 1st world cultural context, and for reasons still unknown to health professionals, the ABC message has not been entirely successful in the Zulu cultural context. These issues will be explored directly with the healers and messages will be developed that effectively work within the healers' own culture to achieve prevention goals.

This project is one component of a comprehensive program to integrate traditional healers into South Africa's Comprehensive HIV/AIDS work. Prevention and care aspects of the program are described elsewhere in this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%
<input checked="" type="checkbox"/> Workplace Programs	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	264,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Traditional healers

Key Legislative Issues:

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

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

The Reproductive Health Research Unit (RHRU) will use Emergency Plan funds to provide technical assistance to providers of critical government programs, will support the distribution of condoms and will operate programs targeting a high-risk area in the suburb of Hillbrow in inner-city Johannesburg (Gauteng Province), in Durban (KwaZulu-Natal Province), and in the Limpopo Province.

RHRU provides support and technical advice on the development and rollout of critical new programs identified as government priorities. Specifically, RHRU will use Emergency Plan funds to support the development of services for comprehensive HIV management including HIV and prevention, STI prevention and treatment.

The targeted area in Johannesburg includes a primary health care clinic (Esselen Street Clinic), a large Comprehensive Care Clinic (Hillbrow PHC), Johannesburg Hospital (which is a tertiary referral hospital), and the Johannesburg mayoral Health Precinct project, which intends to provide urban regeneration through the provision of HIV-themed support services in the greater Hillbrow area. The area is very densely populated, transitory, and poor, with a high HIV and unemployment rate. It includes brothels, transitory hotels and hostels occupied by migrant workers.

Emergency Plan funds will be used to support the commercial sex worker project which provides support to leave sex work, STI treatment, provision of condoms, and barrier method education, with a separate program educating clients as to the risks of unprotected sex. The funds will support training in STI and TB management for health providers and will specifically target ARV and non-ARV sites that need to manage and appropriately refer HIV-infected clients.

The RHRU is an official research entity of the University of Witwatersrand (Wits) Department of Obstetrics and Gynecology, and a central partner in the Wits AIDS Research Institute. These prevention activities are part of a comprehensive, integrated service delivery program, related components of which are described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Brothel owners
 - Clients of sex workers
 - Commercial sex workers
- Community leader
- Community members
- Family planning clients
- Government workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population
 - Partners of sex workers
 - Street youth
- HIV+ pregnant women
- Media
- Mobile populations
 - Migrants
 - Migrant workers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection

UNCLASSIFIED

Coverage Area:

State Province: Gauteng
State Province: KwaZulu-Natal
State Province: North-West

ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-NW

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Regional HIV/AIDS Project / Population Services International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support PSI's South African affiliate, the Society for Family Health (SFH), to promote behavior to reduce the risk of HIV/AIDS transmission among high risk groups, focusing on mobile populations, particularly women who engage in transactional sex and their partners at the Mussina and Ficksburg border-crossing areas. Behaviors to be promoted will include abstinence, fidelity, delayed sexual debut, early treatment of STIs, and condom use (among sexually active target groups). SFH will work closely with local community-based organizations (CBO) in each project area and will partner with other NGOs that receive funding under the Regional HIV/AIDS Program for Southern Africa, the Corridors of Hope (COH) Program umbrella. SFH's prevention activities will reach an estimated 30,000 individuals under this initiative.

The first activity will include partnering with the Center for Positive Care (CPC) and the Sexual Health and Rights Promotion Program (SHARP) to support their peer-education activities by reinforcing health education messages being delivered, making sure materials are made available, and ensuring outdoor health promotional advertising. Quarterly site visits will be coordinated among partners to promote maximum program effectiveness. The second activity will involve distribution of Government of South Africa's public-sector CHOICE condoms and efforts to increase the number of outlets carrying Trust and Lovers Plus brand condoms, increasing availability and access among sexually active high risk groups. Additionally, SFH and its sister organization in Lesotho (PSI) will work with border officials to ensure that public sector condoms are and continue to be available at the border crossing. Correct and consistent condom use messages will be promoted where condoms are distributed and will be made visible at the border crossing. The third activity will involve SFH providing training to local CBOs on condom social marketing and assisting with creating income generating opportunities among low income women and informal traders through condom distribution. The final activity will involve SFH working with CPC and SHARP to identify and promote health clinics that are affordable and accessible to the project's target groups. Working together, the NGOs will distribute brochures describing HIV/AIDS and STI symptoms and the need for testing, treatment and prevention services.

SFH's prevention activities described above form one component of an integrated prevention program that also includes abstinence and faithfulness activities that are described within the A/B section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	58%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	32%

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.2.9: PROGRAM PLANNING OVERVIEW.

Result 1: Improved and expanded linkages between Testing and Counseling services and care and treatment facilities, and incorporation of CT into routine primary health care services.

Result 2: Improved implementation of National Testing and Counseling policies, procedures, training materials and guidelines.

Result 3: Increased use of HIV Testing and Counseling services

Result 4: Improved availability and access to HIV Testing and Counseling Services

Total Funding for Program Area (\$): **Current Program Context:**

HIV Counseling and testing (CT) 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 CT, establishing policies, procedures, and guidelines and legislating intervention strategies. The SAG uses the term VCT for the full suite of informed, client-focused pre- and post-test counseling, testing and referral, including freestanding CT, couples services, mobile outreach services and testing to prevent mother-to-child transmission. The VCT policy encourages integration of counseling and testing with other services (TB and STI management), but the SAG has not yet adopted the new broader WHO approach on counseling and testing. Currently, most CT sites are still health facility/clinic-based (80-90% of these services are part of diagnostic testing) and this challenges accessibility, especially in rural areas. The NDOH reports over 3,000 CT sites throughout the country (covering 73% of public health facilities), and over 12,000 professional/lay counselors and volunteers. The South African National Voluntary Counseling and Testing, HIV Prevention and Care Strategy (2003) seeks to develop a more comprehensive CT program intended to provide universal access to an adult population between the ages of 15-49 through public and non-governmental sector partnerships by the end of 2005. SAG activities in this program area include the development of accreditation and quality assurance programs for all sites providing CT services, support to the provinces through quarterly CT meetings, the development of CT training materials, and the provision of targeted training. USG CT activities continue to support NDOH efforts to expand and improve the quality of current CT sites and services, which are critical to the success of the national rollout plan for ARV treatment. USG agencies provide ongoing technical assistance to the NDOH, assisting the department in its development of new CT guidelines, policies and strategies. USG agencies have funded an assessment of CT services; USG-supported NGOs, CBOs and FBOs are providing ongoing training; temporary staff is being provided to assist NDOH in the area of data management and monitoring and evaluation, and in the development and implementation phase of a National Mentorship Program for lay counselors. The USG continues to provide CT training for all nine provinces, particularly in the area of couples counseling, and provides CT training specifically to NGOs and trade unions. All USG CT activities are intentionally linked to clinical care and support and/or treatment activities to assure that individuals testing positive have access to needed services. Other USG projects expand CT activities in traditionally underserved populations (prison inmates/employees and the military) and support the integration of CT services within primary health care services. With the expansion of HIV related treatment in South Africa, the role of CT in identifying and referring those in need of HIV-related services is essential. New USG activities will strengthen linkages between CT and PMTCT and fund the development of a referral network to TB, STI, family planning and home-based/palliative care services. USG-supported projects in South Africa will increase the demand for CT within targeted areas offering ARV service points, thus contributing to Emergency Plan targets to expand access to clinical care for persons infected with HIV. The German Development Bank is another major donor working in this area, providing funding for infrastructure development in three provinces, and expanding next year to all nine provinces.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Academy for Educational Development

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Academy for Educational Development (AED) in partnership with the Project Support Group (PSG), Cambridge Consulting Corporation (CCC), Satelife, and Crown Agents to improve CT services via a network of up to 100 NGOs across all 9 provinces. Through this activity, the team will (1) Increase the availability, access and utilization of CT; (2) Develop the capacity of NGOs as partners in CT provision; (3) Support NGO staff to improve delivery of CT; (4) Implement national level systems; and (5) Roll out national guidelines. AED estimates that over 88,000 individuals will receive counseling and testing services as a result of their activities.

AED will perform assessments of NGO selected sites, hold workshops with key stakeholders, provide CT training to nurses and counselors and other partner organization staff, implement a standardized referral and monitoring system, implement protocols for procurement, distribution and monitoring of test kits, and measure results via newly implemented data management systems.

These activities specifically support USG's Counseling and Testing targets by strengthening overall CT services, promoting utilization of such services and ensuring increased numbers of trained personnel at CT service sites. AED's activities will increase the number of health care sites offering CT services, increase the number of individuals trained in CT by 250, and increase the number of individuals referred to care and treatment services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	250	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- Implementing organization project staff
- International counterpart organization
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare
 Planned Funds:

Activity Narrative:

Emergency Plan funds will support Africare to assist 17 target clinics and 1 Hospital (Hewu) in the Eastern Cape Province to be accredited as CT sites. Health care services will be strengthened through the training of existing health personnel including 22 nurses in CT. 90 community caregivers and lay counselors will also be trained to provide on-going counseling services, to implement campaigns to promote CT services in the community, and to provide direct referrals for CT and supportive services. Africare estimates that over 8,000 individuals will receive counseling and testing services as a direct result of this program.

Africare will establish direct linkages between individuals who test positive and treatment, care and support services through the formation of support groups for PLWHAs and a system for routine referrals. Pregnant women counseled and tested at CT sites who test positive will be directly referred to PMTCT services and connected to community based care and support activities as clinically appropriate. Six of the trained caregivers will be responsible for supervision of the counseling and community care provision, CT promotion, and referral activities. NDOH staff at the sites (nurses, pharmacists and doctors) will be responsible for the procurement of test kits, rapid testing and clinical treatment. Africare will also implement 'care for the care giver' activities by facilitating regular, structured psychological support for community caregivers and lay counselors through activities such as debriefing sessions with psychologists appointed by the NDOH.

Through these activities, Africare anticipates increased access to and uptake of CT in the Hewu community, strengthened referral systems (social support, orphan care and antenatal care), and improved care and support for HIV-positive community members. Africare's CT activities are one component of an integrated program that includes HIV prevention, care and support, and ARV services activities. These other components are described in the relevant program areas of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	134	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,120	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	18	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
 - Traditional healers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Pregnant women
- Religious/traditional leaders
- Students
 - University
- Teachers
- Volunteers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Aurum Health Research

Planned Funds:

Activity Narrative:

Aurum Health Research is an industry-founded health organization providing health care, including HIV services, to employees of major mining and manufacturing corporations. Through this innovative public-private partnership, Aurum will use Emergency Plan funds to expand health services including counseling and testing to dependents and partners of employees, and to contractors. Aurum estimates that 4000 individuals will receive counseling and testing services as a result of this program.

Aurum currently operates 65 health care delivery sites, with plans to expand to 85 sites by March 31, 2005, and to a total of 115 by the end of March 2006. The primary aim of Aurum's CT services is to promote change in sexual behavior in order to reduce the risk of acquiring or transmitting HIV, thereby reducing the incidence of new infections. The secondary aim of the services is to identify those who are HIV-positive as early as possible and encourage them to access the benefits of the disease management program offered at Aurum's HIV care clinics. CT is offered at all health facilities currently participating in the program and CT guidelines will be reviewed and standardized throughout these facilities within the first month of project implementation.

Aurum's CT activities are part of an integrated service delivery program also described in the care and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	65%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	3,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	115	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- HIV/AIDS-affected families
- Sex partners

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASC2: Integrated Primary Health Care Project / Management Sciences for Health
 Planned Funds:

Activity Narrative: Emergency Plan funds will support MSH's International Primary Health Care Project (IPHC) to work in five provinces to expand and strengthen CT services. The focus of activities will be to: (1) Expand counseling and testing services to non-participating health facilities and tertiary education institutions in the target districts; (2) Strengthen existing CT services through ongoing supportive supervision and mentoring to ensure quality of service; and (3) Increase community mobilization, and improve networking and linkages between community structures, health facilities and tertiary institutions to ensure greater community participation. In all activities, IPHC will strive to ensure greater participation of PLWHAs. IPHC estimates that over 6,000 individuals will receive CT services as a result of this program.

Expansion will be facilitated through training of health care providers (professional and nonprofessional) on counseling and testing, couples counseling, and methods of integrating counseling and testing into routine primary health care services (TB, STI, ANC, FP). There will be a special emphasis on expansion of counseling and testing services to both in and out of school youth through youth friendly initiatives at the clinic level. The skills and attitudes of health care providers towards youth will be improved through training on interpersonal relationships, and understanding of cultural and social differences impacting access to youth.

The supervision and mentoring will focus primarily on clinic supervisors and program managers, building their capacity to mentor and supervise other health care providers. IPHC will also train the members of the HIV/AIDS, STI and TB (HAST) committee, clinic committees and hospital boards to monitor and evaluate these services. This will not only assist the district in tracking its indicators for these services (and thus key Emergency Plan indicators) but will ensure that national norms and standards for CT services are maintained. Improved quality of service will also result in increased uptake of CT services.

MSH's CT activities are part of an integrated program also described in the prevention, care and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	55%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	400	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Family planning clients
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Discordant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Ministry of Health staff
- Mobile populations
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
 - University
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:**Coverage Area:**

State Province: Eastern Cape
 State Province: KwaZulu-Natal
 State Province: Limpopo (Northern)
 State Province: Mpumalanga
 State Province: North-West

ISO Code: ZA-EC
 ISO Code: ZA-NL
 ISO Code: ZA-LP
 ISO Code: ZA-MP
 ISO Code: ZA-NW

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Nelson Mandela Children's Fund, South Africa

Planned Funds:

Activity Narrative:

The Nelson Mandela Children's Fund (NMCF) will use Emergency Plan funds to support their multi-sectoral community-based program, Goelama, to implement community level interventions to increase availability, acceptance, and utilization of counseling and testing (CT) services in program target communities. NMCF estimates that 20,000 individuals will receive CT as a direct result of program activities.

Goelama will provide training to home-based care workers in HIV/AIDS prevention, including CT promotion. Volunteers will implement community education and mobilization strategies to increase community knowledge and acceptance of CT, ultimately resulting in increased utilization of CT services among members of their target communities. In addition, the project will promote increased access to CT centers for rural communities, creation of youth-friendly corners, and increase CT coverage through collaboration with government and other partners. The project will build capacity and develop and strengthen linkages between partner community organizations providing counseling and testing services and local health clinics to enhance the effectiveness of CT and ensure that the individuals and children who receive CT will have direct access to care and treatment as needed.

This CT activity is part of an integrated program that also includes HIV prevention and OVC components that are described in those relevant program areas of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	19%
<input checked="" type="checkbox"/> Policy and Guidelines	22%
<input checked="" type="checkbox"/> Training	39%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	55	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	20,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	8	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Disabled populations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Traditional healers
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- Infants
- Ministry of Health staff
 - Refugees/internally displaced persons
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Teachers
- Trainers
- Volunteers
- Widows
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **Frontiers / Population Council**

Planned Funds:

Activity Narrative:

Following a request by the National Department of Health and in collaboration with the Northwest Province DOH, the Population Council's Frontiers project will use Emergency Plan funds to implement a program that increases access to CT and HIV prevention information among clients accessing family planning services. The Frontiers project will pilot test various models of integrating CT into routine family planning (FP) service provision and document effectiveness. Frontiers estimates that 7,200 individuals will receive CT services as an indirect result of project activities.

Family planning services have the highest volume of clients seeking health care in public facilities in South Africa. These clients have not yet been directly targeted for CT services. Frontiers will train service providers and their supervisors in CT integration and monitoring at 12 clinic sites, and will review the operations of an additional 12 clinics in preparation for further expansion of their CT activities. Frontiers expects to document results and best practices and to disseminate them widely, supporting their utilization in the intervention districts. In addition, Frontiers will develop IEC materials, job aids, and monitoring tools to assist project implementation, and will follow up clients to assess the effectiveness of two intervention models. All HIV-positive clients identified in the intervention clinics will be referred, for an ARV assessment, to the approved ARV rollout centers in the Province. This CT activity is part of an integrated program that also includes MTCT and ARV Services components that are described in those relevant program areas of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Family planning clients
- Nurses
- Ministry of Health staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: North-West

ISO Code: ZA-NW

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Right To Care, South Africa

Planned Funds:

Activity Narrative:

Right to Care, a South African NGO established in 2001 to increase access to HIV treatment by building public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy, will use Emergency Plan funds to strengthen capacity of health care providers at 10 public and NGO health care sites to provide counseling and testing (CT) services. Right to Care anticipates providing CT training to at least 100 people and contributing to at least 10,000 individuals receiving CT services.

Specific activities will include the continuation of a public-private partnership with The Careways Group to improve and expand a national CT service provider network; ongoing training of CT service providers; the continued implementation of community outreach activities to promote CT uptake among populations at risk; the continued implementation of CT Access projects aimed at bringing CT services closer to vulnerable populations (including the procurement and use of two new mobile CT clinics which will facilitate access in remote areas and vulnerable populations); and the improvement of referral systems to increase the linkages between CT and care and treatment services.

The quality and sustainability of CT services at supported sites and programs will be monitored and improved through the provision of technical support by Right to Care's HIV program experts. This includes the development and reviewing of protocols and guidelines; conducting monitoring and evaluation activities; and introducing quality assurance programs. Right to Care will assure expanded linkages between CT services and care and treatment facilities as this activity is part of an integrated program that includes basic care and support and ARV treatment components.

Activity Category

<input checked="" type="checkbox"/> Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Community leader
- Community members
- Community-based organizations
- Factory workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
 - Private health care providers
- High-risk population
 - Discortant couples
- HIV/AIDS-affected families
- HIV+ pregnant women
- Miners
 - Migrant workers
 - Truckers
- People living with HIV/AIDS
- Students
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

The South African Military Health Services will use Emergency Plan funding to support the improvement and expansion of CT services at 130 existing medical assessment units. SAMHS will train 200 health care workers and purchase training and IEC materials at each of these units. Activities will be carried out through the Masibambisane project and it is estimated that at least 4,000 individuals will receive CT services as a direct result of project activities.

The military community is considered a high-risk group due to deployment in dangerous areas, mobility and deployment away from their families. CT is an effective means of preventing HIV infection as well as an entry point to treatment and care services, thus making contributions to all Emergency Plan goals. Counseling and testing is currently an essential component of military health assessments with the primary purpose being to maintain the seronegative status of military members. However, although CT is available to all 465 military units through the 130 medical assessment units, many units require enhancements to existing infrastructure in order to improve access, acceptability (confidentiality), and utilization of these services.

All activities will be carried out through the Masibambisane Project, an integrated service delivery program, with related activities described in the prevention and care sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	35%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	400	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	465	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers
- Youth
- HIV/AIDS-affected families
- Military
- Peacekeeping personnel
- Mobile populations
- Women of reproductive age

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative:

Through Johns Hopkins' Center for Communication Programs, Emergency Plan funds will support the Mindset project Health TV Channel to broadcast HIV content to 350 waiting rooms in public health facilities. The project will target HIV treatment facilities and rural health clinics and will have separate channels for reaching clients and health care workers. HIV content will be produced for the channel encouraging clients to access counseling and testing (CT) services and providing health care professionals with the appropriate skills and information to improve these services. Approximately 500 peer educators will be trained in CT. In addition, 27 tertiary health institution partners and 5 Valley Trust service sites (including mobile clinics) will provide direct CT services reaching over 10,000 individuals with CT.

The Mindset program maximizes the response to HIV/AIDS in South Africa by linking themes from mass media programs with community mobilization activities, including CT promotion and linkages to CT services. The program will reach an estimated 400,000 patients with 27 hours of new HIV educational material including messages promoting CT. 5000 health care workers will have access to distance learning training in CT. Furthermore, this project involves an important public-private partnership with PanAmSat, the satellite communications network provider for the project. Mindset broadcasts are accompanied by discussions facilitated by trained health care workers. Mindset's CT activities are part of an integrated program also described in prevention and care sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	65%
<input checked="" type="checkbox"/> Information, Education and Communication	35%

Targets:

		<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	500	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	33	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Health Care Workers
- Community health workers
- Nurses
- Religious/traditional leaders
- Students
- Primary school
- Secondary school
- University
- Teachers
- Youth -
- Girls
- Boys

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Trade Unions GHAI / American Center for International Labor Solidarity

Planned Funds: []

Activity Narrative:

In FY05, Emergency Plan funds will support the Solidarity Center to promote CT services among trade unions through the implementation of (1) nine master training of trainer (TOT) workshops on CT for 225 master trainers recruited from the ten health sector unions, and (2) eighteen workshops (2 workshops per province) for 500 lay counselors. The Solidarity Center anticipates that 17,000 individuals will receive counseling and testing services as a result of this program.

The HIV and AIDS Training Team (HATT) of the Solidarity Center will provide guidance and support in the integration of CT services and training within union structures and workplaces. HATT will promote CT services among the trade union training participants and coordinate community outreach efforts within the communities where workers reside. The 225 Master trainers will share responsibility for the training of the 500 lay counselors within their union structures, workplaces, and in the community as well as promoting widespread utilization of CT services. Master trainers will be able to apply to the Center's small grants program to support their CT training program and information activities. Trade union participants will be encouraged to learn their HIV status and adopt safe sexual practices. Master trainers and lay counselors will develop competencies in a client-centered approach to counseling, use of the CT protocol card, and training curriculum. Union members will personalize their risk for HIV infection and utilize VCT services, either in the workplace or within the community.

In addition, the Solidarity Center will provide continued financial and technical support to the HIV and AIDS prevention, care and support program of the South African Clothing and Textile Workers' Union (SACTWU). SACTWU has established five non-medical, stand-alone CT sites in KZN (Durban), Port Elizabeth and East London (Eastern Cape), Western Cape, Johannesburg (Gauteng) and Free State to serve its membership of 350,000 people. The SACTWU program provides "in-house" testing and counseling, a workplace HIV prevention program for senior leadership and management, shop stewards, volunteers, health care staff and all other workers in the workplace as well as a home-based care and access to "affordable" treatment of OIs program. SACTWU will provide training to a total of 1,500 shop stewards to serve as lay counselors on CT in 1,207 factories in the five regions.

This project is part of a broader program described in the prevention section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Training	40%
<input checked="" type="checkbox"/> Workplace Programs	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	7,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	7	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community-based organizations
- Factory workers
- Health Care Workers
- Community health workers
- Miners
- Teachers
- Trainers
- Trade union membership

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: Free State
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-FS
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Teachers Union / American Center for International Labor Solidarity

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Solidarity Center to train 5,000 school representatives from the teacher unions of KwaZulu-Natal, Limpopo, and Eastern Cape provinces in HIV counseling and testing (CT) through implementation of a 3-day workshop facilitated by master trainers from the Center's HIV AIDS Training Team (HATT). Two modules from the Educators' AIDS Action kit devoted exclusively to CT will be used to build skills for school-based peer education. These activities are intended to promote uptake of CT services by 40,000 teachers.

In the 3-targeted provinces, 15,000 school representatives will take the lead in: (a) teacher peer-group education on CT and fighting stigma in 5,000 schools; (b) promotion of CT community services (including CT community mapping); and (c) mobilization of teachers for referral for testing and pre/post-test counseling services in the community. For remote and rural schools, negotiations will be held with the provincial Department of Health officials to include CT services in existing mobile clinics. This will increase access to CT facilities for teachers, students, and others in the community.

In rolling out the peer education activities in the 5,000 schools, school representatives will promote CT as a strategy to prevent HIV, and a way to learn to live with HIV, as well as to assist in mitigating stigma and discrimination in the education system. The primary message will be "If you care for yourself, get yourself tested." The marketing of community CT Centers is intended to increase the uptake and accessibility of CT to between 40,000 and 50,000 teachers. The current survey of teachers indicates 80% (40,000) of teachers are likely to get tested and receive pre/post-test counseling.

This activity is part of an integrated service delivery program described in the PMTCT, care, prevention and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2,500	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Community health workers
- Nongovernmental organizations/private voluntary organizations
- Teachers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will support Hope Worldwide South Africa to provide direct CT services to approximately 6,000 clients at Hope Worldwide sites and collaborating service outlets; promote community awareness of CT through clinic waiting rooms, and through community outreach programs including High Transmission Areas and Men As Partner programs; and train 1,500 medical and non-medical staff at CT service outlets in both primary and tertiary healthcare services using international risk reduction protocols.

Hope Worldwide South Africa has been involved in counseling and testing activities for the past four years, providing training to and working closely with both public and private community healthcare centers that provide CT services to strengthen referral mechanisms for PLWHA and to improve the continuum of care. All CT services will be directly linked to existing HIV care and treatment services. Hope's CT activities form one component of an integrated program that also includes HIV prevention, care and support, and orphan and vulnerable children activities that are described separately in the relevant program areas of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	44%
<input checked="" type="checkbox"/> Local Organization Capacity Development	13%
<input checked="" type="checkbox"/> Training	43%

Targets:

Target	Value	Applicability
Number of individuals trained in counseling and testing	150	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	7,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	25	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
 - Medical/health service providers
 - Nurses
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Humana People to People

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the South African NGO Humana People to People (Humana) to implement a comprehensive HIV/AIDS prevention and care program called Total Control of the Epidemic (TCE). One component of this program involves mobilizing community members to participate in voluntary counseling and testing activities. Every individual within the project target area, Waterberg & Bohlabela Municipal Districts of Limpopo Province, will be reached with education messages including CT promotion as appropriate with direct referrals to be made to Humana's 2 CT Centers. Humana anticipates that over 2,000 individuals will be counseled and tested for HIV as a direct result of their program activities.

Humana's CT centers will each offer fixed site and mobile outreach counseling and testing services. Two nurses and four counselors will be trained and employed per center. Human's person-to-person HIV education and prevention campaign (described in detail in the prevention program area of this document) will mobilize individuals in the community to seek counseling and testing services from these centers. Persons who test positive will be referred to Humana's home based care program and linked to department of health clinic services as appropriate. Humana's CT activities form one component of an integrated HIV/AIDS program that includes prevention and CT components.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	12	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men People living with HIV/AIDS
- Women
- Community members
- Health Care Workers
- Nurses

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)

ISO Code: ZA-LP

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services, South Africa

Planned Funds:

Activity Narrative: Emergency Plan funds will support the National Department of Correctional Services' (NDCS) to train 300 nurses, 150 social workers, 10 psychologists and 10 spiritual care workers from 239 correctional service sites in pre- and post-test counseling (a total of 470 staff) in order to increase access to CT services to offenders. The NDCS estimates that at least 2000 individuals will be counseled and tested as a result of this initiative.

Currently, NDCS HIV counseling and testing activities are limited by inadequate numbers of trained staff, and these counseling and testing services are offered only through an appointment upon request by the offender or when recommended diagnostically by a medical practitioner (with consent of offender). At present, few health-care professionals are trained in both testing and counseling. CT is currently promoted during health education sessions with offenders and upon admission of offenders into the NDCS system, creating demand that is not well met with current human resource capacity. Emergency Plan funds will leverage NDOH-funded training in testing, and NDCS-funded provision of test kits.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	470	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	239	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Clients of sex workers
- Commercial sex workers
- Disabled populations
- Nurses
- High-risk population
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth
- HIV+ pregnant women
- People living with HIV/AIDS
- Pregnant women
- Prisoners
- Sex partners
- Volunteers
- Widows
- Women of reproductive age
- Youth
- Girls
- Boys
- Transgender individuals

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

The Eastern Cape Regional Training Center (RTC) is part of the Eastern Cape Department of Health, and is managed by the University of Transkei. The RTC was developed as a best practices model for training on skills and knowledge critical for the implementation of the government's Comprehensive Plan for HIV/AIDS. Emergency Plan funds will support CT activities at the RTC, both through direct services delivery, and training to provincial level health workers providing HIV/AIDS services. RTC will work directly in two hospitals and nine clinics in the O.R. Tambo district. In addition, the RTC provides training on HIV/AIDS, including CT, to both provincial health workers and lay counselors working in communities and clinics.

Counseling and testing activities are an essential component of the services offered through the Regional Training Center. To further improve counseling and testing services, Emergency Plan funds will be used to support the following activities: (1) Standardization of a model counseling curriculum; (2) Development of operational and training materials; (3) Demonstration of counseling and testing best practices in 12 clinics; and (4) Development of counselor mentoring and support programs. These lessons will be of great value not only to the Eastern Cape Health Department, but also the National Department of Health.

Through this program 7,200 individuals will be counseled and tested as a direct result of this initiative and another 12,000 will receive CT services from health care sites that have participated in RTC CT training program activities.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	500	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	7,200	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	12	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Government workers
- Health Care Workers
- Community health workers
- Medical/health service providers
- Nurses

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Support / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will support CDC in providing assistance to the National Department of Health (NDOH) in the implementation and support of counseling and testing (CT) activities. A full-time CT technical advisor will be hired and placed at NDOH to assist with coordination of CT activities which will include efforts to: integrate CT services into HIV/AIDS care services; improve and expand MIS and data management capacity at CT sites; develop referral networks; target students, trade union representatives, and inmates for CT; and increase couples counseling.

CDC will also work with the Higher Education HIV/AIDS Program (HEAIDS), the first nationally coordinated effort to improve capacity of all higher education institutions to prevent, manage, and mitigate the impact of HIV/AIDS. There are 26 CT sites within the higher education sector, which are mostly utilized by students. Demand for testing is currently low (an average of 25-30 students per month across the sector) but is increasing. Through USG support, the project will enhance the capacity and promotion of CT services by conducting five capacity-building training sessions for allied healthcare workers in institutes of higher learning throughout the nine provinces in South Africa.

The USG and its partners recognize the importance of exploring a variety of models for delivery of counseling and testing in order to rapidly scale up access with the aim of identifying persons eligible for treatment. These models will include counseling and testing in clinical and other settings such as STI and TB treatment programs, expanding stand-alone services with a community based approach, and encouraging the adoption of routine testing policies.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	40%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,050	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	9	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community-based organizations
- Country coordinating mechanisms
- Factory workers
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- High-risk population
 - Discordant couples
 - Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Police
- Miners
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Prisoners
- Program managers
- Students
 - University
- Trainers
- USG in country staff
- USG Headquarters staff
- Volunteers
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Health Laboratory Service, South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Sexually Transmitted Infections Reference Centre (STIRC) of the National Health Laboratory Service (NHLS) to incorporate CT activities into their STI presumptive treatment program services. CT will be provided at all mobile service points, bringing counseling and testing to women and men in these communities. Community-based CT will be marketed through local mass media, peer educators and other promotional activities. STIRC estimates that 12,000 individuals will be counseled and tested as a result of their activities.

The STIRC presently has a network of 11 mobile clinics that targets women at high risk (WAHR) for sexually transmitted infections in communities close to mine shafts in the Welkom and Carttonville areas. The mobile clinic program is a public-private partnership between STIRC and mining companies operating in these areas. STIRC will train existing peer educators and mobile clinic staff and other health service staff from surrounding areas to provide CT services. Informational, educational and counseling materials will be produced and/or adapted and distributed to encourage uptake of CT. CT teams composed of peer educators/counselors and professional nurses will be used to motivate people to seek testing at these mobile sites. Prior to implementation, the new service will be marketed to the public health sector and referral mechanisms will be formalized with the clinic to minimize inconvenience to the clients and to assure care and treatment services for those who test positive. Appropriate referrals and preliminary work-up including CD4 counts will be done on site at these community-based mobile health units for those who test positive for HIV. The success of the CT program will be assessed by monitoring CT uptake and ART enrollment.

Through the very successful STI presumptive treatment program for WAHR, mobile clinics operating in the areas have built up a position of trust with these previously neglected persons and the communities where they live. Good uptake of CT and subsequent enrollment in the ART is expected. The integrated education and preventive measure activities described in the AB section of this COP will likewise have an impact that will be measured by baseline and follow-up cross-sectional surveys.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	100	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	6,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Community members
- High-risk population
- Partners of sex workers
- Street youth
- HIV/AIDS-affected families
- Miners
- Mobile populations
 - Migrants
 - Migrant workers
 - Truckers
- Sex partners
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Free State
 State Province: Gauteng

ISO Code: ZA-FS
 ISO Code: ZA-GT

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Traditional Healers Project / Nelson Mandela School of Medicine, University of KwaZulu
 Planned Funds:

Activity Narrative: Emergency Plan funds will support the University of KwaZulu-Natal in direct collaboration with Associations of Traditional Healers to train 200 traditional healers in the South Africa voluntary counseling and testing protocol and equip them with the necessary supplies to provide and promote CT services. This Traditional Healers Project will vastly expand access to CT services in mostly rural communities, with over 250,000 people participating in CT as a result of this initiative.

The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional healers in rural areas of Ethekewini District, KZN Province. Traditional Healers are extremely influential in KZN, and are a largely untapped resource in HIV/AIDS prevention and mitigation on the community level. This project will provide traditional healers with the necessary tools and training to act as effective CT agents. The SAG currently restricts traditional healers from using medical tests involving blood, however these restrictions are currently under discussion and expected to be lifted in FY05 either by Parliament or the DOH itself. Depending on the outcome of the current dialogue, either the Oraquick saliva test or the Abbot Labs rapid blood test will be used by traditional healers under this initiative.

Equipping traditional healers with the knowledge, skills, and supplies to promote and provide CT services extends access to CT services directly into the depths of rural communities. The benefits of this rural reach are significant, improving seroprevalence information and improving uptake of ARV therapy. In addition, the support from traditional healers regarding the messages and practices of the biomedical community may greatly impact attitudes and behavior in Zulu communities.

Activities described here are part of a comprehensive program to integrate traditional healers into South Africa's Comprehensive HIV/AIDS work. Related prevention and care activities are described in the relevant sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	25%
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	45%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	200	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Traditional healers*

Key Legislative Issues:

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

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CAPRISA NIH / University of Kwazulu-Natal

Planned Funds:

Activity Narrative:

Emergency Plan funding will support the University of Kwazulu Natal's CAPRISA project to initiate antiretroviral therapy in 1000 patients, with CT services included as an integral component of project activities. CAPRISA estimates that at least 1,700 individuals will be counseled and tested as a direct result of this initiative.

The goal of the CAPRISA project is to implement an AIDS treatment program at two sites - the rural primary care clinic in Vulindlela and the Prince Cyril Zulu Communicable Disease Centre in Durban. VCT will be offered by CAPRISA's partner, Open Door, an NGO that serves patients attending these two facilities. The CT services that will be offered are comprehensive and include prevention education and condom distribution in addition to counseling and testing services. HIV testing will be done using rapid HIV tests and confirmed when necessary by laboratory ELISA tests. HIV negative patients will be invited to participate in ongoing prevention activities at both facilities. HIV-positive patients will receive a clinical assessment and be invited to participate in either the ongoing wellness or treatment programs.

Specifically in support of the CT program, Emergency Plan funding will be used to cover counseling and testing, including the salaries and training of counselors, the costs of rapid HIV tests, and some of the broader education activities conducted in CT and integrated into the overall program. The condoms and prevention materials provided as part of CT and broader integrated education programs will be obtained from the government health service.

Emergency Plan funding for CAPRISA supports HIV services as an adjunct to the NIH-funded CAPRISA research program, and is administered by NIH.

This project is part of an integrated program; additional components funded by the Emergency Plan are described in the care and ARV treatment sections of this COP.

Activity Category

- Commodity Procurement
- Human Resources
- Training

% of Funds

- 20%
- 70%
- 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	6	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,700	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men Family planning clients
- Women
- Faith-based organizations

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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

The Reproductive HIV Research Unit (RHRU) will use Emergency Plan funds to support enhanced CT services at public clinics in Gautang, KwaZulu-Natal, and North West Provinces. Activities will include training of staff and strengthening of service provision through on-site support and the development and dissemination of best practices. RHRU estimates that 8,000 individuals will be receive CT services directly and 96,000 individuals will be indirect recipients of CT services as a result of this initiative.

The SAG National HIV Plan stresses the importance of VCT as a potential HIV prevention activity. With the introduction of ARVs into the public sector, CT has become a priority program for HIV management. The national plan also stresses the need to link all public sector services to CT services, with a special emphasis on high-risk groups including STI and TB patients and high-risk populations in high transmission areas. Through their work at ARV and non-ARV sites, the RHRU Mobile Clinical Support teams will support the introduction of CT across the three provinces. Training programs at existing sites will be revised and expanded to include adherence counseling. Burnout prevention programs are being developed and implemented.

Emergency Plan funds will also support RHRU to continue to strengthen the public sector's CT program in the Esselen Street Clinic. This program has run since the 1980's, and with the help of RHRU, is being expanded and improved, with a significantly improved training component.

The RHRU is an official research entity of the University of Witwatersrand (Wits) Department of Obstetrics and Gynecology, and a central partner in the Wits AIDS Research Institute. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

These activities are part of an integrated service delivery program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	450	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	8,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Commercial sex workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- Ministry of Health staff
- Mobile populations
- People living with HIV/AIDS
- Trainers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection

Coverage Area:

State Province: Gauteng
 State Province: KwaZulu-Natal
 State Province: North-West

ISO Code: ZA-GT
 ISO Code: ZA-NL
 ISO Code: ZA-NW

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART in Joburg Health Precinct / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

Emergency Plan funds will support RHRU to implement a new integrated care and support and ARV treatment program in the Johannesburg Health Precinct. The program will include couples counseling, testing, and family support services. RHRU estimates that at least 4,000 individuals will receive counseling and testing (CT) services as a direct result of their program with the following components contributing towards CT targets.

Couples Counseling & Family Support

Service delivery will be expanded to include a comprehensive couples program. This service will target concordant and discordant couples, which are a large and currently under served group whose well-being plays a critical part in the containment of the epidemic. Discordant couples are obvious targets for HIV transmission prevention and will benefit from information explaining risky behavior, effective safe sex practices, relationship maintenance, and post exposure prophylaxis (PEP). Concordant couples will benefit from a wellness program. Programs will encourage the strengthening of existing relationships and the implications and responsibilities of being HIV-positive. Additionally, strategies exploring stigma both inside and outside the family environment, such as disclosing status to children, will be addressed.

HIV Treatment & Support Team

A team of HIV treatment and adherence specialists will support the initial anti retroviral roll out sites in and surrounding the Hillbrow and inner city area. The team will also provide technical support to new sites proposed in the area and to the Provincial Antiretroviral Task Teams, and will develop and facilitate appropriate referral networks. The specialist team will emphasize the continuum of care, including prevention, healthy lifestyle and responsible behavior, nutritional advice, opportunistic prevention and treatment, palliative care and antiretroviral therapy, and will be involved in the training of health care professionals. Specifically, as part of this program, an outreach program will target ARV and referral clinics in the inner city area. Expert nurses and counselors, based at the local ARV rollout sites, will rotate through the surrounding referral clinics. They will work with clinic staff to improve practice and maximize referral for counseling and testing, palliative care and ARV treatment.

The Reproductive Health Research Unit (RHRU) is an official research entity of the University of Witwatersrand (Wits) and a central partner in the Wits AIDS Research Institute. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

These activities are part of an integrated service delivery program, with related activities described in the prevention, care and treatment sections of this document.

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Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	4,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Community members
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
- High-risk population
 - Discordant couples
 - Partners of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Refugees/internally displaced persons
- People living with HIV/AIDS
- Students
 - University
- Sex partners
- Trainers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection

UNCLASSIFIED

Coverage Area: National

UNCLASSIFIED

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: VCT 1 / Society for Family Health - South Africa

Planned Funds:

Activity Narrative:

To increase access to high quality CT services, Emergency Plan funds will support PSI's South Africa affiliate, the Society for Family Health (SFH) to establish three CT centers in Johannesburg, Cape Town and Durban, including mobile CT services operating from the fixed site centers in Johannesburg and Durban. Although direct linkages to care and treatment services through a referral network will be established, the centers will be stand-alone, non-medical sites operating out of anonymous office buildings in the busy inner-city business districts of the three cities, designed to attract those currently not seeking CT services from public health facilities. SFH anticipates providing CT to at least 18,000 individuals through this project.

The centers will be open early and stay open late to maximize client convenience. Specific project activities will include implementing a rapid assessment of CT and CT-related services currently available in target areas, selecting convenient and accessible site locations and completing minor renovation if needed, establishing testing algorithms and protocols, recruiting and hiring project staff, procuring rapid test kits and other equipment, and training all VCT staff. SFH will also develop quality assurance protocols and procedures and establish an M&E system. Mobile CT services will not take place in vehicles; partner organizations will provide appropriate space with services made available on a regular schedule to allow for follow-up counseling for all mobile CT clients.

To improve knowledge, attitudes and practices related to CT among priority target groups, the three CT centers and the mobile CT activities will feature a brand name that will be advertised and promoted using a mix of commercial marketing and public health education techniques. The campaigns will address the main barriers to CT among those not currently accessing government services – particularly healthy young people – and will provide motivation to encourage these target consumers to seek counseling and testing services. Referral networks for CT clients in Gauteng, Western Cape and KZN will be strengthened, with clients testing positive referred directly to appropriate post-test care and support services. SFH will also maintain linkages with community support organizations and engage the community in mobilization and support efforts.

SFH's proposed activities are funded through a combination of FY04 deferred and new FY05 funds. The program activity description is the same for both funding mechanisms and targets have been split between the two funding mechanisms.

Note: Refer to Appendix 6 in COP Executive Summary for additional information.

Activity Category

- Community Mobilization/Participation
- Human Resources
- Information, Education and Communication
- Infrastructure

% of Funds

10%
39%
13%
26%

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Quality Assurance and Supportive Supervision

12%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	25	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	18,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	2	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Commercial sex industry <input checked="" type="checkbox"/> Clients of sex workers <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> Injecting drug users <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Miners <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Mobile populations <input checked="" type="checkbox"/> Migrants | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Migrant workers <input checked="" type="checkbox"/> Truckers <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Seafarers/port and dockworkers <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth |
|--|--|

UNCLASSIFIED

Key Legislative Issues:

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

Coverage Area:

State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: VCT 2 / Society for Family Health - South Africa

Planned Funds:

Activity Narrative: This narrative describes activities utilizing FY04 deferred funds. SFH's proposed activities are funded through a combination of FY04 deferred and new FY05 funds. The program activity description is the same for both funding mechanisms and targets have been split between the two funding mechanisms.

To increase access to high quality CT services, Emergency Plan funds will support PSI's South Africa affiliate, the Society for Family Health (SFH) to establish three VCT centers in Johannesburg, Cape Town and Durban, including mobile CT services operating from the fixed site centers in Johannesburg and Durban. Although direct linkages to care and treatment services through a referral network will be established, the centers will be stand-alone, non-medical sites operating out of anonymous office buildings in the busy inner-city business districts of the three cities, designed to attract those currently not seeking VCT services from public health facilities. SFH anticipates providing VCT to at least 18,000 individuals through this project.

The centers will be open early and stay open late to maximize client convenience. Specific project activities will include implementing a rapid assessment of CT and CT-related services currently available in target areas, selecting convenient and accessible site locations and completing minor renovation if needed, establishing testing algorithms and protocols, recruiting and hiring project staff, procuring rapid test kits and other equipment, and training all CT staff. SFH will also develop quality assurance protocols and procedures and establish an M&E system. Mobile CT services will not take place in vehicles; partner organizations will provide appropriate space with services made available on a regular schedule to allow for follow-up counseling for all mobile CT clients.

To improve knowledge, attitudes and practices related to CT among priority target groups, the three CT centers and the mobile CT activities will feature a brand name that will be advertised and promoted using a mix of commercial marketing and public health education techniques. The campaigns will address the main barriers to CT among those not currently accessing government services – particularly healthy young people – and will provide motivation to encourage these target consumers to seek counseling and testing services. Referral networks for CT clients in Gauteng, Western Cape and KZN will be strengthened, with clients testing positive referred directly to appropriate post-test care and support services. SFH will also maintain linkages with community support organizations and engage the community in mobilization and support efforts.

Note: Refer to Appendix 6 of the COP Executive Summary for additional information.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	39%

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- | | |
|--|-----|
| <input checked="" type="checkbox"/> Information, Education and Communication | 13% |
| <input checked="" type="checkbox"/> Infrastructure | 26% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 12% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	26	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	18,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Commercial sex industry <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Clients of sex workers <input checked="" type="checkbox"/> Commercial sex workers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Country coordinating mechanisms <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Family planning clients <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> Injecting drug users <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> Street youth <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Media <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Miners <input checked="" type="checkbox"/> Ministry of Health staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Mobile populations <input checked="" type="checkbox"/> Migrants <input checked="" type="checkbox"/> Migrant workers <input checked="" type="checkbox"/> Truckers <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Seafarers/port and dockworkers <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth |
|--|--|

UNCLASSIFIED

Key Legislative Issues:

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

Coverage Area:

State Province: Gauteng

State Province: KwaZulu-Natal

State Province: Western Cape

ISO Code: ZA-GT

ISO Code: ZA-NL

ISO Code: ZA-WC

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT and ART Project / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative: Emergency Plan funds will support the Perinatal HIV Research Unit (PHRU) to implement a series of HIV prevention workshops and other health promotion activities for men, as well as ongoing support, training and mentoring with the aim of mobilizing a cadre of men as community enablers and promoters of CT. Men will be recruited for participation in this intervention in part by targeting the male partners of women in PMTCT programs, resulting in increased uptake of CT services by men, with over 1,400 men anticipated to receive CT as a direct result of this intervention.

In South Africa HIV prevention efforts are limited inter alia by the lack of involvement of men, particularly in PMTCT programs. Different groups of men will be targeted with an emphasis on partners of women in the PMTCT program. Through greater understanding of issues surrounding men and the barriers to CT gained in this project, alternative models of education and support to men will be explored. Virtually no men are currently being tested in the PMTCT program, and women found to be negative have been largely ignored. A post-CT program for these women will address staying negative. Outreach activities, the development of IEC materials and campaigns and the development of peer education tools and materials will occur. In addition, in Limpopo and Wheelers farm, CT services will be actively supported. The model of support to the CT services offered at the clinics by the Department of Health in the Bohlabela district will be documented. Training, support and mentoring similar initiatives at other sites will be undertaken.

These activities are part of an integrated service delivery program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	57%
<input checked="" type="checkbox"/> Logistics	18%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	6	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,440	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Medical/health service providers
- Discordant couples
- Pregnant women

UNCLASSIFIED

Key Legislative Issues:

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

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

State Province: Limpopo (Northern)

ISO Code: ZA-LP

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 2 / University Research Corporation, LLC

Planned Funds:

Activity Narrative: Emergency Plan funds will support the University Research Co.'s Quality Assurance Project (QAP) to provide support to clinics, community health centers (CHC) and hospitals to expand access to and quality of counseling and testing (CT), and treatment and care services in five provinces. The project will focus on (1) improving quality of pre and post-test counseling; (2) ensuring early referral for ARV assessment among those testing positive; (3) monitoring compliance with various national standards by providers and patients; and (4) ensuring quality of CT in TB/HIV services. The aim is to improve provider performance, which leads to client satisfaction, increased access and demand for quality CT services. QAP estimates that at least 36,000 individuals will receive quality CT services as a result of this initiative.

In each district the project will work with the program managers and other stakeholders to ensure that knowledge and skills gained through trainings by healthcare providers are applied at the facility levels. A collaborative methodology will be used to scale up best practices in each district. The QAP will ensure provision of quality CT in facilities providing STI services as well in other CT sites.

QAP will provide training on QA methodology, integrating it with the content of care (clinical and care guidelines) as well as process of care (how to make clinical guidelines operational in the local work setting). Current levels in performance and skills of health care workers will be assessed through the initial baselines and appropriate interventions will be designed and implemented. QAP will also support the strengthening of specific skill areas such as interpersonal communication, standards of testing, record keeping and referral systems, as well as develop a supportive and facilitative supervision system. The QAP coordinators will visit facilities on a monthly basis to provide technical support and on a quarterly basis to conduct assessments to measure progress together with the district coordinators.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	450	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	150	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Men
- Women
- Community-based organizations
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

- Result 1: Establishment of a national TB reference laboratory supported.
- Result 2: Development of a TB/HIV information system that is incorporated into the routine TB surveillance system.
- Result 3: Increased integration of TB and HIV services, including strengthened capacity of health care providers to diagnose and care for co-infected individuals.
- Result 4: Strengthened delivery of quality integrated TB and HIV services.

Total Funding for Program Area (\$): **Current Program Context:**

South Africa has one of the highest estimated TB infection rates in the world, and is seventh on the WHO list of high-burden countries for TB. In 2003, there were 255,000 reported cases of TB in South Africa, an incidence of 550/100,000. Over the last two years, the number of reported TB cases has increased by 18% (2001-2002) and 14% (2002-2003). 55% of TB patients in South Africa are co-infected with HIV. TB is the leading cause of death in HIV-infected individuals and HIV is the propellant fueling the TB epidemic. The prevention and management of TB is a primary policy drive for the South African Government in its attempts to address HIV-related morbidity and mortality. South Africa adopted the DOTS International TB Control Strategy in 1986 and all districts have now implemented the core components of the strategy. Despite government investments in TB control, progress to reach program objectives is stagnant. For the 2002 cohort, treatment outcomes were well below targets, with a cure rate of 58%. The default rate remained persistently high at 13%. Efforts to mitigate the impact of TB/HIV co-infection are at the core of USG efforts in this program area. Beginning in 1999, the National Department of Health participated in a WHO/UNAIDS-sponsored ProTest Initiative by coordinating four TB/HIV Pilot Districts (Eastern Cape; KwaZulu Natal; Limpopo; Western Cape). The goal of the pilots was to implement and evaluate a comprehensive package of TB/HIV/STI prevention, care and support. The Department of Health has agreed to implement the lessons learned through ProTest throughout South Africa in TB/HIV Training Districts. Emergency Plan resources will be used to support expansion of the TB/HIV Training District infrastructure building on the ProTest results. Many USG-supported programs improve the integration of TB services with HIV and other health services, and the information systems that support TB services. In FY04, USG provided funding for the training of doctors in TB/HIV care, supported important program evaluation to determine risk factors for TB treatment default and made investments in strengthening HIV surveillance among TB patients through development of the ETR.Net software application that is now implemented in five provinces. Funding has also been provided to develop, test and implement a model encompassing a "best-practices" approach to integrated TB-HIV care and expanded access to HIV care among TB patients. These programs will continue. Ongoing activities also aim to provide additional technical and financial resources for provincial and district health authorities to increase the effectiveness of referral networks between TB and HIV services. Public-private partnerships initiatives expand access to TB/HIV services, including cotrimoxazole preventive therapy, expansion of TB patients' access to ART and expansion of isoniazid preventive therapy among PLWHA. In South Africa was awarded Round 2 funding by the Global Fund to Fight AIDS, TB and Malaria. TB program funds are expected to reach the program level in early 2005. Other major donors supporting TB/HIV activities in South Africa include The Bill and Melinda Gates Foundation, which is funding community-based trials of new strategies to combat TB in high HIV prevalence settings, and the Belgian Technical Cooperation (BTC), which provides infrastructure and personnel support for expansion of the TB/HIV Training Districts. For example, Emergency Plan-funded PMTCT activities will follow NDOH guidelines for the "Management of HIV-Positive Pregnant Women and PMTCT." These guidelines include provisions for screening all HIV-positive women for signs and symptoms of active TB with referral to appropriate ART and TB service sites. All Emergency Plan supported programs will follow SAG guidelines that promote HIV counseling and testing for all suspected TB cases.

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Aurum Health Research

Planned Funds:

Activity Narrative:

Aurum Health Research is a mining industry-founded health organization affiliated with Anglo-American that provides health care, including HIV services, to employees. Through this innovative public-private partnership, Aurum will use Emergency Plan funds to expand HIV-related health services to dependents and partners of employees, and to contractors in all nine provinces.

Aurum currently operates at 65 delivery sites, but plans to expand to a total of 85 sites in the period October 1 2004 – March 31, 2005, and to 115 by the end of March 2006. For TB/HIV care, Emergency Plan funds will support staff, staff training and supervision, diagnostics and pharmaceuticals, and necessary information management systems to enroll 500 patients into Aurum's HIV care program that includes TB treatment and prevention services during the period October 2004 – March 2005. In the subsequent period Aurum will continue to provide care to those 500 and a further 500 will be enrolled into the HIV care program. Care will include the provision of HIV counseling and support, monitoring of CD4 counts, follow-up of patients on a six-monthly basis to identify opportunistic infections including TB, and the provision of preventive therapy. Aurum follows SAG guidelines for TB management, including DOTS.

Preventive therapy against tuberculosis and other opportunistic infections will be offered as part of the package of HIV care. Isoniazid preventive therapy is prescribed for six months and is self-administered. This activity is part of an integrated program that includes VCT and HIV care and treatment. These additional components are described in the relevant program area of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Information, Education and Communication	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	115	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- HIV/AIDS-affected families
- Miners
- Migrant workers
- Sex partners

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capacity Building 1 / JHPIEGO

Planned Funds:

Activity Narrative: JHPIEGO is an international NGO that assists host-country policymakers, educators, and trainers to increase access and reduce barriers to quality health services. Emergency Plan funds will support JHPIEGO to help the NDOH to link TB/HIV training data from provincial sites to the national level through use of the Training Information Monitoring System (TIMS), which will be implemented at four regional training centers.

TIMS is a computer-based tool that permits program managers to collect and analyze data on training activities. As most training activities in South Africa occur in decentralized settings, it is currently difficult to calculate both the number of training activities and their geographical reach. TIMS allows program managers to capture this data, and use it to improve allocation of resources and provider deployment, as well as inform policy decisions.

To date, JHPIEGO has installed and oriented program managers in South Africa at both the Regional Training Center in Umtata (CDC-administered project) and the NDOH/TB unit (USAID-administered project). In FY05, JHPIEGO will assist the NDOH to link TB/HIV training data collection at provincial sites to the national level TIMS, by installation and follow-up of TIMS at four regional training centers. This project will strengthen local health management information systems, expand the use of quality program data for TB/HIV policy development and program management, and strengthen institutional capacity of TB programs caring for HIV-positive TB patients.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

		<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	5	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- M&E specialist/staff
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Medical Research Council of South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the MRC to work with two institutions on complementary projects that will provide TB/HIV services for 1000 patients at one site (Lifecare, Richmond Hospital) and to document the processes, outcomes and constraints of existing governmental practices for TB/HIV care at a second site (Baragwanath Hospital, a major government-accredited hospital).

At Richmond Hospital (part of a private hospital group that provides services under contract to the provinces), 1000 patients confirmed to be on TB treatment will be counseled, tested for HIV using a provider-initiated (opt out) approach, and enrolled in or referred to the appropriate services, based on HIV status and CD4 count. Patients who are HIV-negative will be counseled on HIV and STI prevention, and TB treatment adherence. Patients who are HIV-positive will be tested for CD4 counts and will also be screened for other OIs and offered treatment, including ART as appropriate. Emergency Plan funds will also support training for healthcare workers in HIV counseling and testing services and the TB/HIV referral process.

At Baragwanath, MRC will document over a 12-month period the TB/HIV care of 2000 patients confirmed to be on TB treatment. These patients will be followed for a period of 12 months from TB diagnosis to assess adherence, treatment and wellness outcomes. HIV service provision for TB patients as available through routine care at an HIV accredited site will also be documented. Results of this assessment will be used to improve overall TB/HIV services. Quality assurance and supportive supervision will include a comprehensive evaluation of HIV counseling and testing policy and guidelines and TB/HIV integrated referral system in collaboration with relevant national programs (e.g. National TB Program).

Linkages between the health facilities and other service providers will be developed through this program. Referral networks will be developed with nongovernmental organizations, such as community-based HIV/AIDS service providers, home-based care organizations and traditional leaders to strengthen access, continuity and quality of care for TB infected HIV patients.

This project is part of an integrated program also described in the sections on ARV Drugs and ARV Services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	40%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	650	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Family planning clients
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- High-risk population
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- People living with HIV/AIDS
- Program managers
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's legal protection

Coverage Area:

State Province: Gauteng
 State Province: KwaZulu-Natal

ISO Code: ZA-GT
 ISO Code: ZA-NL

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

The Eastern Cape Regional Training Center (RTC) is part of the Eastern Cape Department of Health, and is run out of the University of Transkei (UNITRA). RTC was developed as a best practices site, to provide a model for training on skills and knowledge critical for the implementation of the government's Comprehensive Plan for HIV/AIDS. To strengthen TB services and forge links with HIV services, RTC will use Emergency Plan funds to develop and support 11 model TB outpatient (OP) centers at community clinics and hospitals, including training 200 healthcare workers in TB/HIV care.

Additional activities will be undertaken to strengthen the links between TB/HIV services and Non-Governmental and Community-Based Organizations in the region. Activities aimed at enhancing community awareness about TB/HIV and its treatment will complement clinical activities. Self-monitoring and evaluation activities will be improved at clinics and other outpatient centers, and materials will be developed for training on all aspects of TB/HIV control through RTC's facilities at UNITRA.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

Target	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	330	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	200	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	11	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Health Care Workers
- Community health workers
- Doctors
- Nurses

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Support / National Department of Health, South Africa

Planned Funds:

Activity Narrative: The National TB Control Program (NTCP) is working to include HIV testing and treatment data within the routine TB surveillance system. This project will use Emergency Plan funds to improve systems and software to enhance NDOH's capacity to monitor TB/HIV program performance, strengthen the integration of HIV and TB services, and improve services for co-infected individuals in all nine provinces.

Routine surveillance of HIV among TB patients is increasingly recognized as an essential tool, given the magnitude of co-infection (some studies have shown co-infection rates at 55%) and the impact that HIV has on driving the TB epidemic. Efforts are underway to expand access to diagnostic HIV CT for TB patients as an entry point for HIV care and support services. Within the implementation of the South Africa Comprehensive HIV/AIDS Plan, TB patients are a large cohort of patients requiring expanded care.

WarnTechnology, a private South African IT firm, was selected to assist CDC South Africa and the NTCP to develop software and provide support for this process. The Electronic TB Register (ETR.Net) software has been modified to track HIV testing and care services among TB patients. This module will be piloted in designated TB/HIV Training Districts and selected Emergency Plan sites.

This project is part of an integrated program also described in the sections on ARV Drugs and ARV Services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target Description	Value	Applicability
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Caragivers*
- Government workers*
- Health Care Workers*
- Nurses*
- HIV/AIDS-affected families*
- Host country national counterparts*
- Implementing organization project staff*
- M&E specialists/staff*
- Ministry of Health staff*
- National AIDS control program staff*
- Program managers*
- Trainers*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative: In line with South Africa's National HIV Program, the Reproductive HIV Research Unit (RHRU) will use Emergency Plan funds to improve TB services and quality of TB care by providing training and site capacity building for health facilities and TB clinics in Gauteng, KwaZulu-Natal and North West provinces.

RHRU's support includes the development of services for comprehensive HIV management including care and support for TB infected people and referral for TB/HIV care. RHRU provides training programs and on site capacity building for health providers to specifically target ARV and non-ARV sites that need to be able to care for, manage and appropriately refer TB/HIV-infected clients. This will be achieved through didactic training and on site clinical support, including case reviews and support during consultations.

In addition, Emergency Plan funds will support RHRU's integrated services sub-component, which is currently ongoing at clinics in Johannesburg. Specifically, training, service provision, data collection and evaluation improvements will be implemented in TB/HIV clinics. RHRU technical support directly assists within the clinics on a daily basis, including supporting TB/HIV care and management.

RHRU is an official research entity of the University of Witwatersrand (Wits) Department of Obstetrics and Gynecology, and a central partner in the Wits AIDS Research Institute. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

This TB-focused project is part of an integrated program that includes prevention, care, treatment and strategic information also described in the relevant sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	400	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	22	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Refugees/Internally displaced persons
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection

Coverage Area:

State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: North-West	ISO Code: ZA-NW

Program Area: Palliative Care: TB/HIV
 Budget Code: (HVTB)
 Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART in Joburg Health Precinct / Wits Health Consortium, Reproductive Health Research Unit
 Planned Funds:

Activity Narrative: Emergency Plan funds will support the Reproductive Health Research Unit (RHRU) to implement an integrated care, support, and ARV treatment program in the Hillbrow inner-city Johannesburg area. The following components will contribute towards TB/ HIV care targets.

A team of HIV treatment and adherence specialists will support the initial antiretroviral roll out sites in and surrounding the Hillbrow and inner city Johannesburg area. These teams will strengthen capacity of health professionals to care for HIV infected TB patients and strengthen delivery of integrated HIV and TB treatment and preventive services.

The teams will provide technical support to the Provincial Antiretroviral Task Teams, and will develop and facilitate appropriate referral networks. The specialist team will emphasize the continuum of care, including prevention, healthy lifestyle and responsible behavior, nutritional advice, opportunistic prevention and treatment, palliative care and antiretroviral therapy, and will be involved in the training of health care professionals. Ethical and legal guidance will be provided to clinicians. The teams will also have a pharmacovigilance function, developing and encouraging reporting mechanisms with the Medicines Control Council, for the roll-out sites. These teams will provide support to the state ARV program; starting patients on ARVs, and maintaining those already on ARVs. Patients not on the ARV program will be supported with palliative care, including active TB treatment and isoniazid and cotrimoxazole preventive therapy and related services.

RHRU is an official research entity of the University of Witwatersrand (Wits) and a central partner in the Wits AIDS Research Institute. This project is a component of an integrated program described in the VCT, ARV treatment and ARV drug sections of the COP. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	1,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Disabled populations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- Mobile populations
 - Migrants
 - Migrant workers
 - Refugees/Internally displaced persons
- People living with HIV/AIDS
- Students
 - University
- Sex partners
- Trainers
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT and ART Project / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative: Within the HIV wellness program operated by the Perinatal HIV Research Unit (PHRU), Emergency Plan funds will support TB services for approximately 2000 clients, including diagnosis and treatment of active TB for an estimated 150 people. Isoniazid preventive treatment will be provided to co-infected individuals determined not to have active TB. Cotrimoxazole preventive therapy will also be provided to these patients. This program will include teaching primary care nurses-in-training to diagnose and treat HIV-infected patients with TB co-infection.

PHRU's wellness program offers comprehensive care and support (CCS) for HIV-infected adults in four sites in Gauteng and Limpopo provinces. The aim of the program is to treat and prevent opportunistic infections, including TB, provide psychosocial support and provide advice on good nutrition and healthy lifestyles.

PHRU activities under TB/HIV are part of an integrated HIV prevention, care and treatment service, additional components of which are described in prevention, care and treatment sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	18%
<input checked="" type="checkbox"/> Human Resources	60%
<input checked="" type="checkbox"/> Logistics	22%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	2,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	150	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	4	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Family planning clients
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Migrants
- Girls
- Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Gauteng

State Province: Limpopo (Northern)

ISO Code: ZA-GT

ISO Code: ZA-LP

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 1 / University Research Corporation, LLC

Planned Funds:

Activity Narrative: URC/QAP collaborates with NDOH and provincial health offices to improve operational policies and guidelines that increase cross-referrals between HIV and TB facilities/centers, and between different levels of care. Through NDOH and provincial health offices, URC/QAP will utilize Emergency Plan funds to provide direct technical support and assistance to 250 service outlets in five provinces. The goal of the program is to assist health and community-based programs to adopt or strengthen clinical practice guidelines for early detection or prevention of OIs and TB among HIV patients.

Training for staff at service outlets (health facilities, CBOs and FBOs) will be based on needs assessments, and will include content from national guidelines and quality improvement methods. URC/QAP staff will also provide ongoing mentoring and support after the initial training and orientation meetings through monthly/quarterly visits to all facilities/CBOs participating in the program and through job aids developed as part of the project. URC/QAP will work with each facility/community team to review their performance data, identify gaps, and develop strategies for closing the gaps as well as to achieve higher performance levels.

URC/QAP will also assist in developing/adapting patient record systems. Simple tools will be developed for ensuring provider compliance and patient adherence with treatment protocols. The project will continue to ensure continuum of care and to strengthen referral systems between different levels of care (community-primary-sub-acute, secondary) in order to strengthen DOTS service provision.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	500	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	250	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TB - TASC / University Research Corporation, LLC

Planned Funds:

Activity Narrative: TB Technical Assistance Support Contract (TASC) will utilize Emergency Plan funds to provide technical support to local health authorities and NGOs in integrating TB with HIV and other health services to reduce missed opportunities for testing, treatment and cure.

The Project will support expansion of the ProTest TB/HIV model throughout the country whereby both HIV and TB suspects will be screened for the other disease, and appropriate cross-referrals will be made. The project will work with the National TB Program and local health departments to establish referral systems between all levels of both private and public clinical services (including VCT centers, and primary, secondary and tertiary facilities), and community DOT supporters, improving the continuum of care for TB patients, reducing treatment interruption rates and improving adherence. Emergency Plan funds will also be used to support CBOs to integrate TB into their HIV programs and to mobilize communities against its spread.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	60,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	900	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: *Increased involvement of PLWHA in providing appropriate HIV/AIDS care and support in*
- Result 2: *Enhanced programs to promote wellness and delay the onset of AIDS.*
- Result 3: *Expanded linkages and referral networks between different service providers and networks.*
- Result 4: *Improved capacity of NDOH public facilities, communities and NGOs to provide services to PLWHA.*
- Result 5: *Improved quality of palliative and home-based care services*
- Result 6: *Expanded access to palliative care services.*
- Result 7: *Increased NGO, CBO and FBO capacity to deliver quality home-based care.*

Total Funding for Program Area (\$): **Current Program Context:**

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 in mitigating the effects of the HIV/AIDS epidemic. 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. The USG will continue to support its partners to provide integrated community-based care, which is promoted by the Department of Health and the Hospice and Palliative Care Association of South Africa as one of the models for developing community-based systems of care in response to the HIV/AIDS epidemic. The complete package will include nutritional, spiritual, emotional and social support, as well as counseling, good symptom control, and pain management when required. These approaches are in line with both the National HIV/AIDS Strategic Plan and the Comprehensive Plan. Strengthening the capacity of both the public sector and communities to respond to the HIV/AIDS epidemic is an important component of the USG response in palliative care programs in South Africa. One fundamental role of palliative and community care is to identify individuals that are eligible for treatment programs, and thus many of the activities in this program are closely linked with those in the ARV Services section of the COP. Assistance will be provided to public sector facilities to strengthen basic clinical care services, early management of opportunistic infections and referral systems from one level of care to another. Through a network of community based NGOs and FBOs, the USG program provides assistance in the following areas: (1) technical assistance for clinical care for individuals enrolled and not yet on ARV treatment; (2) building and strengthening the capacity of hospices and private health care partners; (3) training of volunteer community workers and health professionals to ensure the delivery of quality palliative care services to patients and their families; (4) technical assistance for provincial level care, and support for training programs in home-based care; (5) community based support group services for individuals infected with HIV; and (6) establishment of learning centers for palliative care training. The USG also supports hospices to provide direct care for patients and families through service sites that are used as learning centers to provide basic health care support. These activities will result in increased support and services for PLWHA at all levels, improved quality of palliative care at hospitals and clinics and increased collaboration between HBC and palliative care providers. Other donors in this program area include Ausaid, Development Cooperation Ireland, DFID, European Union, Finland Aid, GTZ, KFW and Noraid. The care arena is large and each donor focuses on specific programmatic and geographic areas.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare
 Planned Funds:

Activity Narrative:

Africare will use Emergency Plan funds to open a step-down facility on the premises of the Hewu hospital in the Eastern Cape where patients who need sub-acute care upon discharge from hospital, or patients identified during CT and PMTCT at participating clinics, will be admitted for further counseling, compliance reinforcement and training of family members. Africare will provide training for medical personnel at the 17 project clinics and at Hewu hospital in the care and management of HIV related disease and opportunistic infections, including pain management and end of life care. Patients who are eligible for treatment will be referred to the nearby Frontier Hospital until such time as the Hewu treatment program is in place.

2500 people living with HIV/AIDS will receive palliative care from community caregivers and family members who will be trained in collaboration with the Eastern Cape Department of Health. The community caregivers (3 per clinic) that are funded by the Department of Health will be trained on home-based care. They will be supervised by Africare Service Corps Volunteers assigned to each of the sites. All workers will be working from the clinics and supported by health staff at the 18 certified sites and the CBOs. The community caregivers will be expected to visit the households at least weekly to give ongoing support, identify needs and provide care as may be required. OVCs will be identified and referred for relevant assistance. The community healthcare workers will also identify PLWHA who require treatment, hospitalization and daily care at home. Nutrition programs will be established to assist PLWHA that do not have income, through gardening projects and forms of nutritional support that may be identified by the community as the need arises.

The goals of the step-down clinic are to (1) improve the quality of life for HIV-infected adults their families and affected children; (2) train family members on caring for their family members upon discharge from the step-down facility; and (3) improve compliance to treatment by patients on ARV treatment through patient support and a strong patient tracking system.

This project is one component of a comprehensive approach to HIV/AIDS prevention, treatment, care and support in the community surrounding Hewu; which includes community mobilization, step-down and palliative care, and prevention activities described in other sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	5,268	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	18	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Partners of sex workers
- Street youth
- HIV/AIDS-affected families
- HIV+ pregnant women
- Migrant workers
- Truckers
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **IMPACT / Family Health International**
Planned Funds:

UNCLASSIFIED

Activity Narrative:

Emergency Plan funds will support FHI's work in capacity development to the National Department of Health (NDOH) and its partners to reach more children and adults with quality care and support.

In FY 2005, FHI's program goals in this area are to provide technical assistance to the NDOH, to provincial departments of health, and to their partners. This will focus on developing and implementing monitoring and evaluation strategies, tools and training, strategic planning, and documentation and dissemination of best practices in palliative care.

The program will provide continued support to a number of discrete projects and personnel, including personnel in the Department of Health, which, when combined, provide significant contributions to systems strengthening in care and palliative care. These projects include secondment of two PLWHA coordinators to NDOH; secondment is for a period of 1-2 years after which the positions will be absorbed by NDOH. FHI will continue to support the palliative care consultation team at Johannesburg hospital, support of continued collaboration between NDOH and palliative care service providers through involvement in the national palliative care working group established after the 2003 palliative care conference, and provision of support for the national home-based care (HBC) conference. The results of these activities will be increased support for PLWHA involvement at all levels, improved quality of palliative care at a tertiary level hospitals and increased collaboration between HBC and palliative care provider groups and National Departments.

An appraisal of palliative care in South Africa will be conducted to identify the level of palliative care services and gaps. This activity will result in a comprehensive assessment of national current coverage, level and standard of palliative care provision and palliative care need. As a result of this assessment, awareness of palliative care will be increased, opportunities for innovative approaches will be identified and underserved areas will be targeted for future support in palliative care development.

Working with new NGO partners and in collaboration with the National Department of Health and its partners, FHI will support the piloting of a comprehensive care model in Limpopo and the Northern Cape, initially focusing on palliative care and wellness clinics as entry points, supporting 4000 people with palliative care. This model will be based on the Mildmay palliative care model (implemented in Uganda) and will be initiated in primary health centers in four districts (two districts in two provinces) with geographic overlap with government ART sites. There will be one site in each of the four districts. Target groups will be adults and children with symptom management needs and needs for respite and rehabilitation (physical, social, vocational).

The results of this program will be strengthened partner NGO capacity to promote long-term sustainability of palliative care services, increased use of wellness programs by PLWHA and their families, increased numbers of clients and households benefiting from palliative care provision, increased numbers of caregivers, professional and informal, trained in palliative care, and increased community awareness and support of palliative care.

This activity forms part of a holistic program, with related activities described in two other sections of the COP.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Needs Assessment	25%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	604	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> Infants <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|---|---|

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)
State Province: Northern Cape

ISO Code: ZA-LP
ISO Code: ZA-NC

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CTR / Family Health International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support FHI (CTR) to provide technical assistance to the Project Support Association South Africa (PSA-SA) and the Council of Churches in KZN and Mpumalanga. The project creates functional linkages between home-based care (HBC) programs and ARV treatment programs.

Currently PSA is implementing an HBC program that facilitates approximately 500,000 home visits per year to persons infected and/or affected by HIV/AIDS, primarily in the Mpumalanga province. The project utilizes approximately 800 volunteers who provide support to nearly 5,000 HBC caregivers, who in turn reach out to over 12,000 clients. Similar HBC programs are also being implemented by the Council of Churches in Mpumalanga as well as in KwaZulu-Natal (KZN) province. A major gap in these programs, however, is the lack of referral and follow-up mechanisms that would improve access to ARV therapy and other essential health care services provided by the NDOH, which would be of great benefit to HIV-positive clients.

Linking HBC programs and ARV services will provide a unique opportunity for HBC volunteers to provide more holistic services to their patients. In excess of 300 HBC volunteers will also be trained to discuss the interaction between ARVs and family planning methods, and the effects ARVs on pregnancy with their clients. To generate evidence to support a potential scale up of the program, FHI will evaluate, compile and share lessons learned from this activity, focusing on what it takes to move HBC clients into an ARV program, and to ensure adherence to the treatment regimen.

This activity is one component of an integrated program that includes prevention, care and treatment and which are described in those sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	350	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	50	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Family planning clients
- Health Care Workers
- Community health workers
- HIV/AIDS-affected families
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Trainers
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal
 State Province: Mpumalanga

ISO Code: ZA-NL
 ISO Code: ZA-MP

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASC2: Intergrated Primary Health Care Project / Management Sciences for Health
 Planned Funds:

Activity Narrative:

The Integrated Primary Health Care Project, with Emergency Plan funding, will assist public health facilities in five provinces to meet the increased demand for basic care and support for those who have tested HIV-positive by providing comprehensive training to health care providers, supportive supervision of health care facilities, support for PLWHA, and training for home-based caregivers.

With the launch of The Comprehensive Plan, basic health care and support for those HIV-positive clients who do not meet the criteria for ARV therapy has become critical. It is anticipated that with the launch of the Comprehensive Plan there will be an increase demand for HIV testing. With this comes the increased demand for basic care and support for those who have tested HIV-positive.

The Integrated Primary Health Care Project (IPHC) will assist ten districts in five provinces (two districts per province) to meet the increased demand for basic care and support for those who have tested HIV-positive by training health care providers (professional and non professional) on: screening of patients for opportunistic infections, with special emphasis on TB and STI screening, treatment of opportunistic infections, ongoing counseling, the provision of prophylaxis therapy and nutritional support for those infected.

The second focus area of the MSH project will be supportive supervision and mentoring of health care providers, including clinic supervisors and program managers, and building their capacity to improve quality of care at facility and district level. The IPHC Project will also assist districts in setting up wellness programs for PLWHAs through the formation of support groups within the communities and linking them to other services such as Social Welfare, Nutritional Support Services, poverty alleviation programs and other home-based care providers within the district. The IPHC Project will facilitate training of PLWHA in basic care and support through the wellness programs for support groups.

IPHC will also train home-based caregivers in palliative care skills utilizing the national curriculum for home-based care to increase access to quality basic care and support services within communities. Working through the district facilities IPHC will strengthen the referral system between health facilities and community organizations (CBO/NGO/FBO) involved in palliative care to ensure a continuum of care that extends to community/household level. The project will establish linkages and facilitate networks with community organizations, local municipality and health facilities to increase access to palliative care.

This activity is part of an integrated HIV service delivery program, with related activities described in prevention, care and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	45%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
- Ministry of Health staff
- National AIDS control program staff
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

Coverage Area:

- | | |
|------------------------------------|-----------------|
| State Province: Eastern Cape | ISO Code: ZA-EC |
| State Province: KwaZulu-Natal | ISO Code: ZA-NL |
| State Province: Limpopo (Northern) | ISO Code: ZA-LP |
| State Province: Mpumalanga | ISO Code: ZA-MP |
| State Province: North-West | ISO Code: ZA-NW |

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

Horizons will use Emergency Plan funds to train palliative care providers who work with HIV-positive individuals, their families, and OVCs in KwaZulu-Natal, Free State, Limpopo and Eastern Cape provinces. The project will strengthen community networks and skills for the elderly caregivers of OVC using the results of a formative study conducted in 2004 with Emergency Plan funding to develop strategies and to enhance the capacity of and support for elderly caregivers.

Each program will train 30 elderly caregivers. Activities will include training for elderly caregivers on palliative care, prevention and psychosocial support, support for school attendance, networking with OVC service providers, capacity building and activities to assist elderly caregivers. Results will include strengthened capacity of groups and networks for the elderly to give more effective palliative care, enhanced access to community care, and increased numbers of OVC with access to community services including government grants, and nutritional, psychosocial and material support.

This activity forms part of a holistic program, with related activities described in other sections (Prevention, Treatment and Strategic Information) of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	180	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	8	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women*
- Caregivers*
- Community members*
- Faith-based organizations*
- HIV/AIDS-affected families*
- Orphans and other vulnerable children*
- Volunteers*
- Youth*

Key Legislative Issues:

- Stigma and discrimination*

Coverage Area:

State Province: Eastern Cape
State Province: Free State
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)

ISO Code: ZA-EC
ISO Code: ZA-FS
ISO Code: ZA-NL
ISO Code: ZA-LP

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Right To Care, South Africa

Planned Funds:

Activity Narrative:

Right to Care, a South African NGO, employing some of the foremost treatment experts in the country, will use Emergency Plan funds to strengthen the capacity of health care providers at 10 public and NGO treatment sites in Gauteng and Mpumalanga to deliver care and support services to HIV-positive individuals and to improve the overall quality of basic health care clinical services available to them. Activities will include training of providers and NGO staff to deliver HIV counseling, wellness support, and clinical care and case management services such as effective monitoring and management of OIs and provision of other pre-antiretroviral care. In addition, Right to Care will implement NGO capacity development activities, and will provide limited salary and stipend support to health care staff at their partner public and NGO treatment sites. Right to Care (R2C) anticipates training at least 500 health care providers and providing basic care and support services to at least 21,000 individuals under this initiative.

In addition, R2C will provide technical expertise as well as direct salary and stipend support for health workers, or sub-grants, to national rollout site Helen Joseph Hospital, the Clinical HIV Research Unit, Witkoppen Health & Welfare Centre, the AIDS Care Training & Support Initiative, Ndlovu Medical Trust and Rea'phela Clinic, to enable these treatment sites to expand the provision of HIV care and support services.

R2C intends to collaborate with the Council for Health Services Accreditation in Southern Africa (COHSASA) in its efforts to assess the quality of services at selected public hospitals, and to address the identified training and quality improvements needs. Through this collaboration, R2C aims to deploy Mobile Support Teams, comprised of a doctor, nurse and clinical psychologist, to selected sites at regular intervals, as a means of reinforcing theoretical learning into practical skills development with a mentorship component.

Right to Care's care and support activities described above are part of an integrated program that includes basic care and support, CT, and ARV treatment components.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	12,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community members
- Factory workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- High-risk population
- HIV/AIDS-affected families
- Miners
- Ministry of Health staff
- Truckers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
 State Province: Mpumalanga

ISO Code: ZA-GT
 ISO Code: ZA-MP

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

Emergency Plan funding is being utilized to support this innovative partnership between the South African National Defense Force (SANDF), and the US Department of Defense at the national level. Emergency Plan funds will support the development and implementation of a comprehensive palliative care plan for the SANDF, enhancements to the two existing hospice facilities, establishment of six new step-down facilities, and provision of home-based care training to volunteers and family members.

The South African Military Health Services provide care to growing numbers of HIV-infected members of the military and their families. There are currently only two hospice facilities in the SANDF, which are inaccessible to a large majority of military members and their families. Establishing step-down facilities in units will provide more than 1,000 military members the opportunity to rely on the support of their unit, enabling them to continue to be productive members in the organization. Provision of home-based care training to volunteers and family members, and hospice care training to military medical providers will include the following: prevention and treatment of opportunistic infections, including tuberculosis; pain management; nutrition supplementation and counseling; and psychosocial support.

Emergency Plan funding will also provide palliative care technical assistance; adaptation of a training curriculum for home-based care; selection and provision of home-based care kits for military members and their families; and the upgrading of bungalows and short-stay wards in military units to allow members to be as involved in care as possible.

Activities will also include the provision of clinical care to HIV-infected individuals who are not yet eligible for or do not have access to anti-retroviral therapy; training of health care and social workers; clinical monitoring; prevention and treatment of opportunistic infections including tuberculosis; counseling and social support; and other related services, such as food and nutritional support.

Activities will be carried out through the Masibambisane project, an integrated program, with related activities described in the prevention and care sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Information, Education and Communication	6%
<input checked="" type="checkbox"/> Infrastructure	40%
<input checked="" type="checkbox"/> Training	34%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,400	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Medical/health service providers
- Military
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Salvation Army
 Planned Funds:

Activity Narrative: Emergency Plan funds will support the Salvation Army to provide home-based care (HBC) to HIV-infected individuals and their families by training and supporting 1,170 HBC volunteers using the 'Care and Prevention Team Model' - ultimately providing care to 5,800 HIV-infected individuals in six provinces.

The Salvation Army Program in South Africa aims to reduce behaviors that put people at risk for HIV/AIDS and to mitigate the impact of HIV/AIDS in communities. Specifically, volunteers will provide a range of services to the HIV/AIDS infected and their families, including helping with regular chores, bathing, feeding, providing basic first aid, administering medication and rehydration solutions for diarrhea, and making referrals for opportunistic infections and treatment. The program will work with Community Action Teams, churches, and other CBOs to recruit and train additional volunteers beyond the existing 250 and will work with these groups to develop standards of care and supervision protocols, which will further help to provide uniformity and improve home-based care in South Africa.

Results will include strengthened capacity of churches and community based groups to provide home-based care services to the HIV-infected, improved quality of home-based care services through curriculum development and standardization, and increased utilization of services by infected individuals and their families.

This activity forms part of a holistic approach that also includes activities under the OVC and AB sections of the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,170	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	234	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers*
- Community leader*
- Community members*
- Community-based organizations*
- Faith-based organizations*
- HIV/AIDS-affected families*
- Ministry of Health staff*
- People living with HIV/AIDS*
- Religious/traditional leaders*
- Trainers*
- Volunteers*

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africa Center for Health and Population Studies

Planned Funds:

Activity Narrative:

Based on a competitive APS review, the following activity has been approved by the South African Emergency Plan Task Force, and is included in the COP for approval by OGAC. This activity will be supported through the FY05 COP if additional funds are made available.

Pending approval of Emergency Plan funding, the Africa Centre for Health and Population Studies, in collaboration with the KwaZulu-Natal Provincial Department of Health, will implement a care and support program for HIV-positive individuals who are not yet clinically eligible for antiretroviral treatment. The Africa Center's care and support program activities will include recruiting, training, and financially supporting HIV/AIDS care and treatment counselors in the rural health sub-district of Hlabisa.

Counselors will be trained to provide HIV/AIDS education and counseling and care and support services to HIV-positive individuals enrolled in the care program. Trained counselors will be able to identify and refer individuals from the center's counseling and care center to Hlabisa Hospital's HIV clinic where HIV testing and clinical staging for those who test positive will be performed. Infected individuals who are determined to not yet be clinically eligible for ARV treatment will be referred back to the counseling and care center and will be case-managed by the trained care and treatment counselors. Training will also enable counselors to provide education regarding safe-sex practices, healthy diet and lifestyle, and warning signs related to opportunistic infections (OIs). Trained counselors will be able to assess patients for signs of acute illness, refer serious acute patients to doctors and less serious patients to nurses, and in collaboration with nurses at the clinic case manage the clinical care that individuals require such as treatment of OIs.

The Africa Centre for Health and Population Studies is a South African NGO operated by the University of KwaZulu-Natal in partnership with the South African Medical Research Council.

This care and support program is one component of Africa Center's integrated HIV/AIDS care and support and ARV treatment program, with the other program component described in the ARV services section of this document.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Teachers Union / American Center for International Labor Solidarity
 Planned Funds:

Activity Narrative:

The American Center for International Labor Solidarity (ACILS) will use Emergency Plan funds to support its collaboration with four South African teachers' unions to work in 5,000 schools in KwaZulu-Natal, Limpopo, and the Eastern Cape. School representatives from the unions will carry out peer education with teachers aimed at home/community-based activities that optimize quality of life for HIV-infected people. In addition, 2,000 teachers HIV-infected or living with AIDS will receive palliative care.

The ACILS works with labor organizations throughout South Africa. This project is a collaboration among South African teachers' unions with support from the American Federation of Teachers. The project aims to provide a range of services to teachers in three provinces.

The management of this activity will focus on creating a supportive environment in the school workplace for people who are HIV-positive and for those living with AIDS. This content will focus on positive living, nutrition, legal issues, the government and union policies and treatment literacy. The Metropolitan Life booklet, Positive Health, that focuses on nutrition and living with HIV will be reprinted and provided to all teachers as part of the Educators' AIDS Action kit.

Teachers will be provided with basic information on the laws and union and government policies that govern illness, disability, and discrimination as they relate to HIV and AIDS. Particular emphasis will be placed on ethical standards for teachers and on protecting girl students from sexual harassment by teachers and their peers.

In addition to the education and HBC elements, this program will support needed health care for 2,000 teachers HIV-infected and/or living with AIDS. This component is part of an integrated programs described in the prevention, care and treatment sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Workplace Programs	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

Teachers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Broadreach
 Planned Funds:

Activity Narrative:

Emergency Plan funds will support Broadreach to enroll and provide ongoing HIV/AIDS clinical management, care and support services to HIV-positive uninsured individuals who are not yet clinically qualified for antiretroviral treatment. Enrollees will come predominantly from the extensive network of community support groups for people living with HIV/AIDS (PLWHA) referred directly through Broadreach's partner, the National Association of Persons Living with HIV/AIDS South Africa (NAPWA-SA). Broadreach estimates that over 10,000 individuals in 5 provinces will be provided care and support as a result of this program.

Specific services that will be provided to enrolled individuals include HIV/AIDS education and counseling, prophylaxis therapy and treatment of opportunistic infections including malaria, when indicated, and immune system support. Individual enrollees will be closely monitored to determine when ART is clinically appropriate to commence. In addition, Broadreach in collaboration with its training partners will train a network of 80 providers – doctors, nurses, pharmacists, and lab technicians – to provide the above described clinical HIV care management services.

Broadreach's program aims to ensure that adequate attention and resources are devoted to (1) keeping HIV-positive individuals who do not yet qualify for ARV treatment healthy for as long as possible so as to delay the onset of full-blown AIDS and associated increased illness, and (2) ensuring that these individuals do not "slip through the cracks" and only re-enter the system when they are extremely sick. Broadreach estimates that approximately 20% of the patients enrolled in this comprehensive program will be HIV-positive, but not yet clinically qualified for ART. By keeping these patients healthy, an integrated care and treatment program will be significantly more cost effective over the long term.

This care and support services activity is one component of Broadreach's comprehensive Treatment, Care and Support program. The other components of this comprehensive program are described within the ARV services program area of this COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
 Country Operational Plan South Africa FY 2005

UNCLASSIFIED 2/09/2004

Page 323 of 576

UNCLASSIFIED

<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	339	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	80	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Faith-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Traditional birth attendants <input checked="" type="checkbox"/> Traditional healers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Discordant couples <input checked="" type="checkbox"/> Injecting drug users <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> Host country national counterparts <input checked="" type="checkbox"/> Implementing organization project staff <input checked="" type="checkbox"/> International counterpart organization <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Media | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Miners <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> Mobile populations <input checked="" type="checkbox"/> Migrants <input checked="" type="checkbox"/> Migrant workers <input checked="" type="checkbox"/> National AIDS control program staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Religious/traditional leaders <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> USG in country staff <input checked="" type="checkbox"/> USG Headquarters staff <input checked="" type="checkbox"/> Widows <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|

UNCLASSIFIED

Key Legislative Issues:

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

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

State Province: Western Cape

ISO Code: ZA-WC

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CompreCare
 Planned Funds:

Activity Narrative:

CompreCare is a South African NGO undertaking HIV/AIDS prevention and care activities under a multi-partner initiative called CHAMPS - Coordinated HIV/AIDS Management Programs. Emergency Plan funds will support CompreCare to undertake a home-based care (HBC) program for persons living with HIV/AIDS in the Mamelodi and Atteridgeville townships in the city of Tshwane, Gauteng province.

CompreCare's efforts will significantly increase the capacity and quality of the HBC services delivered within these townships. Initial activities will involve expanding the Mamelodi and Atteridgeville Hospices' capacity to perform home-based palliative care from the current level of approximately 100 households served to at least 500. In the future, CompreCare will focus on further expansion of capacity until HBC services adequately meet the community demand.

Expansion of HBC capacity will entail recruitment, training, mentoring, and supervision of a network of 30 new community volunteer caregivers and establishment of a system to monitor the amount and quality of care that they provide. Caregivers will be recruited from the community and trained through the Hospice Palliative Care training facility in Pretoria, and will be mentored by experienced nurses and senior caregivers. Clear linkages will be established and strengthened with Pretoria Sungardens Hospice (which manages Mamelodi and Atteridgeville Hospices), as well as with other relevant hospitals (Mamelodi, Pretoria Academic, and Kalafong) in order to establish and/or improve a system of care referrals. Furthermore, the "Eyes of the Community" network supported by CompreCare to raise awareness about HIV/AIDS prevention will also be utilized to identify persons in need of care in the community. HBC will include care and support for persons receiving antiretroviral treatment and those co-infected with HIV and TB within the community. CompreCare will provide regular stipends to volunteer caregivers as well as equip them with appropriate care kits and supplies per the Hospice Palliative Care Association of South Africa standards.

Anticipated results include strengthened organizational capacity to promote long-term sustainability of HBC services, community based networks to provide home-based care services to PLWHAs identified and strengthened, and increased use of HBC wellness programs by PLWA and their families.

These activities are part of a holistic program, with related activities described in the prevention and OVC sections of the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	30	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community members
- Community-based organizations
- Factory workers
- Faith-based organizations
- Community health workers
- Traditional healers
- Implementing organization project staff
- Infants
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Gauteng.

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Policy Project / The Futures Group International

Planned Funds:

Activity Narrative: POLICY, in partnership with the National Department of Health and UNDP, designed a set of resource materials called "A Toolkit for People Living with HIV and AIDS: To the other side of the mountain". Emergency Plan funds will enable POLICY to improve the ability of PLWHAs to disclose, advocate and access services across South Africa through the ongoing dissemination of the Toolkit and the implementation of a master training program across all 9 provinces of South Africa, reaching at least 9000 people living with HIV/AIDS. Additionally, POLICY will conduct an evaluation of the dissemination strategy for the Toolkit to ensure that the Toolkit was utilized at a local level and is effective in increasing the use of wellness programs by PLWHAs.

This activity forms part of a holistic program, with related activities described in the prevention (AB), strategic information and policy analysis sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	50%
<input checked="" type="checkbox"/> Training	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community-based organizations
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide South Africa

Planned Funds:

Activity Narrative:

Through Emergency Plan funds, Hope Worldwide South Africa (HWSA) will continue to provide comprehensive support to nearly 40 support groups for PLWHA in four provinces (Gauteng, KwaZulu-Natal, Eastern Cape and Western Cape), and will provide specific support to several hundred indigent PLWHA in need of terminal care through the Soweto Hospice.

HWSA has been involved in the care and support of PLWHAs for over 10 years. It has developed successful models of care and support that have been replicated nationally and regionally. Emergency Plan funding will support HWSA's continued comprehensive support for nearly 40 support groups for PLWHA based primarily within local community clinics. HWSA provides multilevel support including (1) counseling, ARV education, nutritional support, income generation activities, and referrals; (2) training for key community stakeholders, such as faith-based organizations, in support group development; and (3) a wide range of home-based care activities that includes medical care supervised by nursing staff, and mobilization of community volunteers that provide basic support to PLWHA at home. HWSA will train key community stakeholders such as faith-based organizations in support group development.

HWSA conducts wide-ranging HBC activities for PLWHA, including medical care supervised by nursing staff. HWSA also mobilizes community volunteers who provide basic support to PLWHA at home. HWSA will refer treatment-eligible patients to the relevant public sector treatment points, and will ensure follow-up of these patients.

Through these activities, HWSA will: (1) strengthen organizational capacity to promote long-term sustainability of care and support services to PLWHA and their families; (2) identify and strengthen community-based groups to provide home-based services to PLWHAs; (3) promote the greater involvement of PLWHAs in care and support programs; and (4) promote partnerships to identify and mobilize additional resources for PLWHAs. HWSA expects to reach a total of 3,800 people living with HIV/AIDS (PLWHA) through care and support activities under this award.

HWSA will provide Soweto Hospice with a sub-grant to operate its HBC program. Soweto Hospice has a well-established program that provides quality care to several hundred indigent PLWHA in need of end of life care. HWSA will provide funding to the Soweto Hospice and continued mentor key service providers.

This section is part of an integrated program, with the prevention and care components described elsewhere in the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds
34%
20%
46%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	60	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Secondary school

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape
 State Province: Gauteng
 State Province: KwaZulu-Natal
 State Province: Western Cape

ISO Code: ZA-EC
 ISO Code: ZA-GT
 ISO Code: ZA-NL
 ISO Code: ZA-WC

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hospice and Palliative Care Assn. Of South Africa

Planned Funds:

Activity Narrative:

The major focus of Emergency Plan funding provided to the Hospice and Palliative Care Association of South Africa (HPCA) will be to build and strengthen the capacity of its estimated 75 member hospices and 600 government, non-government (community-based and faith-based organizations) and private health care partners, to collaborate in providing expert training to volunteers, community health workers and health professionals in order to provide a high standard of palliative care to patients and their families.

There are severe constraints in the area of human resource and organizational capacity to implement palliative care programs. The Hospice Palliative Care Association of South Africa (HPCA) will address these by working through its member hospices and government, non-government and private health care partners.

Capacity building will include the development and application of comprehensive quality assurance standards for palliative care, and provision of the necessary supervision and training to implement palliative care services that comply with these standards. Through its own service sites (member hospices) it is estimated that HPCA will provide direct care for approximately 120,000 HIV-infected patients and their families and, using these sites as learning centers, provide palliative care training for approximately 10,000 persons. The range of patient services rendered by member hospices includes: home-based care; day care centers; in-patient palliative care units for terminal patients; and bereavement support for families and friends. In partnership with numerous higher education institutions, professional associations and the national and provincial departments of health, a wide range of accredited palliative care training programs will be offered for volunteers, community health workers, nurses and medical practitioners.

On average, every HPCA hospice works with approximately eight partner organizations including government, non-government, community-based, faith based and private health care providers, amounting to a total of approximately 600 organizations throughout South Africa. During FY05 it is anticipated that member hospices will collaborate extensively with these partners to enhance their capacity to provide a high standard of palliative care. Through these organizations, HPCA will greatly extend the reach of its activities to PLWHA.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	108,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	10,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	75	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Commercial sex industry
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Traditional healers
 - Private health care providers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Media
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Prisoners
- Program managers
- Religious/traditional leaders
- Students
 - Secondary school
- Teachers
- Trainers
- Volunteers
- Widows

- Women of reproductive age
- Youth
- Girls
- Boys

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Economic Impact Survey / IBM

Planned Funds:

Activity Narrative: With Emergency Plan funding, the Joint Economics, AIDS and Poverty Program (JEAPP) will support an evaluation of the costs and effectiveness of home *community-based care (HCBC) programs. This study is being initiated at the direct request of the Department of Social Development and was identified as one of their priorities for use of Emergency Plan funding.*

JEAPP is an NGO that coordinates the work of eleven international donors, foundations and private sector companies. The consortium was established in 2000 by USAID and AusAID to initiate analysis of the impact of the HIV/AIDS pandemic. The analytical priorities were identified by senior South African officials in the *Departments of Health, Social Development and Finance. JEAPP provides the technical assistance to assure quality in research design and analysis of results as well as provides linkages between the researchers to improve sharing of results. IBM manages the consortium's money and thus is listed as the primary partner on this document.*

Home community-based care plays an important role in the community since one of its core purposes is to empower the community through the building of human *capital and the promotion of self reliance through community action. Communities with the highest infection rates are often marginalized and most vulnerable to HIV transmission and therefore are in need of intervention programs that are sustainable. The project will review different models of community home-based care programs in order to develop models that will have the greatest and most sustainable impact on these highly affected communities.*

After this investigation, this project will develop a cost and effectiveness model of the various approaches of HCBC programs. *Using this information, this project will put forward recommendations to the Department of Social Development for an appropriate model or a combination of models for scaling up HCBC programs in South Africa and will highlight factors in HCBC programs that hamper responses. These objectives will be achieved in close collaboration with key stakeholders at the Departments of Health and Social Development. All field work will take place in Limpopo, Mpumalanga, the Eastern Cape and KwaZulu-Natal with the analysis taking place in Gauteng.*

This activity is part of a broader program, with related activities described in the Strategic Information section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Community health workers
- Host country national counterparts
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Living Hope
 Planned Funds:

Activity Narrative:

Living Hope Community Center is an indigenous South African faith-based organization (FBO) formed in 1999 in direct response to the HIV/AIDS epidemic. Emergency Plan funds will support Living Hope to undertake a home-based care program for people living with HIV/AIDS in the Western Cape. Activities will include comprehensive training and support of caregivers to provide home based care (HBC) services to HIV-positive individuals and their families, establishing a system for referral of HIV-positive individuals needing inpatient and/or hospice services, establishing a system for referral of treatment-eligible patients to the nearest public health treatment site, and implementation of regular support groups for HIV-positive members of the community.

Living Hope will train, support, and equip 11 community-based caregivers and 1 nurse to provide comprehensive home-based care (HBC) to nearly 2500 people living with HIV/AIDS (PLWHA) in four Western Cape communities – Masiphumelele, Ocean View, Red Hill, and Muizenberg. HBC visits will incorporate nursing care, personal hygiene, and HIV/AIDS education to the infected individuals and their family. Community-based caregivers will refer PLWHA experiencing acute HIV-related illnesses, including TB and other opportunistic infections, for holistic in-patient services at Living Hope's hospice or other appropriate health care institutions. In addition, monthly support groups for HIV-positive community members will be organized. Living Hope's HBC program is one component of an integrated program that combines abstinence and faithfulness based prevention activities with care and support activities for HIV-positive individuals and their families.

Living Hope's other program component is described in the prevention section of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	2,450	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	12	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Nurses
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

Coverage Area:

State Province: Western Cape

ISO Code: ZA-WC

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services, South Africa

Planned Funds:

Activity Narrative: This innovative partnership between the USG and the Department of Correctional Services (DCS) is aimed at improving clinical and end-of-life care for prisoners, and increasing access to treatment for prisoners in a cost-effective way (described elsewhere in the COP).

In keeping with the national health strategy of South Africa to utilize home- and community-based care to care for terminally ill people and thus relieve the overburdened formal health care system, the Department of Correctional Services will use Emergency Plan funding to offer offenders the opportunity to volunteer as caregivers for those offenders receiving end of life care, by providing training and supervision to nearly 5000 volunteers.

A pilot by a non-governmental organization in training offenders to care for the terminally ill was found to be very successful. Emergency Plan funding will provide master training to medical staff, which will then train and supervise the prisoners who volunteer for the program. In 2005, one master trainer in each of the 239 prisons will be trained.

The Department of Correctional Services believes in integrated service delivery and since rehabilitation is the core business of the Department, it is believed that both aims, rehabilitation and care of the terminally ill, will be realized by this program.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

Activity Category
 Training **% of Funds**
100%

Targets:

		<input checked="" type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	239	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	239	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Clients of sex workers
- Commercial sex workers
- Disabled populations
- Doctors
- Nurses
- High-risk population
- Injecting drug users
- Men who have sex with men
- Partners of sex workers
- Street youth
- HIV+ pregnant women
- People living with HIV/AIDS
- Prisoners
- Volunteers
- Women of reproductive age
- Youth
- Girls
- Boys
- Transgender individuals

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State/Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

With Emergency Plan support, the Eastern Cape Regional Training Center (RTC) will provide training to community health workers and undertake several activities to implement and demonstrate best practice models for HIV care that will be eventually implemented across the Eastern Cape province.

Emergency Plan-funded activities will include providing support for comprehensive training of community health workers, and developing and implementing a community health worker management and supervision program model. Emergency Plan funds will also support the development of two model wellness centers to support follow-up post-test counseling and services for individuals and families, including referrals for treatment to public sector treatment facilities. Support will also be provided to two model step-down units that function as discharge units to train patients and families for home care upon discharge. These wellness and step down units are the operational bases that link community health worker services to health facilities. They also offer practical hands-on training opportunities for the provincial training programs.

The Eastern Cape Regional Training Center (RTC) is part of the Eastern Cape Department of Health, and is run out of the University of Transkei. RTC was developed as a model for training on skills and knowledge critical for the implementation of the government's Comprehensive Plan for HIV/AIDS.

This project is part of an integrated program of which other prevention, care and treatment components are described elsewhere in this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	300	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Men
- Women
- Women
- Caregivers
- Caregivers
- Community leader
- Community leader
- Community-based organizations
- Community-based organizations
- Health Care Workers
- Health Care Workers
- Doctors
- Doctors
- Medical/health service providers
- Medical/health service providers
- Pharmacists
- Pharmacists
- Infants
- Infants
- M&E specialist/staff
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Orphans and other vulnerable children
- Policy makers
- Policy makers
- Pregnant women
- Pregnant women
- University
- University
- Trainers
- Trainers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)
 Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tshikululu Social Investments
 Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Tshikululu Social Investments, the implementation partner for the AngloAmerican Chairman's Fund, to provide palliative and home-based care projects through The Tshikululu Small Grants Fund (SGF) in four key sites in Gauteng, Western Cape, Mpumalanga, and North West.

Tshikululu Social Investments manages charitable assistance programs for Anglo-American and other large South African businesses. Through this partnership, Tshikululu will administer a small projects fund that will benefit OVCs, described elsewhere in the COP.

Tshikululu will work with hospices to identify areas of growth and expansion in the network of hospice organizations working in these communities. These organizations have been short-listed already and will complete full and detailed grant applications. These will be carefully evaluated for quality, sustainability, and need and the grants will be made directly to the hospice organizations. The focus of these grants will be on providing the support required to increase the reach of these organizations faced with the major challenge of making their services available to an ever-growing group of people in need. The Hospice and Palliative Care Association of South Africa (HPCA) has an ongoing relationship with these hospices and is working with them and the Department of Health to improve access to stipends made available by the government on an ongoing basis, and to improve the skills of the care provider.

The second type of support provided through the SGF will be to less-formalized hospices that are developing relationships, but not yet necessarily affiliated with the Hospice & Palliative Care Association. Applications will be requested from these groups, and will again be assessed for quality, sustainability and need. The SGF will look to find ways to support these organizations in a manner that provides for the sustainable growth in their offering of services, much the same as above.

The intended results of this program will be the extended reach of hospices, strengthened organizational resources to promote long-term sustainability of palliative care services, increased use of wellness programs by PLWHA and their families, and strengthened provision of home-based services to PLWHAs by community-based groups.

This activity is related to the Tshikululu activities described in the OVC section of this COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,300	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Community health workers
- High-risk population
- HIV/AIDS-affected families
- Miners
- Nongovernmental organizations/private voluntary organizations
- Volunteers
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Gauteng	ISO Code: ZA-GT
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Traditional Healers Project / Nelson Mandela School of Medicine, University of KwaZulu

Planned Funds:

Activity Narrative: Emergency Plan funds will be used to train and equip traditional healers to better respond to the HIV/AIDS epidemic in KwaZulu-Natal. As part of the training, the project will support the collaborative development and implementation of a common clinical guideline for management of HIV/AIDS by traditional healers, including the standardization of HIV clinical staging for traditional healers. The University of KwaZulu-Natal has an ongoing collaboration with associations of traditional healers in rural areas of Ethekwini District. Traditional healers are extremely influential in KZN, and are a largely untapped resource in HIV/AIDS prevention and mitigation on the community level.

In addition to training traditional healers on clinical guidance, Emergency Plan funds will be used to support training in the use of the required forms, which include patient record sheets with detailed information on clinical indicators, patient flow sheets showing the improvement or deterioration of specific indicators, and monthly (or bi-weekly) data summaries.

As a result of the project, traditional healers will gain substantial new tools for managing patients with HIV/AIDS. New clinical guidelines and standardized therapeutic protocols will be developed for HIV/AIDS management by traditional healers. This project will also emphasize improved collaboration between biomedical and traditional practitioners.

This project is one component of a comprehensive program to integrate traditional healers into South Africa's Comprehensive HIV/AIDS work. Prevention and care aspects of the program are described elsewhere in this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	35%
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	200	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Traditional healers

Key Legislative Issues:

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

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

The Reproductive Health Research Unit (RHRU) will, with Emergency Plan funding, support the development of services for comprehensive HIV management including care and support for HIV-infected people and referral for HIV care, and train service providers in these areas. This project works through innovative training programs and through direct support to clinics in 3 provinces (Gauteng, North West and KwaZulu-Natal) to support HIV management and care.

Training programs and on-site capacity building for health providers will specifically target ARV and non-ARV sites that need to be able to care for, manage and appropriately refer HIV-infected clients (not including TB). This result will be achieved through didactic training and on-site clinical support, including case reviews and support during consultations.

Training, service provision, data collection and evaluation improvements are being implemented for HIV management and care of patients attending STI and family planning clinics. The lessons learned from the 2 clinics in Johannesburg will form the basis for the scale-up in new sites in North West and KwaZulu-Natal, reaching nearly 4000 people with palliative care. RHRU technical support directly assists within the clinics on a daily basis, including supporting HIV palliative care and management.

This project is part of a comprehensive program providing prevention, care and treatment, and which is described elsewhere in this COP. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	3,875	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	5,000	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	22	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Partners of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
- People living with HIV/AIDS
- Sex partners
- Women of reproductive age
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection

Coverage Area:

State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: North-West	ISO Code: ZA-NW

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

ART in Joburg Health Precinct / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The Reproductive Health Research Unit (RHRU) will use Emergency Plan funds to implement a new comprehensive HIV care and support and ARV treatment program in the Johannesburg Health District, with two components contributing towards care and support targets, namely community care and training.

Community AIDS Response (CARE), a subpartner under this initiative, cares for people living with HIV and AIDS, and the families and caregivers who support them. CARE's small professional team supervises, mentors and supports many volunteers involved in CARE's career path structure. The volunteers offer counseling, home-based care, wellness programs and befriending. They assist with income generation and material support programs, and support group facilitation. Their work will be key in strengthening treatment adherence initiatives. Specifically, these activities will strengthen adherence initiatives and other support to those on the ARV program, as well as those infected and affected individuals and families.

A team of HIV treatment and adherence specialists will support the initial antiretroviral rollout sites in and surrounding the Hillbrow and inner-city Johannesburg area in Gauteng. The team will also provide technical support to new sites proposed in the area and to the Provincial Antiretroviral Task Teams, and will develop and facilitate appropriate referral networks. The specialist team will emphasize the continuum of care, including prevention, healthy lifestyle and responsible behavior, nutritional advice, opportunistic prevention and treatment, palliative care and antiretroviral therapy, and will be involved in the training of health care professionals. Ethical and legal guidance will be provided to clinicians. The team will also have a pharmacovigilance function, developing and encouraging reporting mechanisms with the Medicines Control Council, for the rollout sites.

This team will provide support to the public sector ARV program, starting patients on ARVs, and maintaining those already on ARVs. Patients not on the ARV program will be supported with palliative care, including TB related palliative care. As part of this project, an outreach program will target ARV and referral clinics in the inner city area. Expert nurses and counselors, based at the local ARV rollout sites, will rotate through the surrounding referral clinics. The team will work with clinic staff to improve practice and maximize referral for counseling and testing, palliative care and ARV treatment. These staff will also work to strengthen health care providers in integrated HIV prevention approaches and the needs of high risk and marginalized groups, including migrant workers, sex workers and men engaging in high-risk behavior.

Anticipated results include strengthened capacity of community based groups for providing home-based services to people living with HIV and AIDS, strengthened capacity of health care providers in HIV/AIDS care, and improved quality of basic health care clinical services for HIV-positive patients.

These activities form one component of an integrated care and treatment program, additional aspects of which are described elsewhere in this COP. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	8,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	500	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Clients of sex workers
- Commercial sex workers
- Community members
- Community-based organizations
- Disabled populations
- Family planning clients
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Discordant couples
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- Ministry of Health staff
- Mobile populations
 - Migrants
 - Migrant workers
 - Refugees/Internally displaced persons
- People living with HIV/AIDS
 - University
- Sex partners
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support
Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT and ART Project / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Perinatal HIV Research Unit (PHRU) to continue to operate its effective "Wellness" program for HIV-infected adults who are not yet eligible for ARV treatment. The aim of the program is to delay the progression to AIDS, and provide palliative care to almost 5000 people.

PHRU offers a wellness program that provides comprehensive care and support (CCS) for HIV-infected adults in facilities in two provinces – Gauteng and Limpopo. The aim of the program is to treat and prevent opportunistic infections, provide psychosocial support and advice on good nutrition and healthy lifestyle. The care component includes: screening for active tuberculosis (TB), preventative treatment for latent TB infection, cotrimoxazole prophylaxis for opportunistic infections (OIs), syphilis screening, symptomatic screening for syndromic STIs, screening for cervical cancer, provision of family planning and a CD4 count on entry and annually thereafter. Intercurrent illnesses are treated using a formulary based on the South African Essential Drugs List. The support component of CCS comprises psychosocial support and basic HIV/AIDS education including prevention and nutrition.

This wellness program attempts to replicate services in most primary care clinics in Southern Africa. In the care program, primary care nurses under physician supervision are the main providers of care. Using this model, the program is being expanded to additional facilities. In January 2004 a satellite service was initiated at a local authority clinic in Wheelers Farm, an informal, semi-urban settlement south of Soweto. At Tintswalo Hospital in Limpopo Province, a doctor and primary care nurse treat 30 people a day, twice a week. In addition a facilitator's toolkit was developed detailing how to run a support group.

This wellness program is integrated into a treatment program as patients progress toward eligibility for ARV treatment. Participants in the wellness program have established CD4 counts and are adherent to care, thus enabling rapid transition to ARV treatment programs. This is being realized with a CIPRA-SA program, an Emergency Plan supplementary grant and the provincial government rollout program. These activities are part of a comprehensive service delivery program, with related activities described in the treatment and care sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	52%
<input checked="" type="checkbox"/> Logistics	19%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	14%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	4,750	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	150	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Family planning clients
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- Implementing organization project staff
- Infants
- Migrants
- People living with HIV/AIDS
- Sex partners
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: Gauteng
 State Province: Limpopo (Northern)

ISO Code: ZA-GT
 ISO Code: ZA-LP

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

Emergency Plan funding will be utilized to strengthen collaboration Peace Corps and USG-funded treatment partners. Peace Corps South Africa will place two volunteers with indigenous organizations that provide palliative and home-based care services in the North West and Mpumalanga provinces. Volunteers will provide ongoing technical support that enables these organizations and related community initiatives to have the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure progress against these.

Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to support accredited training for community home-based caregivers; support follow-up and professional development of caregivers and FBO and NGO leaders; support joint planning and activity reviews between NGO and CBO providers, local government, and district health authorities; develop and test manuals and handbooks for the use of community home-based caregivers; and conduct focused financial and patient tracking systems.

In addition to the in-depth, ongoing capacity development described above, Peace Corps South Africa will provide support to additional community groups with which Peace Corps Volunteers are collaborating in order to strengthen the groups' ability to deliver consistent, comprehensive and high quality services to people living with HIV/AIDS. By supporting the skills development of community and home-based care groups, and by supporting the development of appropriate referral systems, people living in rural areas will have increased access to quality and professional care. The development and support of a professional cadre of caregivers in at least 6 rural communities is an outcome of this program area.

This activity forms part of a holistic program, with related activities described in other sections (OVC and ARV Services) of the COP.

Note: Peace Corps is relying on Emergency Plan funding in FY06 and FY07 in the amount of to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

- 20%
- 60%
- 20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	120	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Community health workers
- HIV/AIDS-affected families
- Host country national counterparts
- Migrant workers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
- Religious/traditional leaders
- Trainers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)
 State Province: Mpumalanga
 State Province: North-West

ISO Code: ZA-LP
 ISO Code: ZA-MP
 ISO Code: ZA-NW

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support
 Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 1 / University Research Corporation, LLC
 Planned Funds:

Activity Narrative: Emergency Plan funding will be utilized by URC/QAP to provide support to Local Services Area health offices and CBOs/FBOs in five provinces, in designing and implementing strategies to improve the basic health care and support for PLWHA.

QAP will identify gaps in the current systems and, based on the results, develop appropriate interventions for improving the quality of care as patients move from one level of care to another and/or one stage of the disease to the next. QAP will assist local stakeholders in developing and implementing a basic health care package for PLWHA that includes early detection and treatment of opportunistic infections, home-based treatment of diarrhea, use of prophylaxis for treatment, nutritional support systems, and palliative care, which is in compliance with national protocols. This includes appropriate referrals for ARV treatment.

Assistance will be provided in the development and implementation of referral and patient record systems. URC/QAP will also support building specific skills areas among health care workers to strengthen interpersonal communication, improve laboratory support systems, and develop facilitative supervision. Linkages will also be developed with employers and social services to ensure that PLWHA receive other benefits and services.

This program will result in improved quality of basic clinical services for people living with HIV/AIDS, including the provision of the Basic Care package. Other activities of this holistic approach are described elsewhere in the COP.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	450	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	250	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Health Care Workers
- Community health workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 2 / University Research Corporation, LLC

Planned Funds:

Activity Narrative: This narrative describes activities deferred from the FY04 COP.

Using Emergency Plan funding, QAP will provide support to community-based organizations providing home-based and palliative care for people living with HIV and AIDS in five provinces. QAP will also support NGOs that will be selected as mentor organizations to support other NGOs/CBOs to improve quality of basic care services.

All the NGOs in each district of the five provinces will be identified to document gaps and develop appropriate interventions aimed at improving quality of care. The NGOs that are performing well will be trained as mentor organizations to build capacity and skills for those NGOs that require further strengthening. QAP will provide training on quality assurance methodology, integrating it with the content of care (clinical and care guidelines) as well as process of care (how to integrate clinical guidelines into the local work setting). The focus will be on compliance with standards for provision of the basic care, prevention and early management of opportunistic infections, the development and strengthening of referral systems from one level of care to another (clinic - ARV facility- step-down care), management of patient record systems, and supervision.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	150	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	15	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **Small Grants Fund / US Department of State**

Planned Funds:

Activity Narrative: From the application process to the reporting required, the Emergency Plan is designed for partners with the capacity to conduct large-scale interventions generating substantial contributions to Emergency Plan targets. The South Africa Emergency Plan Task Force would also like to fund the most promising small community organizations making significant contributions to the fight against HIV/AIDS.

South Africa has numerous NGO/CBO/FBOs making a difference in their local communities, but generally these organizations are excluded from the Emergency Plan unless they are fortunate enough to find a partnership with a larger organization. The South Africa Mission intends to fund a vehicle for these organizations to access Emergency Plan support, in any of the nine provinces. The fund will be administered at the U.S. Embassy by the Emergency Plan secretariat, with the application, approval and monitoring of the programs shared by the South Africa Emergency Plan Task Force. Pending guidance from OGAC, the Task Force has not further defined the parameters of the fund. We intend to submit a proposal to OGAC consistent with the guidelines once they are available. If guidance on a small grants program is not provided before January, the Task Force will allocate this unallocated fund to other approved and partially funded COP projects or to our National Government and Provincial Government Projects in Development.

The Task Force anticipates that small grants will support community-based interventions relating to (1) home-based and palliative care, (2) abstinence and be faithful programs for youth, and (3) OVC support. Accordingly, this project is reflected in each of these areas in the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

- Result 1: OVC policies and guidelines strengthened and expanded.
- Result 2: Enhanced support for caregivers.
- Result 3: Expanded linkages between OVC programs and other service providers.
- Result 4: Increased OVC access to education, health care and government support, and to income-generating activities.
- Result 5: CBO and FBO orphan support programs strengthened and expanded.

Total Funding for Program Area (\$): **Current Program Context:**

An estimated 1.1 million children in South Africa have been orphaned (lost at least one parent) by AIDS as of 2003, and the number is expected to rise to 1.7 million by 2010. Care and support of orphans and vulnerable children (OVC) is a key component of mitigating the effect of the epidemic in South Africa. The South African Government has responded to children's vulnerability and inequality by initiating broad programs through the Departments of Education and Social Development to ensure that the needs of OVC are met. While the provision of social assistance (grants) is one of the main interventions used by the South African Government to target poor children and their families, additional systems are in place to assist OVC educationally through exemption from school fees, school nutrition programs, and other education-related programming. The Department of Social Development (DSD) is a key government provider of services for children, child headed households and orphans affected and infected by HIV/AIDS, with DSD directing up to 80% of its budget towards the provision of social assistance grants. USG collaborates closely with DSD on issues relating to OVC, and supports its initiatives with financial and technical assistance. Additional USG-funded efforts mobilize community- and faith-based organizations to improve the number and quality of services provided for OVC. Through these organizations, the USG supports programs that encompass the entire care and support continuum, including psychosocial and nutritional support, maximizing OVC access to government benefits, and strengthening OVC support through referrals for health care, support groups and training. Special attention will be given to teaching life skills to OVC and providing education and training to volunteer caregivers and community-based child and youth workers. Recently-initiated USG supported programs facilitate community mobilization and offer grassroots capacity building to develop a cadre of skilled home-based care givers focusing on providing services to OVC and their families or to community support structures. In addition, USG OVC programs will provide educational support and nutritional supplements to OVC both within school environments and communities and will train primary care givers to provide psychosocial and bereavement counseling. Youth-headed households from poor rural communities will be supported to engage in income generating activities, the development of food gardens that will result in improved nutrition, youth empowerment and community participation and ownership. Major donors in the OVC arena include Development Cooperation Ireland, which focuses on Children in Distress and support to OVC; DFID, with projects implemented through the Anglican Church; and UNICEF, working with government ministries, NGOS, CBOs and FBOs on multisectoral interventions. Other donors in the OVC domain include New Zealand Aid.

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Family Health International

Planned Funds:

[Redacted]

Activity Narrative:

This is a recently announced Track One award. Additional information regarding the program will be determined after the awards are made in the United States and implementation activities are approved in South Africa.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ASPH Cooperative Agreement / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

The Harvard School of Public Health will use Emergency Plan funds to support 21 programs to strengthen the capacity of national and provincial systems to coordinate outreach and services to OVC in four provinces. Using the Rutanang model and working in collaboration with provincial Departments of Education and Social Development and with FBOs, the Harvard School of Public Health will train 43 peer educators and establish linkages between schools, CBOs and NGOs to increase the knowledge base on how better to equip OVC and other family members to protect themselves from HIV infection and support the care needs of OVC.

Peer education is a delivery system in which carefully trained and supervised youth conduct structured educational activities with somewhat younger youth, as well as informally influencing and assisting peers in natural social settings. By design, these learning activities, which have concrete educational objectives, also serve to facilitate recognition, help and support, and referral of OVC coping with the emotional and practical consequences of illness or death in the family. The project's OVC focus is primarily concentrated in its work with primary and secondary schools and faith-based organizations, which represent an enormous and currently underutilized resource for early and effective support of OVC. An important tenet of the Rutanang system is that schools must work closely with CBOs and FBOs in order to provide the HIV/AIDS related prevention and support services children and youth need.

Training and technical assistance will be provided in the use of Rutanang guidelines, tools, and curricular materials to ensure that peer education programs are addressing realistic OVC objectives in the context of their prevention work. Supervisory and referral protocols and practices form a critical part of those guidelines.

Working primarily with Departments of Education and Social Development in Western Cape and Free State; with the Catholic Institute for Education in Gauteng and KwaZulu-Natal; and with FBOs in provinces to be determined, the project will focus on articulating in policy and ensuring through joint training the coordination of peer-based, government-provided and adult-mediated emotional and practical support for OVC.

These activities are part of an integrated program, with related activities described in the strategic information and policy analysis sections of this document.

Activity Category

Community Mobilization/Participation

% of Funds
20%

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

UNCLASSIFIED

<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	21	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	43	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- High-risk population
- Street youth
- HIV/AIDS-affected families
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
- Teachers
- Trainers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASC2: Integrated Primary Health Care Project / Management Sciences for Health

Planned Funds:

Activity Narrative:

With Emergency Plan Fund support, the Integrated Primary Health Care Project (IPHC) will intervene in three priority areas: (1) training of caregivers on psychosocial aspects of OVC; (2) support for district managers of OVC programs; and (3) integration of government programs with community-based initiatives. Management Science for Health will support IPHC's work to train 500 individuals to provide needed OVC services and create 15 new programs to support OVC care and programming in the provinces of Eastern Cape, KwaZulu-Natal, North West, Mpumalanga and Limpopo.

South Africa's OVC sector is in its infancy as part of a national community/home-based care program, particularly in the area of psychosocial, protective and nutritional care for orphans. This program will help develop OVC support through the following interventions.

Management Science for Health (MSH) will provide training to caregivers on psychosocial aspects of working with orphans, understanding their particular developmental needs and support requirements. The Department of Social Development is currently devising a curriculum for the training of caregivers and our MSH's role at district level will be implementation of this training for all caregivers and community health workers. The aim is to increase caregivers' understanding of the needs of OVC enabling them to not only provide better care and reduce stigma and discrimination against OVC but also to ensure that OVC have access to the services they require – education, health care, and nutritional support.

MSH will also provide support, mentoring and supervision of program managers for OVC care at district and sub-district level to ensure increased access to OVC services by those in need of these services. Activities will include training of program managers on monitoring and evaluation to ensure that those in need of OVC care are identified and are able to access these services at a local level and to ensure equity in service delivery (rural vs. urban choice for programs).

Furthermore, MSH will facilitate integration of government programs with community-based initiatives by strengthening existing networks and establishing new networks. This will result in improved inter-sectoral collaboration, nutritional support, better networking to ensure effective links for orphans to access special provision in the form of school fee exemptions, and increased access to foster care grants. IPHC will assist district municipalities to work closely with community-based initiatives for OVC care by building public/private partnerships, establishing mentorship programs in capacity building for CBO/NGO/FBO involved in OVC care, and enabling them to better access grants and other funding mechanisms. IPHC will also facilitate the development of service level agreements between the district municipalities and CBO/NGO/FBO for OVC care and support at the community level.

MSH's OVC activities are part of an integrated program, with related activities described in the prevention, palliative care and ARV treatment sections of this document.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems | 35% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 50% |
| <input checked="" type="checkbox"/> Training | 15% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	15	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
- HIV/AIDS-affected families
- Infants
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Nelson Mandela Children's Fund, South Africa

Planned Funds:

Activity Narrative:

Goelama is a multi-sectoral community-based program operated by the Nelson Mandela Children's Fund (NMCF). In OVC service work, NMCF promotes a broad range of interventions at the community level designed to strengthen the support for OVC and provide them with opportunities to help themselves. Through Goelama, NMCF will use Emergency Plan Funds for project activities that serve 110,000 OVC over a two-year period.

Activities undertaken through the work of Goelama in the OVC area will include (1) Integrating orphaned children and child-headed households within extended family structures in order to increase their support networks and access to services; (2) Actively engaging and training youth within rural and poor communities in income generating activities and food gardens to benefit OVC and their families; (3) Mobilizing communities, churches, government departments and business for OVC support; (4) Facilitating community mobilization for HBC programs that benefit OVC; (5) Training of HBC workers regarding income generating options and the integrated nutrition program; and (6) Training of community caregivers and traditional leaders in identifying OVC, facilitating access to education and social grants, facilitating birth registration/certificates, psychological counseling and support, and material support to OVC.

Collaboration with local government to promote child-friendly cities/villages is integral in the program. Inherent in this collaboration are advocacy activities aimed at influencing Integrated Development Plans (IDP) to provide OVC services. Related to this collaboration is the mobilization of communities, churches, government departments and business for OVC support.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	26%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	22%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	13%
<input checked="" type="checkbox"/> Training	29%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	8	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	55,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	220	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Disabled populations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Traditional healers
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Ministry of Health staff
 - Refugees/Internally displaced persons
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Pregnant women
- Program managers
- Teachers
- Trainers
- Volunteers
- Widows
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal
 State Province: Limpopo (Northern)
 State Province: Mpumalanga

ISO Code: ZA-NL
 ISO Code: ZA-LP
 ISO Code: ZA-MP

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

Care for OVC is a growing concern in the South African Military Health Services (SAMHS). Emergency Plan funding will support activities that strengthen communities and families to meet the needs of children and families affected by HIV/AIDS. Activities will include hosting technical assistance from Naval Medical Center San Diego to enable development of OVC programs for 500 children. Based on needs assessments, specific interventions may include training caregivers, and providing increased OVC access to education, food, and other supportive services. Activities will be carried out through the Masibambisane project. All nine provinces will be targeted for OVC services, and four provinces will receive pediatric support from the Naval Medical Center.

Assessments and interventions will include participatory approaches and program evaluations. This initial focus will determine the numbers and needs of the OVC dependents for service delivery in the SAMHS.

All activities will be carried out through the Masibambisane Project, and integrated service delivery program, with related activities described in the prevention and palliative care sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	9	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- HIV/AIDS-affected families
- Military
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Reducing violence and coercion
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Johns Hopkins University Center for Communication Programs

Planned Funds:

Activity Narrative:

The Mindset project Health TV Channel will broadcast by end of FY05 to 350 public health facilities, targeting HIV treatment facilities and rural facilities, with separate channels for clients and health care workers. Health care workers will be targeted with materials being created with emphasis on OVC identification, referral and care i.e. both health and social needs. It will reach 5000 health care workers with new materials created. Sourced content will be broadcast to clients with focus on sensitization to issues of OVC and services available.

The Tsha Tsha TV drama, through ballroom dancing and the stories of young people in a small town, explores the challenges and life experiences of living in a rural community. The 3rd series takes up the struggles of Andile and his sister, who lose their mother in series one and who in later series address the impact of this loss on the family unit (poverty, child- or youth-headed households, and trans-generational and transactional sex that accompanies this phenomena). A 26 episode series will be produced and will reach an audience of 1.8 million youth each week that it is aired. Themes will be picked up in the radio shows as well.

The activities will maximize the response to HIV/AIDS in South Africa by linking to the themes from mass media programs with community mobilization. This will include parent and caregiver support services at schools and in communities where OVC and their support networks can be identified and supported in accessing governmental, health and psychosocial support. The target is to directly reach 5000 OVC in FY05 through the safer schools project of Valley Trust. A FBO will work extensively in a minimum of 10 communities with an emphasis on OVC, care and support for them as well as minimizing stigma and discrimination.

JHU's OVC activities are part of an integrated program, with related activities described in the prevention and palliative care sections of this document.

Activity Category

Community Mobilization/Participation

% of Funds

55%

Information, Education and Communication

45%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	3	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	3,000	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
- Community health workers
- Nurses
- HIV/AIDS-affected families
- Religious/traditional leaders
- Students
 - Primary school
 - Secondary school
 - University
- Teachers
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Salvation Army

Planned Funds:

Activity Narrative:

The Salvation Army Program in South Africa aims to reduce behaviors that put people at risk for HIV/AIDS and to mitigate the impact of HIV/AIDS in communities. Emergency Plan funds will support the Salvation Army to implement programs that improve the quality of life for orphans and vulnerable children (OVC) and that mitigate the effects of HIV/AIDS on OVC in 234 communities in South Africa.

The Salvation Army will provide physical, economic, and psychosocial support to OVC. Specific activities will include the establishment and/or strengthening of existing Community Action Teams to provide direct care and services to OVC, establishment of safe places for nurturing and mentoring including KIDS Clubs and Camps, and home visits by 1,170 trained HBC volunteers. The Salvation Army OVC programs will also develop linkages for OVC to government social grant programs.

Results will include strengthened capacity of communities including faith-based communities to care for and support OVC, improved preventive behaviors of OVC and family members to protect themselves from HIV infection, and strengthened and expanded OVC support and home care programs.

The Salvation Army's OVC activities are part of an integrated program, with related activities described in the prevention and palliative care sections of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Training	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	234	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	3,600	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,170	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Orphans and other vulnerable children | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> People living with HIV/AIDS | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Students | |

Key Legislative Issues:

- Reducing violence and coercion
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-WC

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CARE USA

Planned Funds:

UNCLASSIFIED

Activity Narrative:

CARE will use Emergency Plan Funds to (1) develop voluntary savings and loan programs to strengthen OVC and their families' economic stability, (2) provide technical support to NGOs, CBOs and FBOs already working with PLWHA and child headed households and (3) support OVC advocacy training to strengthen national and provincial coordination of services. CARE South Africa will directly serve 31,017 OVC during the period of April 1, 2005 through March 31, 2006, creating a total of 34 community programs.

Voluntary savings and loans programs (VS+L) differ from credit-making initiatives in that they are flexible in making loans available to support families to cope with emergencies (illness, funerals), to use their savings as a safety net (to buy uniforms or food) and to generate a livelihood (income generating activities). The VS + L groups will reach the highest numbers of adults, who in turn are the caregivers of OVC. The groups consist of 6 members, and it is anticipated that each group will reach 12 OVC; since the VS + L participants are themselves PLWHA and other community members at risk (e.g. grandmothers, teenage parents and child headed households etc.). The piloting of VS + L groups through schools, and teacher training (pre- and in-service) will be explored with the Department of Education.

In addition, the VS + L facilitators from the local partnering organizations will be trained in basic understanding of the impact of HIV and AIDS on families and children in particular, to be able to refer OVC to appropriate services within their communities, including those that exist within the magisterial and district municipality. CARE will provide the technical expertise, and support dedicated posts at local NGOs, CBOs and FBOs to facilitate voluntary savings and loan (VS+L) schemes in selected AIDS Services Organizations (ASOs).

To strengthen local organizations to meet the needs of rights of OVC, TEBA, a local partner collaborating with CARE South Africa, will assess AIDS/AIDS Service Organization services to OVC and help build the capacity of these organizations based on the initial assessments. All the ASOs currently reach OVC through home-based care. This component of their service will be strengthened to improve the quality, comprehensiveness of their service and expand their reach. Faith-based partners will work with HIV/AIDS parish committees to raise awareness around the needs and rights of OVC, and to identify, support and refer OVC to appropriate services.

CARE will (directly or through partners) make sub-grants to NGOs currently working directly with OVC to improve the quality, comprehensiveness and expand the reach of their services. Two mechanisms in particular will be strengthened namely: (1) development of partnerships between NGO, C/FBO, local government and government services (which includes access to government social grants); and (2) participation in AIDS councils and child care forums at local, national and provincial levels.

To improve advocacy efforts with and on behalf of OVC, training in advocacy will be strengthened based on partner and sub-grantee experiences in year one. Good practice models will be documented and disseminated. A focus on child participation and the role of local government in particular is being encouraged. Through all of these efforts, CARE will strengthen the capacity of national and provincial government coordinating structures in support of OVC.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	5%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	6%
<input checked="" type="checkbox"/> Human Resources	20%

UNCLASSIFIED

- Linkages with Other Sectors and Initiatives 24%
- Local Organization Capacity Development 20%
- Strategic Information (M&E, IT, Reporting) 8%
- Training 12%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	34	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	23,439	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	8,809	<input type="checkbox"/> Not Applicable

Target Populations:

- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Community health workers
- Street youth
- HIV/AIDS-affected families
- Implementing organization project staff
- Media
- Miners
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Primary school
- Secondary school
- Teachers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Free State
 State Province: Limpopo (Northern)

ISO Code: ZA-FS
 ISO Code: ZA-LP

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / CompreCare
 Planned Funds:

Activity Narrative:

CompreCare is a South African NGO undertaking HIV/AIDS prevention and care activities under a multi-partner initiative called CHAMPS - Coordinated HIV/AIDS Management Programs. Emergency Plan funds will support CompreCare to undertake a home-based childcare program targeting orphans and vulnerable children (OVC) and their families in Mamelodi township (City of Tshwane). The CompreCare program will provide direct services to 1,000 OVC during the period of April 1, 2005 through March 31, 2006. CompreCare's efforts will significantly increase the capacity and quality of the home-based care services delivered to OVC and their families.

CompreCare's activities will expand upon the services currently being delivered through Pretoria Child and Family Care Association ("Child Care") utilizing the community-based network "Eyes of the Community," concurrently supported by CompreCare to raise awareness about HIV/AIDS prevention. The "Eyes" (community volunteers) will identify OVC in need of care in the community. The 30 "Eyes" will receive training in collaboration with Child Care and will be mentored directly by Child Care's experienced social workers and senior caregivers. Clear linkages will be strengthened with Child Care as well as with relevant clinics and hospitals in order to establish and/or improve a system of care referrals for OVC served within this program. CompreCare will support the "Eyes" as well as equip them with appropriate care kits and supplies to meet the care and support needs of the OVC in the target community.

CompreCare estimates that approximately 500 households (3,000 household members of which approximately 1,000 are orphans or vulnerable children), will receive care and support through this program. Intensive care will be required by and provided to approximately 7 - 15% of these children. Anticipated results include strengthened and expanded orphan and vulnerable children support programs and improved preventive behaviors of OVC and family members to protect themselves from HIV infection.

These activities are part of an integrated program, with related activities described in the prevention and palliative care sections of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	1,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	30	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community members
- Community-based organizations
- Faith-based organizations
 - Street youth
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Policy makers
- Program managers
 - Primary school
 - Secondary school
- Teachers
- Trainers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: New Track 1 Award / Hope Worldwide South Africa

Planned Funds: [Redacted]

Activity Narrative: The Track 1-funded activities will complement the current South Africa-funded program, and will expand on the geographical location of the programs. The current Hope WorldWide program [Redacted] funded under the SA COP has developed a model for reaching OVCs that includes needs identification, nutrition, psychosocial, home-based care and education assistance.

Each program will target different geographic areas with different staff and separate targets. The overall targets will be increased with Track 1 funding. Track 1 funding will provide funding and development for the ANCHOR Partnership, which includes Rotary International and Coca-Cola. Both Coca-Cola and Rotary (representing 100 Rotary clubs) will assist to mobilize civic groups, private sector and other community partners to provide sustainable program development through Public-Private Partnerships and community ownership.

Activity Category % of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Hope Worldwide South Africa

Planned Funds:

Activity Narrative:

Hope Worldwide South Africa (HWSA) will coordinate over 30 support groups, develop kids' clubs, provide training to strengthen community responses to OVC care and support, and promote partnerships to identify and mobilize additional resources to support OVC. Funds from the Emergency Plan will enable Hope Worldwide South Africa to provide direct services to 10,000 OVC from April 1, 2005 to March 31, 2006 and train 200 people to provide services to OVC.

HWSA has been committed to the needs of Orphans and Vulnerable Children affected by HIV/AIDS for over 10 years. Its Siyawela-model has received wide recognition as an effective strategy to support OVC. This model has been replicated nationally and regionally. HWSA service outlets/programs for OVC include community groups such as schools and communities of faith, OVC support groups, and other NGO and CBOs.

HWSA will coordinate over 30 support groups for OVC. These after school programs provide multilevel support for children. This will include counseling, play therapy, nutritional support, referrals, and educational support. Community volunteers also will support OVC through Saturday morning programs focusing on recreational activities and nutritional support. Child participation and interaction is promoted. In addition, childcare coordinators and volunteers will visit children with special needs and assess living conditions and family needs and concerns.

The kids' clubs will be conducted or facilitated by HWSA staff or volunteers on a weekly basis in collaboration with groups such as CBOs, schools, and communities of faith. These clubs will encourage child participation and leadership. Trained youth will run these clubs. Activities during these clubs will focus on building life skills such as resilience, teamwork, and trust.

Psychosocial Support (PSS) will be provided in conjunction with the Regional Psychosocial Initiative (REPSSI) and partner organizations. PSS is critical to the long-term emotional well being of children. HWSA will use PSS techniques in its support for children. HWSA in partnership with REPSSI also will train large numbers of NGOs and CBOs in PSS.

HWSA will provide training and mentoring on OVC of CBOs, NGOs and FBOs and other community stakeholders. This includes training in OVC community mobilization strategies, psychosocial support, counseling, nutritional support, succession planning, and play skills. Expected reach through this activity is 2,500 OVC. Additionally, HWSA will provide sub grants to NGOs working in OVC care and support as well as provide programmatic and administrative technical assistance. HWSA will find new partners to scale up OVC reach.

These activities are part of an integrated program, with related activities described in the prevention and palliative care sections of this document.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

UNCLASSIFIED

- | | |
|---|-----|
| <input checked="" type="checkbox"/> Community Mobilization/Participation | 34% |
| <input checked="" type="checkbox"/> Local Organization Capacity Development | 15% |
| <input checked="" type="checkbox"/> Training | 51% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	30	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	10,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	200	<input type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
 - Primary school
 - Secondary school

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Orphans and Vulnerable Children

Budget Code: (HKJD)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Nurturing Orphans of AIDS for Humanity, South Africa

Planned Funds:

Activity Narrative:

With Emergency Plan funding, the Nurturing Orphans of AIDS for Humanity program (NOAH) will continue its results-based management of existing OVC programs, and implement 5 new programs. This dynamic program directs resources towards mobilizing communities to care for their OVC, identifying and reaching individual OVC and their families, and providing cost-effective services to children in distress. An estimated 5,000 orphan and vulnerable children will be serviced through effective efforts of NOAH.

NOAH's program is built on a foundation of mobilizing an entire community to support OVC. Through a series of steps, NOAH mobilizes these communities, trains "barefoot social workers" as well as resource centre staff and committees, and supports community initiatives to develop activities and strategies to improve the worth of life of OVC and their families. This model has been used successfully in numerous communities, and will be expanded to five new communities in FY05.

NOAH's activities include community mobilization, building capacity at grassroots level, providing quality services and care to OVC and their families, making educational and nutritional support accessible to OVC and increasing the economic capacity of OVC and their families. In addition, through the provision of these services, OVC attending NOAH programs have the opportunity to improve their emotional well-being and increase the quality of their lives. The purpose of the Noah program is to not only create the safe and nurturing spaces needed desperately by OVC, but also to embark on building community capacity to reduce the impact of the OVC crisis.

NOAH is a new organization with a focus on rural disadvantaged areas. The majority of FY04 funds support the operating costs of resource centers that provide a meal, home work supervision, crèche facilities, computer training and gardening facilities. In addition psychosocial support is provided to children. These comprehensive and holistic services are much more substantial than services provided by groups offering a single service to OVC. An organization providing school uniforms to OVC in an effort to reduce stigma and discrimination and encourage education may reach the same number of children as NOAH. However, NOAH provides comprehensive services such as nutrition support in the form of food from the garden to take home in addition to a hot lunch after school, homework supervision, psychosocial support and home visitation for child headed households, computer skills and training and a variety of other social cohesive activities such as choirs, sport teams etc. The NOAH program provides the most comprehensive package of services of any of the USG partners working in the OVC area. In addition, NOAH operates in very poor and underserved areas where such a comprehensive approach is required to meet the needs of OVCs.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	73%
<input checked="" type="checkbox"/> Infrastructure	17%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	18	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	5,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	180	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- Religious/traditional leaders
 - Primary school
 - Secondary school
- Volunteers
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
State Province: KwaZulu-Natal

ISO Code: ZA-GT
ISO Code: ZA-NL

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Save the Children UK

Planned Funds:

Activity Narrative:

Through the use of Emergency Plan funds, the Save the Children project will promote the development of childcare forums (CCFs), which are comprehensive community-level support systems for OVC. Following a successful pilot project in Free State, where 34 CCFs have already begun identifying and responding to OVC needs, this project will support the establishment of an additional 35 CCFs. The aim of this comprehensive approach is to lay the foundations of a sustainable structure at the community level as well as provide immediate short-term assistance to OVC. The overall approach of the project is to maximize community ownership and sustainability at all levels.

CCFs are comprised of community members who have received basic training from the local AIDS Council and whose main function is to identify OVC, assess their needs, ensure a response from communities and government and monitor this response. CCFs work closely with the Department of Social Development, home-based care groups, schools, faith-based organizations and community-based NGOs. To ensure that the care that OVC receive is comprehensive, the project will also build on the mobilization of community groups such as FBOs, schools, youth groups and other CBOs to provide aspects of care for which they are well suited and that government services do not provide. Support given to at least 12 local FBOs will be expanded.

The support provided via the project will include a range of psycho social support such as caring and support for elderly grandparents and older siblings who are care givers of OVC; community day care for young OVC; after school homework and other activities. The project will provide relevant technical (e.g. training) and material support to the initiatives that are begun. Training materials in children's issues will be developed and disseminated for home-based caregivers. The training will look at both the needs of sick children, including those with HIV, and the role that caregivers can play in supporting children in HIV-affected households, including child caregivers, and developing skills in identifying and referring such children for support. A training manual will be designed and piloted, and 400 home-based caregivers and DOTS supporters will be trained. At least 100 teachers will be trained and they will impact on 2,500 OVC. The Project will increase the number of CCF members who will be trained by the Department of Social Development as community-based child and youth care workers who will be able to provide community social work support.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Needs Assessment	10%

Training

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	123	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	22,140	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	760	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Trainers
- Volunteers
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Free State
 State Province: Limpopo (Northern)

ISO Code: ZA-FS
 ISO Code: ZA-LP

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / South African National Council for Child and Family Welfare

Planned Funds:

Activity Narrative:

South African National Council of Child and Family Welfare in collaboration with its 179 affiliated child welfare societies and 38 community outreach projects will mobilize, train, and support community level volunteers as "helping hands" to identify and provide assistance to OVC in target communities. The President's Emergency Plan funds will support training of trainers; recruitment, training and equipping of 450 local volunteers; and outreach and provision of quality care to OVC and their families in at least 15 target communities, including the establishment of safe houses and linkages to other public and private sources of support.

The South African National Council for Child and Family Welfare (SANCCFW) program facilitates community-based care and support to OVC in underserved and disadvantaged communities, communities where the HIV/AIDS epidemic is leaving thousands of children orphaned and an unknown number in the process of being orphaned and who have to cope with the illnesses of their parents/caregivers.

Activities will be implemented in three phases. First, training materials will be developed and a national training workshop will be implemented using a train the trainer methodology and with participants including regional directors, provincial managers, area managers and representatives from child welfare societies. Training content will include recruitment, screening and training of volunteers, mobilization of communities, supervision, monitoring and evaluation of volunteer performance, and discussion of key HIV/AIDS OVC issues including legislation. Second, recruitment, training, and equipping of volunteers at the local level by the newly trained trainers will begin. Finally, trained "helping hands" volunteers will conduct outreach and provide quality care to OVC and their families in at least 15 target communities and will be linked to social workers, local clinics, crèches, and support groups. In addition, safe houses for OVC will be identified with house parents will be trained and community awareness raising activities will be undertaken to mobilizing community involvement in the identification and care of OVC.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	40%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	15	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	9,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	450	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Health Care Workers
 - Community health workers
 - Street youth
- HIV/AIDS-affected families
- Infants
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Students
 - Primary school
 - Secondary school
- Volunteers
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Starfish
 Planned Funds:

Activity Narrative: Starfish equips partner organizations or "implementing partners" with the resources to provide care and support for OVC in their communities. Emergency Plan funds will support workshops and on-the-job training in all nine provinces to over one thousand primary caregivers who care for OVC in the home. Starfish works with implementing partner organizations, and intends to develop their capacity through this program so that these partners become self-sustaining organizations in their communities.

As indirect beneficiaries, the OVC in each household will experience improved physical and emotional well-being as a result of better care at home. Emergency Plan funding will also support linkages with other sectors and initiatives to ensure that OVC have their access to education secured (through negotiation to ensure exemption from payment of school fees, provision of school uniforms, provision of basic stationery requirements, and provision of after-school homework supervision). Emergency Plan funding will also allow Starfish to strengthen and expand the existing orphan support programs by improving data systems and monitoring, evaluation and reporting capabilities.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	75%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	19	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	4,959	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	1,157	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community leader <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> Orphans and other vulnerable children | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Volunteers <input checked="" type="checkbox"/> Youth <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|

Key Legislative Issues:

Coverage Area:

State Province: Free State
State Province: Gauteng
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-FS
ISO Code: ZA-GT
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area: Orphans and Vulnerable Children
 Budget Code: (HKID)
 Program Area Code: 09

Table J.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tshikululu Social Investments
 Planned Funds:

Activity Narrative:

Tshikululu Social Investments manages charitable assistance programs for Anglo-American and other large South African businesses. Through partnership with the National Association of Childcare Workers (NACCW), a national best practice service provider in the area of OVC, the Emergency Fund will support Tshikululu to administer a small projects fund targeting five communities with integrated community-based HIV and AIDS interventions in the area of OVC care. Tshikululu Social Investments and NACCW will support projects that aim to build local ownership and capacity to provide nutritional, housing, social and educational care in community settings, called the Isibindi Model, to 3,000 OVC from April 1, 2005 through March 31 2006. In addition, Tshikululu will increase the capacity of local small-scale OVC programs with the potential for growth.

The Isibindi Model works to secure children in their home settings, and addresses the children's physical, practical and psychosocial needs on a sustainable basis. The NACCW will initially conduct a needs analysis, evaluating the situation of OVC at each site. A steering committee will be appointed, comprising a number of new local NGOs and FBOS working in the program area – facilitating networking and sharing, but also responsible for the day-to-day management of the program. A local childcare agency will be selected (or developed) as the key local implementation partner. The NACCW will train a number of potential childcare workers in the basic qualification in child and youth care. Based on this, a project manager will be appointed and approximately 13 child and youth care workers selected per site.

The projects will collaborate closely with the provincial and district Departments of Social Development, pursuant to a partnership agreement between Tshikululu and the National Department of Social Development. The childcare workers are appointed to individual families (up to four per caregiver p.a.), and work with the families to assess needs and develop plans for the future. The NACCW provides ongoing quality assurance and supportive supervision in the initial phases of the program, building sustainable capacity not only in the child and youth care workers, but also in the local child and youth care center and steering committee.

In addition to the work with NACCW, Tshikululu will identify other organizations, either existing NGOs or emerging grassroots CBOs that are already working in the area of OVC. Tshikululu will provide funding for these organizations to build capacity that will ultimately lead to the extension of their services to OVC.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	14%
<input checked="" type="checkbox"/> Infrastructure	28%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%

UNCLASSIFIED

- Quality Assurance and Supportive Supervision 18%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	10	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	3,300	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	270	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Government workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Primary school
- Secondary school
- Teachers
- Trainers
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative:

Peace Corps South Africa will place two Volunteers with indigenous organizations that provide care and support to orphans and other vulnerable children in Limpopo and North West provinces.

Peace Corps Volunteers will provide ongoing technical support that assists these organizations and related community initiatives to have the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure progress in serving OVC. Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to improve project planning processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; support the delivery of quality care and services for OVC; and improve the networking and referral systems between local organizations.

Peace Corps South Africa will provide support to additional community groups with which Peace Corps Volunteers collaborate in order to strengthen the groups' ability to deliver consistent, comprehensive and high quality services to OVC affected by HIV/AIDS. By supporting the skills development of community groups and schools and through supporting the development of appropriate referral systems, people living in rural areas will have increased access to quality and professional care. The development of new child-focused programs at community levels, as well as increased enrollment of children into the Child Support Grants, are anticipated outcomes of this program area.

Grants and technical assistance in this area may include (1) Supporting accredited training for community and home-based care givers (with particular emphasis on child care, the psycho-social needs of orphans and vulnerable children, and related fields); (2) Supporting follow-up and professional development of care-givers and leaders of NGOs and FBOs to ensure that services are rendered in the context of evolving guidelines for the care and support of orphans and vulnerable children; (3) working with schools to develop guidelines for "early warning systems" for OVC; (4) Supporting joint planning and review activities between non-governmental and community-based service providers, local government and district health authorities; (5) Supporting referral processes between community organizations and schools, and the Department of Social Development, with special reference to registering children for the Child Support Grant; (6) Developing and testing manuals and handbooks for the use of community and home-based care givers and other stakeholders supporting orphans and vulnerable children; and (7) Conducting focused financial and client/child tracking systems development and training sessions for home-based care and other community-based organizations.

Note: Peace Corps is relying on Emergency Plan funding in FY06 and FY07 in the amount of to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Activity Category

- Community Mobilization/Participation
- Local Organization Capacity Development
- Training

% of Funds

20%
60%
20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	5	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Government workers
- Community health workers
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- Religious/traditional leaders
- Primary school
- Secondary school
- Teachers
- Trainers
- Volunteers
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative issues:

- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: Limpopo (Northern)
 State Province: Mpumalanga
 State Province: North-West

ISO Code: ZA-LP
 ISO Code: ZA-MP
 ISO Code: ZA-NW

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Small Grants Fund / US Department of State

Planned Funds:

Activity Narrative: From the application process to the reporting required, the Emergency Plan is designed for partners with the capacity to conduct large-scale interventions generating substantial contributions to Emergency Plan targets. The South Africa Emergency Plan Task Force would like to fund the most promising small community organizations making significant contributions to the fight against HIV/AIDS.

South Africa has numerous NGO/CBO/FBOs making a difference in their local communities, but generally these organizations are excluded from the Emergency Plan unless they are fortunate enough to find a partnership with a larger organization. The South Africa Mission intends to fund a vehicle for these organizations to access Emergency Plan support. The fund will be administered at the U.S. Embassy by the Emergency Plan secretariat, with the application, approval and monitoring of the programs shared by the South Africa Emergency Plan Task Force. Pending guidance from OGAC, the Task Force has not further defined the parameters of the fund. We intend to submit a proposal to OGAC consistent with the guidelines once they are available. If guidance on a small grants program is not provided before January, the Task Force will allocate this unallocated fund to other approved and partially funded COP projects or to our National Government and Provincial Government Projects in Development.

The Task Force anticipates that small grants will support community-based interventions relating to (1) home-based and palliative care, (2) abstinence and be faithful programs for youth, and (3) OVC support. Accordingly, this project is reflected in each of these areas in the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	50%
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Planning, implementation, design and evaluation of provincial and district-level procurement and distribution process improved. In
- Result 2: Pharmaceutical and commodities management strengthened to support expanded and uninterrupted access to ART.
- Result 3: Full supply of related pharmaceuticals and diagnostics achieved.
- Result 4: ARV treatment for qualified HIV-positive individuals expanded.

Percent of Total Funding Planned for Drug Procurement

71

Total Funding for Program Area (\$):

Current Program Context:

The Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment of South Africa, approved by Cabinet in November 2003, guides the NDOH rollout of AIDS care and treatment throughout South Africa. The SAG has taken bold leadership in the introduction of ART through a nationwide equitable rollout program, and the USG works in close collaboration with the SAG to implement treatment programs. One of the key prerequisites for Emergency Plan partners providing ART is to acquire support for their planned activities from the relevant provincial health department. For those partners working with the SAG in public health facilities, the majority of drugs are provided by the SAG, and not purchased with Emergency Plan funding, allowing resources to be directed to other important treatment-related activities such as training, community mobilization, and capacity development. Outside of the public sector, Emergency Plan funding supports NGO partners to expand treatment to serve high-risk target groups, including people with TB, teachers, and military personnel. In some instances, the USG has also developed innovative partnerships with the private sector to provide ARV treatment. Many of these NGO and private partners either obtain (at no cost) or procure their drugs through provincial health departments. In all cases, drugs procured and used in USG programs are consistent with SAG clinical guidelines, are approved by the South African Medicines Control Council, and comply with USG policies. Using South African drug protocols will allow patients in USG-supported programs to readily transfer to the public health system as the national ARV rollout continues. In South Africa there is also a strong private pharmaceutical industry that provides brand-name ARVs to implementing partners. Those Emergency Plan partners that do purchase ARV drugs obtain them through monthly procurements from reliable private pharmaceutical distributors. Drugs are pre-packaged individually for each patient and delivered to the relevant site. Emergency deliveries can be made in 24 hours. In addition to supporting implementing partners, the USG supports the NDOH ARV rollout by strengthening drug distribution and monitoring systems through logistics management, patient information, drug supply and training. NDOH has issued a centralized tender for ARV drugs. This tender is expected to be awarded soon, and should further improve access and perhaps reduce cost for ARV drugs for public facilities, as well as for USG partners that obtain their drugs through public facilities. Although some provinces reported stock-outs in 2004 as the ARV rollout got underway, the SAG's emphasis on strengthening key delivery systems is expected to continue to improve distribution systems. If stock-outs were to occur in Emergency Plan programs that obtain drugs through the SAG, private sector pharmaceutical suppliers would provide the back-up supplies. The USG is by far the largest contributor in the ARV Drug sector. The William J. Clinton Presidential Foundation, which provided [redacted] in funding for ARV drugs in 2003, and the Bill and Melinda Gates Foundation, do not currently have a presence in the public sector.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Aurum Health Research

Planned Funds:

Activity Narrative:

Emergency Plan funds will be used for ART procurement & monitoring by Aurum Health Research (AHR), a mining industry-founded health organization affiliated with Anglo American. Through this innovative public-private partnership, Aurum will use Emergency Plan funds to expand services to dependents and partners of employees and contractors.

Aurum has significant experience in the field of HIV/TB. It currently operates at 65 delivery sites, but will expand to 85 in the period October 1 2004 – March 31, 2005, and to 115 by the end of March 2006, covering all nine provinces.

The S Buys group is responsible for centralized procurement, distribution and dispensing of antiretroviral and preventive therapy. Negotiations with research-based pharmaceutical manufacturers have ensured that all the antiretroviral treatment is available at African Access price and that members of the community without health insurance are able to access this medication.

The pharmacy plan comprises:

- Warehousing and stock control of drugs: A computerized system of stock control to ensure an audit trail and batching abilities from the warehouse to the patient receiving medication at the peripheral sites.
- National distribution of medication: Through a contracted courier service, S Buys Pharmacy is able to distribute medication anywhere in South Africa within 24 hours of receiving the script.
- Named-patient dispensing: Dispensing done centrally at the pharmacy ensures that medication is controlled and facilitates a tight audit trail to the patient.
- Integration with the AHR Project: ensuring adherence to the protocols, ensuring communication between pharmacists and AHR, ensuring integration of data from drug dispensing for adherence purposes.

This project is a component of an integrated service delivery program described in the ARV Services and TB sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	85%
<input checked="" type="checkbox"/> Logistics	15%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Community members
- Miners
- Migrants
- Sex partners

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation
Planned Funds: \$0.00

Activity Narrative: Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is a Track 1 funded international NGO providing treatment services in two facilities in KwaZulu-Natal province. Emergency Plan funding is utilized to expand treatment, using a family approach.

One of the EGPAF partners – McCord Hospital – uses funds for the purchase of ARVs as part of its treatment program. McCord buys brand-name ARVs locally through established private-sector wholesale distributors in South Africa. McCord's drug regimens comply with the South Africa national ART guidelines, and the ARVs used in the program comply with international regulatory body/USFDA guidelines as well as South African Medicines Control Council (MCC) regulations. Procurement, storage and dispensing procedures are rigorously controlled to ensure no loss or wastage. Finally, McCord has hired a full-time pharmacist for the program to ensure quality drug management.

The second EGPAF facility, the Africa Center, obtains its drugs from the KwaZulu-Natal Health Department.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category
 Commodity Procurement

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Health Care Workers
- HIV+ pregnant women
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Medical Research Council of South Africa

Planned Funds:

Activity Narrative:

The Medical Research Council (MRC) will use Emergency Plan funds to expand ARV treatment for qualified TB patients co-infected with HIV as part of a two-site project to strengthen TB and HIV integration in KwaZulu-Natal and Gauteng.

The MRC's approach focuses on providing diagnostic HIV counseling and testing for TB patients, including staging for ART, and referrals for STI management or PMTCT where appropriate. These patients will also be followed up to ascertain their wellness outcome.

With Emergency Plan funds, the program will purchase the drugs, diagnostics and supplies needed to provide care and treatment for HIV infected TB patients. Only drugs approved by the Medicines Control Council (MCC) and the Food and Drug Administration (FDA) will be utilized. Supply of drugs will be secure and sustainable at a volume large enough to meet the requirements. A standard operating procedure for inventory management will be developed by project staff and implemented by the pharmacist. A comprehensive evaluation of commodity procurement will take place in collaboration with the relevant national programs, to assess compliance with program policy and guidelines. Monitoring and guidance of pharmacists and participating health care workers and their supervisors will be provided by relevant stakeholders.

Emergency Plan funds will also be used to provide support for the drug infrastructure. The project will train pharmacists and relevant health care workers in the purchase of drugs for ARV rollout and in monitoring and evaluation. Personnel will be hired if and where necessary to appropriately carry out the necessary tasks stipulated by policy and guidelines (pharmacists). MRC will develop systems to coordinate the logistics of drug procurement, inventory control and drug distribution at all levels of the HIV care system, in collaboration with the relevant national programs. Linkages between existing health care providers will be developed or improved to provide a strengthened referral system, including strengthening and establishing referral systems with accredited ARV rollout services to ensure continuity of care (in terms of access to ARVs) for eligible patients.

This project is a component of an integrated service delivery program described in the ARV Services and TB/HIV sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	10%

Targets:

 Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Right To Care, South Africa

Planned Funds:

Activity Narrative: Right to Care, a South African NGO established in 2001 to increase access to HIV treatment by building capacity through collaborations with public and private entities to deliver safe, effective and affordable antiretroviral therapy, will use Emergency Plan funds to procure and distribute ARV drugs to 10 partner ARV treatment sites. Right to Care will expand ARV treatment for eligible HIV-positive individuals in all provinces, but with a strong emphasis on Gauteng and Mpumalanga. Right to Care has managed to attract some of the foremost HIV clinicians in South Africa, who in turn are then able to provide mentorship to public, private and NGO partners.

Specific activities will include procurement and distribution of ARVs for selected partner HIV treatment sites; establishment and improvement of logistic systems to ensure reliable supply chain management of ARV distribution; support for pharmacists' salaries; review and maintenance of systems for the procurement of ARVs at public, NGO and private sector treatment sites; and negotiation of preferential access pricing for drugs. Ultimately, support provided to public and NGO treatment outlets will strengthen their ART programs and expand ARV treatment to HIV-positive individuals in need.

The quality and sustainability of ARV procurement at supported treatment sites is monitored and improved through the provision of technical support, including the development and reviewing of protocols and guidelines and conducting monitoring and evaluation activities.

Right to Care's ARV drug activities are part of an integrated program that includes basic care and support, VCT, and ARV treatment components.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	87%
<input checked="" type="checkbox"/> Human Resources	13%

Targets:

Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Pharmacists
- Private health care providers
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PHIDISA / South African National Defense Force

Planned Funds:

Activity Narrative: This project was approved in the FY04 COP but funding was deferred until FY05.

Emergency Plan funding is being utilized to support this innovative treatment partnership between the South African National Defense Force (SANDF) and the US Department of Defense, in six of the nine provinces. The funding will be used to purchase antiretroviral drugs for HIV-infected members of SANDF and their families who are not enrolled in the NIH-funded Phidisa research program.

All patients will receive a three-drug combination antiretroviral regimen. Drug selection will be individualized based on history of antiretroviral use and response, drug interaction potential with rifampicin and other concomitant medications, and known safety or toxicity in pregnancy. The drugs procured comply with the SAG national treatment guidelines.

Clinical and laboratory assessment will be performed to assess responses to treatment and evidence of drug-related adverse events.

Emergency Plan funding for project Phidisa supports ARV treatment as an adjunct to the NIH-funded Phidisa ARV treatment research program, and is administered by NIH.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP..

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	100%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Community members
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- Infants
- Military
- People living with HIV/AIDS
- Pregnant women
- Students
 - Primary school
 - Secondary school
 - University
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: Free State

ISO Code: ZA-FS

State Province: Gauteng

ISO Code: ZA-GT

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Western Cape

ISO Code: ZA-WC

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Teachers Union / American Center for International Labor Solidarity

Planned Funds:

Activity Narrative: Emergency Plan funds will be used by the American Center for International Labor Solidarity in KwaZulu-Natal, Limpopo, and Eastern Cape provinces to provide ART to a total of 300 teachers and/or their spouses. Care will be provided by South African Medical Association (SAMA) trained physicians under the auspices of the Tshepang Trust.

A list of SAMA-affiliated doctors working on the program will be made available to all schools in the vicinity of the ART site. ART-ready teachers will be provided with a choice of medical providers, based on geographic convenience, language, and other factors. All physicians will have access to Specialist Provider backup. This will be a centralized, specialist HIV and AIDS knowledge pool, structured through an efficient, remote-medicine infrastructure network, and administered through contracted chronic disease management programs. The treatment protocols, available through the Tshepang Trust with a grant from this program, will be the same as those used by the SA Department of Health, and supported by the South African HIV Clinicians Society, the WHO, UNAIDS, and leading academic institutions.

Chronic Medication Dispensary (CMD), a preferred disease management company, will provide a medication delivery service system that keeps stock of and is able to deliver the full ambit of Highly Active Anti-Retroviral Therapy (HAART) medications to any physical address in South Africa. In addition, Freeway Pharmacy is maintained as a backup supplier. Deliveries will be made to private medical practices and clients in state pharmacies. In all delivery circumstances, special care is taken to ensure that patient confidentiality is not compromised.

Education about comprehensive treatment in South Africa will also be provided to teachers through this project. The Educators' AIDS Action kit and the three school peer education modules cover information from the first week of diagnosis, to boosting the immune system prior to onset of AIDS disease, to opportunistic infections, and finally to ART. All the stages and treatments of the disease will be covered.

This project is a component of an integrated service delivery program described in the VCT, PMTCT, care and prevention sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	80%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Workplace Programs	10%

Targets:

Not Applicable

Target Populations:

- Doctors
- Teachers
- People living with HIV/AIDS

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

This activity is funded centrally under Track 1, and allows Catholic Relief Services (CRS) to expand access to treatment by providing ARV drugs to patients in 28 sites affiliated with the South African Catholic Bishops Conference (SACBC), the key implementing partner. These sites include mission hospitals and NGO facilities that provide services in eight of the nine provinces.

Currently, the South African Catholic Bishops Conference (SACBC) AIDS Office purchases brand name ARV drugs through Motswedi Pharmaceuticals. Each point of service (POS) sends through an electronic prescription to Motswedi and the drugs are delivered to the site by a courier service within 24 hours. The POS checks that the prescription has been correctly filled and communicates this to the SACBC. Motswedi invoices the SACBC directly. ARV drugs are properly and securely stored at the site until they are given to the patient. Through this project, the ordering, delivery, storage and purchase processes for ARV drugs will be continually improved, and quality drugs will be delivered to the sites and provided to ART patients in a timely manner.

Through linkage with another Emergency Plan funded partner, JSI, CRS is obtaining technical assistance and systems support to implement a patient information system utilizing innovative smart card technology. That system will also deliver information about drug regimens and prescriptions, facilitating ARV delivery.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category

 Commodity Procurement

% of Funds

100%

Targets:

 Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Refugees/Internally displaced persons
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / HIVCARE

Planned Funds:

Activity Narrative:

HIVCARE is an innovative public-private partnership program (PPP) between Netcare, a private sector service provider, and the Free State Health Department (FSHD) to provide HIV-related services. Seventy percent of Emergency Plan support for this program area will be used for the purchase of ARV drugs, which are ordered through the national state tender procedure and distributed via the medical depot of the FSHD. Emergency Plan funds will also assist with the costs of logistics (including transport and management), and quality assurance and support supervision (including classification, screening, consultations, recordkeeping, and data input).

HIVCARE will provide HIV testing, counseling, clinical assessment, drug readiness training, issuing of ARV drugs, and monitoring and evaluation of more than 1000 patients at one functional ARV site in the private sector in Bloemfontein and 5 functional treatment and assessment provincial sites. Through this partnership, clinics identified in rural areas will expand and be able to offer holistic HIV/AIDS treatment. The tertiary hospital in Bloemfontein (Universitas Hospital) will be the operational center to strengthen and develop a management support system to coordinate the PPP.

Responsibilities for the partners have been assigned to achieve efficiency, provide opportunities for training and technical assistance, particularly at rural sites, and to maximize geographic and population coverage. FSHD will manage the implementation and maintenance of five public sector sites (including hospital treatment centers and referring clinics); the initial and follow-up ARV training; data collection and reporting systems; and patient transport. Netcare will establish and manage one private ARV site; provide case management and defaulter management; administer, coordinate, monitor and evaluate this project; provide support to training; and provide emergency transport through its emergency/ambulance services. Private doctors will work closely with the FSHD to provide treatment.

The partnership between Netcare and the Free State Health Department (FSHD) provides for clinical assessment, drug readiness training, issuing of ARV drugs, and monitoring and evaluation to more than 1,000 HIV patients at one functional ARV site in the private sector in Bloemfontein (Free State Province) and in five public sector provincial sites. The FSHD will be able to refer public sector patients to the private Netcare facility, and private doctors will provide services in five public sector facilities.

In fact, 70% of funding in the ARV drugs budget for HIVCare will be used for the purchase of ARV drugs, which are ordered through the national state tender procedure and distributed via the medical depot of the FSHD. This means that Netcare will be able to procure drugs from the government at a price lower than available to the private sector.

Netcare has a significant cost-share of 62% versus the Emergency Plan contribution, amounting to approximately compared to Emergency Plan FY05 funding of .

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	90%
<input checked="" type="checkbox"/> Logistics	5%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	5%

Targets:

 Not Applicable

Target Populations:

- Men
- Women
- Business community
- Community members
- Disabled populations
- Factory workers
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
 - Men who have sex with men
 - Partners of sex workers
 - Street youth
- HIV/AIDS-affected families
- Military
- Police
- Miners
- Ministry of Health staff
 - Migrants
 - Migrant workers
 - Truckers
- Nongovernmental organizations/private voluntary organizations
- Pregnant women
- Prisoners
- Program managers
- Students
 - Primary school
 - Secondary school
 - University
- Sex partners
- Teachers
- Trainers
- Women of reproductive age
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Columbia University (Mailman School of Public Health) received Track 1 funding to provide access to treatment, as well as technical support to other USG-supported partners to expand treatment in the Eastern Cape province. Emergency Plan funds will be used to support ARV supply chain-related training, human resources, logistics, and purchase of treatment-related commodities for 11 current ART service delivery points and for 10 new ART sites in the Eastern Cape. The project will be implemented through an ongoing collaboration with the Eastern Cape Department of Health (ECDOH).

An ARV drug procurement system by the NDOH is already in place and ARV drugs licensed by the South African Medicines Control Council are being procured and distributed using existing networks. The participating ART service sites include two district hospitals located in the rural towns of Flagstaff (Holy Cross Hospital) and its associated five primary care facilities (Gateway, Flagstaff, Bala, Mkambathi and Nkozo) and Bizana (St. Patrick's Hospital) and its associated four primary care clinics (Amadiba, Imizizi, Pilani, and Amantshangase), eleven facilities in total. An additional 10 ART sites are planned between April 2005 and March 2006 (two hospitals and eight feeder clinics).

ARVs will be procured using DoH mechanisms to ensure uninterrupted ARV supply to the MSPH supported sites. A total of 2,150 new patients will be enrolled on ART between October 2004 and September 2005. The specific quantities of ARV drugs that would be needed will take into consideration relevant medical conditions (TB, adverse drug reactions).

This system will also strengthen the ARV drug distribution system by providing technical assistance and key health personnel at provincial depots, to coordinate distribution of ARVs with the Department of Health.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category

- Commodity Procurement
- Human Resources
- Logistics
- Quality Assurance and Supportive Supervision
- Training

% of Funds

- 30%
- 20%
- 30%
- 10%
- 10%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts*
- Implementing organization project staff*
- Ministry of Health staff*
- Policy makers*
- Program managers*
- USG in country staff*

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

The USG continues to commit substantial resources to develop the Eastern Cape Regional Training Center (RTC) as a model for further development and expansion to other provinces. Emergency Plan funding will be utilized to provide ARV treatment, as well as technical support to the Eastern Cape Department of Health to improve planning, implementation, design and evaluation of the provincial procurement and distribution process.

The Eastern Cape Regional Training Center (RTC) is located at the University of Transkei and was developed as a model for training on skills and knowledge critical for the implementation of the government's Comprehensive Plan.

RTC will support the provincial task team on pharmaceutical procurement through regular interactions, assessments, and training. RTC will procure a limited amount of antiretrovirals for use in the UNITRA clinic to expand treatment to the university community. Additionally RTC will develop, distribute and evaluate training materials for pharmacists and pharmacy assistants regarding patient drug information. RTC will also implement training and support programs for pharmacists and procurement and depot managers.

This project is a component of an integrated service delivery program described in the ARV Services and PMTCT sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	15%
<input checked="" type="checkbox"/> Training	25%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - University

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CAPRISA NIH / University of Kwazulu-Natal

Planned Funds:

Activity Narrative:

100% of Emergency Plan funding in this program area will be used to purchase ARV drugs to support treatment elements of the ongoing CAPRISA project.

The goal of this project is to implement an AIDS treatment program, including VCT, in the rural primary care clinic in Vulindlela and the Prince Cyni Zulu Communicable Disease Centre in Durban. As part of the monitoring and evaluation of this program, the strengths, weaknesses, advantages and obstacles of ARV provision in two distinctly different settings will be documented and compared.

Patients are enrolled in an ongoing wellness program, which includes education, medical care, opportunistic infection prophylaxis and laboratory monitoring.

Emergency Plan funding for CAPRISA supports HIV services as an adjunct to the NIH-funded CAPRISA research program, and is administered by NIH.

This project is a component of an integrated service delivery program described in the ARV Services and VCT sections of the COP. An additional component is described in the Strategic Information section.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

Not Applicable

Target Populations:

Men

Women

Family planning clients

Key Legislative Issues:

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Wits Health Consortium; Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

100% of Emergency Plan funding in this program area will be used to purchase ARV drugs, as part of an ongoing activity. The Perinatal HIV Research Unit (PHRU), affiliated to the University of the Witwatersrand and based on the campus of Chris Hani Baragwanath Hospital, has in place an Emergency Plan-funded antiretroviral treatment program, as a supplementary activity to the CIPRA-SA "Safeguard the Household" grant. The Emergency Plan program provides ARV treatment, monitoring and support for HIV-1 infected adults and children living in Soweto who meet the country guidelines for treatment.

This ARV program links to and extends the Emergency Plan (USAID South Africa) funded comprehensive care program, which provides access to TB screening and prevention, opportunistic infection prophylaxis and medical follow-up of HIV infected individuals not yet requiring ARV care. The program provides access to ARV care for people who would not yet be able to obtain antiretrovirals through the new provincial treatment program.

Patients receiving antiretroviral treatment through this program will be transferred onto the national rollout program which has started in South Africa and which will increase in scale over the next few years. During this period, the PHRU will work closely with the Gauteng provincial health department to ensure the safe transferal of participants to ongoing care within the government rollout program. In this way the PHRU will continue its support of health care workers involved in the management and care of HIV infected individuals who receive antiretroviral treatment.

Emergency Plan funding for PHRU through this program supports ARV treatment as an adjunct to the NIH-funded CIPRA-SA program, and is administered by NIH.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category

Commodity Procurement

% of Funds

100%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- Community members
- HIV+ pregnant women
- Infants
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART Franchising / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

The Perinatal HIV Research Unit (PHRU) will use PEPFAR funds to implement an HIV treatment program through innovatively located provider services, targeted at uninsured workers in densely populated urban areas in Johannesburg. ARVs and primary care HIV medication will be procured as part of this program. ARVs will be made available and affordable through a franchising scheme, with ARVs supplied free of charge or significantly discounted to patients unable to purchase their own medication. Arrangements will be made with nearby retail pharmacies to distribute and dispense ARVs.

Records will be maintained for all ARVs and other drugs purchased by the program. Emergency Plan funds will support costs associated with starting up a service of this nature; training five new staff, obtaining dispensing licenses, and ensuring adequate controls and security for stocks with one service site opened initially and expansion to a total of two sites by the second year of activity.

PHRU is a research unit of the University of the Witwatersrand, South Africa. PHRU focuses on research, policy development and implementation in the field of mother-to-child transmission, HIV treatment and treatment trials in adults and children, TB and HIV co-infection, and HIV prevention research, training, and advocacy. PHRU works closely with its partner HIVSA, a non-profit organization that provides psychological and social support to people living with HIV and AIDS.

The PHRU will use evidence based better practices to develop urban ART service models designed to improve access. The specific franchising scheme will be developed during the first year of implementation, drawing on practices that promote access and adherence. There will be two urban "store front" service delivery sites that are seen as pilot sites. These sites will provide the learning ground for the development of a branded franchise scheme.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category

- Commodity Procurement
- Health Care Financing

% of Funds
80%
20%

Targets:

Not Applicable

Target Populations:

- Men
- Women
- HIV/AIDS-affected families
- People living with HIV/AIDS

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM Plus 1 / Management Sciences for Health

Planned Funds:

Activity Narrative:

Emergency Plan funding will be used for RPM Plus to assist the National Department of Health and seven of the nine provincial health departments to further develop forecasting models to estimate the quantity of ARV drugs required to respond appropriately to the ARV rollout.

This system will also be used to forecast TB and OI drug requirements as part of comprehensive care in the public sector. Information systems to monitor quantities purchased vs. estimated quantities by the provinces will be implemented. The provincial procurement officers responsible for submitting estimates to the National pooled procurement program (Committee for Medical Provisioning - COMED) and pharmaceutical depots managers will be trained on the use of these systems.

RPM Plus has supported the development of manual and computerized systems to support drug supply management activities at the district, hospital and primary health care facilities levels. These systems are endorsed by the National Health Information System of South Africa (NHISA), a body within the NDOH.

RPM Plus will implement these systems at 30 provincial sites accredited to provide ARVs, in order to monitor drug support systems, including drug expenditure trends and changes in consumption patterns. This will be done for drugs related to ART, TB, OIs and PMTCT and VCT program-related items such as test kits and lab reagents.

Training on the day-to-day use of the systems, optimizing ordering practices, using information to support decisions, and sharing information with other directorates will improve the efficiency of the current supply chain. RPM Plus will also work with the provinces to explore opportunities to develop service level agreements with the private sector in order to outsource some of the functions of the public sector supply chain (such as store management and distribution). RPM Plus will provide technical assistance to the newly-established National Pricing Committee to provide consumers with on-line up-to-date ARV cost information from both private and public sectors.

Cost of ARV drugs is estimated to be approximately patient/month, which includes actual cost of each ARV drug, storage, packing and distribution.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Logistics	40%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	30%

Targets:

 Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- Implementing organization project staff
- International counterpart organization
- M&E specialists/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Students
- Trainers
- USG in country staff

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1: Public-private partnerships in the delivery of ARV services instituted and strengthened.
- Result 2: Improved quality of ARV services through strengthened infrastructure, institutional capacity and human capacity development.
- Result 3: Increased demand for and acceptance of ARV treatment through community mobilization and treatment literacy.
- Result 4: Increased availability of quality ARV treatment.

Total Funding for Program Area (\$): **Current Program Context:**

In 2003 the SAG took the historic step of developing a comprehensive plan that details the implementation of a nationwide ARV treatment program. This plan builds on the tremendous investment and effort to establish a functional and equitable health system since the advent of democracy in 1994. The South African Government's five-year target is to provide care and treatment for all who qualify, estimated at 1.4 million South Africans. The adoption of the *Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment in South Africa* (see 3.3.10) provides an ideal opportunity for the USG to contribute to the SAG target of universal access to ARV services over a five-year implementation period. This new environment makes it possible for the USG to play a meaningful role in the implementation of ART for all who need it. A key element in the Comprehensive Plan is to strengthen the public health care system's capacity to deliver HIV/AIDS services, including ARV treatment. The implementation of ARV services in the public sector began in April 2004, and the sector is already treating more than 11,000 individuals. Private sector clinics, which began ART services earlier in the epidemic, are treating an additional 45,000 individuals. Approximately 2,400 patients receiving treatment in the public sector receive direct Emergency Plan support. The total number of patients on ARV treatment through Emergency Plan funding in the public, private and NGO sector is 5,037 (April to September 2004). The USG is committed to assisting South Africa to enhance the capacity of the health care delivery system and to increase the number of South Africans receiving care and treatment, based on best practices and expertise in the private and public sectors. Close collaboration between the USG and SAG in the selection of sites for implementation ensures that USG efforts contribute to and strengthen planned public sector rollout activities. In addition, the SAG treatment guidelines form the basis for Emergency Plan-funded treatment activities. The USG program will strengthen comprehensive care for HIV-infected people by (1) scaling up existing effective programs; (2) initiating new treatment programs; (3) providing direct treatment services; (4) increasing the capacity of the National and Provincial Departments of Health to develop, manage and evaluate HIV/AIDS treatment programs, including the training of health workers; and (5) increasing demand for and acceptance of ARV treatment through mass communication campaigns and community mobilization. This support is directed at the public, private and NGO sectors. The program includes the enrollment of HIV-infected individuals into wellness programs that manage care from the entry point after CT until such time as treatment eligibility criteria are met. A key focus is to ensure a more family-based approach to treatment and to ensure that ARV treatment forms part of a continuum of care, including TB/HIV integration. Systems strengthening is a fundamental principle of the Comprehensive Plan, and is supported by USG assistance. Emergency Plan support is also used to enhance the effectiveness of the South African treatment rollout through the development of key related services (CT, TB screening, post-exposure prophylaxis for non-occupational exposure) as well as strategic information services (patient information systems, monitoring and evaluation mechanisms). Although several major donors (GFATM, Development Cooperation of Ireland, DFID and the Netherlands) contribute to mass media communication campaigns about ARV treatment, such as Soul City, no other major donors are currently active in funding ARV readiness and treatment services in South Africa.

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africare

Planned Funds:

Activity Narrative:

Emergency Plan funding will be utilized to establish a new treatment service at the Hewu hospital, a public sector facility in the Eastern Cape. The project will assist the Hewu hospital and 17 satellite clinics to gain accreditation as treatment, PMTCT, and VCT sites respectively.

The Provincial Department of Health will provide drugs for the treatment of 300 people identified in the hospital and in the clinics where the project is operating. After discharge from the hospital or identification of eligibility for treatment, ARV patients will be admitted to the step-down facility where they and their families will get further counseling and support about treatment.

The project will focus on training and certifying health personnel and health facilities to provide quality treatment services, and strengthen referral linkages. Community caregivers trained by the project will monitor compliance with, and complications and side effects from, treatment after the patient has been discharged.

A strong monitoring and evaluation system will track patients who are on treatment and will incorporate both treatment and community outreach activities. All treatment activities will be closely coordinated with the Eastern Cape DOH.

The treatment component of the Africare project is part of a comprehensive approach to HIV/AIDS prevention, treatment, care and support in the community surrounding the Hewu hospital, which includes community mobilization, step-down and palliative care, and prevention activities described in other sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	15%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	27	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Aurum Health Research

Planned Funds:

Activity Narrative:

Aurum Health Research, a mining industry-founded health organization affiliated with Anglo American, will provide ARV treatment to 800 new patients with Emergency Plan funding. Through this innovative public-private partnership, Aurum will use Emergency Plan funds to expand services to dependents and partners of employees and contractors. Aurum has significant experience in the field of HIV/TB, operating at 65 delivery sites. With Emergency Plan funds Aurum will expand this to 85 in the period October 1 2004 – March 31, 2005, and to 115 by the end of March 2006, covering all nine provinces.

The Emergency Plan funds for ART services will be used to pay for staff time for patient visits with adherence counseling, laboratory testing to monitor progress on treatment, and administration of the service delivery sites. Funds will also be used to provide health care worker and associated service provider training on ART, including refresher training. Site visits will be conducted routinely to monitor and support the treatment sites, with telephone monitoring for remote sites.

These HIV treatment services activities form one component of Aurum's comprehensive Treatment, Care and Support program. The other components of this program that are supported by Emergency Plan funds are described within the TB, VCT and ARV Drugs program areas of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	40%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	115	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- HIV/AIDS-affected families
- Sex partners

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Economic Impact Surveys / Boston University

Planned Funds:

Activity Narrative: The USG supports a wide range of treatment delivery models in South Africa, including public sector, private sector, and NGO-based programs. In collaboration with other Emergency Plan grant recipients, the Boston University Center for International Health and Development (CIHD) will undertake a cost-effectiveness analysis of several of these models.

The analysis will use retrospective and prospective data collected from the treatment facilities to generate information about which models of treatment delivery are successfully treating the largest number of patients at the lowest cost, which characteristics of delivery systems are most important, and whether patient medical and socioeconomic outcomes are affected by the model of treatment delivery. The cost per patient enrolled, cost per patient treated successfully, and net benefits of treatment are likely to differ widely by location (urban, peri-urban, rural), facility type (hospital, clinic, dedicated HIV facility, GP's office, pharmacy), provider (public sector, private sector, NGO), and strategy (doctor-based, nurse-based). The number of patients per provider will likely also affect outcomes.

The assessment sites are largely in Gauteng and Mpumalanga. This information will assist the South African Government, Emergency Plan, and other funding agencies to estimate resource needs, increase efficiency among existing providers, and target future investments to cost-effective models of delivery.

Activity Category Strategic Information (M&E, IT, Reporting) % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Private health care providers*
- Host country national counterparts*
- Implementing organization project staff*
- Ministry of Health staff*
- Nongovernmental organizations/private voluntary organizations*
- Policy makers*
- Program managers*

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
State Province: Mpumalanga

ISO Code: ZA-GT
ISO Code: ZA-MP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Elizabeth Glaser Pediatric AIDS Foundation

Planned Funds:

Activity Narrative:

Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), a Track 1 recipient, will utilize Emergency Plan funding to scale up treatment services at one existing facility, and will initiate assistance at a second site, in coordination with the Africa Center, to provide treatment to 1350 eligible patients. A third site is yet to be selected. Project HEART includes an emphasis on the unique treatment needs of HIV-infected children as part of a family-centered model of care.

In KwaZulu Natal/KwaZulu-Natal Province, EGPAF will use Emergency Plan funds to provide salary support for 30 additional clinical and other staff (HR support), carry out clinical and other training for existing and new staff, cover the costs for laboratory support for ART patients, cover the costs of clinic space renovation and refurbishment, and provide support for upgrading patient tracking and other M&E activities.

The Foundation's care and treatment program, Project HEART (Helping Expand Antiretroviral Treatment to children and adults), comprises training of health workers, pharmaceutical management, family-based care, monitoring and evaluation, laboratory capacity, stigma reduction, and links to PMTCT. This project builds on existing expertise in implementing PMTCT.

A major focus of the project will be to strengthen the capacity of host country partners to develop sustainable systems that will deliver services after the five-year funding is complete. Throughout the funding period, EGPAF will pay special attention to the dissemination of results and lessons learned to other sites and key stakeholders.

Emergency Plan funds also support the ARV Drug purchases for these treatment programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,162	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	82	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,350	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	188	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Health Care Workers
- HIV+ pregnant women
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Pregnant women
- Women of reproductive age
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CTR / Family Health International

Planned Funds:

Activity Narrative:

Emergency Plan funds will support FHI (CTR) to provide technical assistance to the Project Support Association South Africa (PSA-SA) and the Council of Churches in KwaZulu Natal/KwaZulu-Natal and Mpumalanga. This project links home-based care (HBC) programs into ARV treatment services.

The project utilizes approximately 800 volunteers who provide support to nearly 5,000 HBC caregivers, who in turn reach out to over 12,000 clients. A major gap in these programs is the lack of referral and follow-up mechanisms that would improve access to ARV therapy.

Through this project HBC volunteers will be able to provide accurate information about ARV programs, help clients begin using ARVs, and assist clients to adhere to the treatment regimen once they are back in their communities. HBC volunteers and ARV service providers will also be trained to discuss the interaction between ARVs and FP methods, and the effects ARVs on pregnancy with their clients. To generate evidence to support a potential scale up of the program, FHI will evaluate, compile and share lessons learned from this activity, focusing on what it takes to move HBC clients into an ARV program, and to ensure adherence to the treatment regimen.

FHI's ARV Services activities are part of an integrated program, related components of which are described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	30%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	50%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Family planning clients
- People living with HIV/AIDS
- Religious/traditional leaders
- Volunteers
- Women of reproductive age

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal
 State Province: Mpumalanga

ISO Code: ZA-NL
 ISO Code: ZA-MP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Foundation for Professional Development

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

Emergency Plan funds will support the Foundation for Professional Development (FPD) to provide HIV/AIDS clinical training programs to 3,460 health care professionals – physicians, nurses, pharmacists, counselors and managers – to develop and enhance their capacity to provide quality clinical care to HIV-infected individuals, including those receiving antiretroviral treatment. FPD will also provide management training to 200 civil society and government managers who are in a leadership role within an HIV/AIDS service delivery organization.

Emergency Plan funding will also support direct services at two public sector rollout sites, to reach an estimated 2,000 uninsured South Africans eligible for treatment, through the placement and support of a limited number of healthcare workers and through strengthening and enhancing operational systems at these sites.

Emergency Plan funds will support salaries of a small number of clinical and administrative staff and stipends to a limited number of counselors at two ARV treatment sites. The anticipated results of this project include strengthened human resource and institutional capacity to deliver ARV clinical care services and ARV expanded treatment for qualified HIV-positive individuals.

FPD is a private foundation based in South Africa that offers training to health care professionals to develop their clinical, management, and leadership skills. FPD has been a primary training provider on HIV/AIDS and treatment for the Department of Health. FPD will train a large number of doctors, nurses and pharmacists to deliver ART services, and will support the government treatment facilities to expand and improve services by increasing human capacity and monitoring & evaluation at three facilities.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category

- Human Resources
- Training

% of Funds

- 10%
- 90%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	3,460	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Government workers
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- International counterpart organization
- Police
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / International Training and Education Center on HIV

Planned Funds:

Activity Narrative:

The International Training and Education Center on HIV (I-TECH) contributes to the Emergency Plan by providing technical assistance to increase South Africa's in-country capacity to train and mentor health care workers to deliver services to PLWHA. I-TECH provides technical assistance to the Eastern Cape Department of Health (ECDoH) and the University of the Transkei (UNITRA), related to the development of training centers and training curricula for health care workers serving persons infected with HIV/AIDS and related illnesses (TB and sexually transmitted infections).

Emergency Plan funds will support technical assistance to the Eastern Cape Regional Training Center (EC RTC) to: (1) increase access to quality HIV/AIDS services; (2) continue to assure the provision of quality HIV care and provide treatment to all family members; (3) provide a model clinic preceptorship training site for health care worker teams involved in HIV/AIDS services in the Eastern Cape Province; (4) provide technical assistance and build the capacity of the RTC to develop and implement a strategic information system to measure the training impact of the HIV/AIDS services and clinical care component for the ECDoH RTC; (5) continue to provide technical assistance on the development and implementation of HIV/TB model clinics in the Eastern Cape and build clinic staff capacity to sustain the clinics; and (6) provide technical assistance to outsource the development and implementation of a competency-based HIV care and treatment training for in-service training for health care workers in the Eastern Cape.

This activity is part of a larger technical assistance project that is also described in the PMTCT section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	5%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Infrastructure	5%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	35%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	12	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	600	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Infants | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> International counterpart organization | <input checked="" type="checkbox"/> USG Headquarters staff |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> M&E specialists/staff | <input checked="" type="checkbox"/> Widows |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Media | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Country coordinating mechanisms | <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Disabled populations | <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Truckers | |
| <input checked="" type="checkbox"/> Family planning clients | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Orphans and other vulnerable children | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Policy makers | |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Pregnant women | |
| <input checked="" type="checkbox"/> Pharmacists | <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> Traditional birth attendants | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Traditional healers | <input checked="" type="checkbox"/> Students | |
| <input checked="" type="checkbox"/> Private health care providers | <input checked="" type="checkbox"/> Primary school | |
| <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> Secondary school | |
| <input checked="" type="checkbox"/> Discordant couples | <input checked="" type="checkbox"/> University | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | <input checked="" type="checkbox"/> Seafarers/port and dockworkers | |
| <input checked="" type="checkbox"/> HIV+ pregnant women | <input checked="" type="checkbox"/> Teachers | |
| <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Trainers | |
| <input checked="" type="checkbox"/> Implementing organization project staff | | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capacity Building 2 / JHPIEGO

Planned Funds:

Activity Narrative:

This narrative describes a deferred activity approved in the FY04 COP, and which complements JHPIEGO's planned activities using FY05 funds (also described in this program area).

With Emergency Plan funding, JHPIEGO will work with national and provincial DOH staff to increase the impact of training through application of performance improvement approaches, improved supervision, and introduction of innovative strategies for continuing education for HIV/AIDS services. Since 2003, JHPIEGO has been working with the South African NDOH to improve institutional and human capacity through clinical management of HIV/AIDS, VCTCT, and home-based care via in-service training, trainer development and orientation of staff to national HIV/AIDS guidelines. This support will be provided both to the national DOH, as well as 12 specific sites in Gauteng, KwaZulu Natal/KwaZulu-Natal, Free State and Limpopo.

Training is only one element leading to improved access to and quality of services and JHPIEGO will provide improved support to providers to reinforce knowledge and skills. JHPIEGO will collaborate with the NDOH to provide coaching to providers via follow-up visits or on-site supportive supervision and mentoring for HIV/AIDS care. JHPIEGO will also work with national partners to develop and implement strategies to address training needs and knowledge gaps that occur as a result of rapid changes in HIV/AIDS technology and limited human resources. Approaches will include development of on-the-job training materials, new treatment updates, or self-directed training packages.

To ensure that services meet national and provincial standards, JHPIEGO will support dissemination of five national guideline packages for treatment, care, and support to provincial coordinators via user-friendly orientation packages.

Activity Category

Training

% of Funds

100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	12	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Capacity Building 1 / JHPIEGO

Planned Funds:

Activity Narrative: Emergency Plan funds will support JHPIEGO, in collaboration with the South African NDOH, local NGOs and Foundation for Professional Development, a USG-funded partner, to assist with training as many as 200 health care workers in clinical management of HIV/AIDS care via in-service training and trainer development. This activity complements JHPIEGO's planned activities using deferred FY04 funds, also described in this program area.

As service delivery guidelines serve as an important foundation for quality services, JHPIEGO will also assist the NDOH to train facilitators and implement dissemination of five national guideline packages for treatment, care, and support to provincial coordinators via user-friendly orientation packages, completing the activities started in FY04. Deferred funding will continue to support three staff at the NDOH to help with the transfer of learning in treatment, care, and support and performance improvement approaches. This project will result in a strengthened institutional and human resource capacity to deliver ARV services, the development of innovative training materials, and the dissemination of service delivery guidelines.

Activity Category
 Training **% of Funds**
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	24	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Health Care Workers
- Doctors
- Medical/health service providers
- Nurses
- Ministry of Health staff
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Free State
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)

ISO Code: ZA-FS
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-LP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Deliver 1 / John Snow Inc

Planned Funds:

Activity Narrative:

JSI will use Emergency Plan funds to build on its pioneering field testing work to develop Biometrics and Smart Card (BSC) technologies for ART, by implementing the BSC prototype system in 28 Catholic Relief Services (CRS) and South African Catholic Bishops Conference (SACBC) ART sites in eight provinces. The BSC system improves ARV treatment, patient adherence, supply chain management, and program monitoring.

The BSC system has the capability to operate off-line, even in areas with no electricity or phone lines, making it ideal for community outreach and home-based/palliative care settings. Thus the BSC system tracks patients receiving care and support services in addition to those receiving ARVs. Data on ART related indicators are batch uploaded to a central database on a daily basis, providing program managers and funding agencies with Emergency Plan and NDOH mandatory indicators "at the touch of a button". The BSC system not only tracks patients on ARVs in terms of regimen (including the calculation of critical adherence rates) but also tracks those who are in HIV Stage One and Two, thus providing a reliable forecast of the number of potential ART clients. The BSC system also addresses the problem of high patient mobility as the smart card is patient-retained.

The BSC system will contribute to 5,700 CRS/SACBC patients receiving ARVs and a further estimated 38,000 HIV-positive people receiving care and support but not receiving ARVs (JSI's work with CRS indicates there are 85 HIV patients receiving care and support for every 15 that require ARVs). The system will also strengthen program monitoring, particularly in terms of providing indicators to fulfill Emergency Plan and NDOH reporting requirements. JSI will facilitate the introduction of the BSC system in additional FBO and NGO settings and in public settings, as appropriate, to complement and strengthen current ART related information systems.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	50%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	23	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	100	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- Mobile populations
- People living with HIV/AIDS
- Policy makers
- Program managers
- Religious/traditional leaders
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

UNCLASSIFIED

Coverage Area:

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

ISO Code: ZA-EC
ISO Code: ZA-FS
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW
ISO Code: ZA-WC

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)
 Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Delivery 2 / John Snow Inc
 Planned Funds:

Activity Narrative: This narrative describes an activity approved in the FY04 COP, but deferred to FY05.

Emergency Plan funding will enable JSI to build on its pioneering work in developing Biometrics and Smart Card (BSC) technologies to improve ARV treatment, patient compliance, supply chain management, and program monitoring, by working with the National Department of Health, provincial departments of health, the State Information Technology Agency (SITA) and National Health Information System (NHISSA) to test the system in accredited ART sites in at least two provinces (expected to be Eastern Cape and Gauteng).

The BSC system operates off-line, even in areas with no electricity or phone lines, making it ideal for community outreach and home-based/palliative care settings. The BSC system tracks patients receiving care and support services in addition to those receiving ARVs. Data on ART related indicators are batch uploaded to a central database on a daily basis, providing program managers and funding agencies with Emergency Plan and NDOH mandatory indicators "at the touch of a button." The BSC system not only tracks patients on ARVs in terms of regimen and adherence but also those who are in stage one and two, thus providing a reliable forecast of the number of potential ART clients. The BSC system also addresses the problem of high patient mobility as the smart card is patient-retained.

Discussions with provincial ART rollout leaders have already commenced and it is anticipated that the BSC system will be introduced in approximately five ART sites in both Eastern Cape and Gauteng provinces to serve as a model for province-wide implementation. JSI will provide technical assistance and training to initiate the activity.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	60%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	50	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community-based organizations
- Faith-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- Mobile populations
- People living with HIV/AIDS
- People living with HIV/AIDS
- Policy makers
- Policy makers
- Program managers
- Program managers
- Religious/traditional leaders
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
State Province: Gauteng

ISO Code: ZA-EC
ISO Code: ZA-GT

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TASC2: Intergrated Primary Health Care Project / Management Sciences for Health

Planned Funds:

Activity Narrative:

The Integrated Primary Health Care Project (IIPC) will use Emergency Plan funding to assist districts in five provinces to implement the Comprehensive Plan by helping designated sites to meet accreditation requirements, and by mentoring and supporting project management teams at facility and district levels to implement the program in accordance with the norms and standards of the Comprehensive Plan.

Activities will include: (1) preparing designated sites for the accreditation process, working with the site ARV task team to develop an ARV implementation plan for the site; (2) training health care providers in assessment and screening of patients for ARV therapy, screening for and treatment of opportunistic infections, adherence counseling, and nutrition counseling; (3) training of community health workers as treatment supporters, on nutrition counseling, and adherence counseling; (4) training health care providers to recognize adverse drug events and how to treat ADR; (5) assisting districts to develop algorithms for continuum of care from counseling and testing to treatment; and (6) preparing health care providers at the clinic level to assess clients for ARV and implement patient readiness program for ARV therapy.

IIPC will facilitate linkages and a referral system with other institutions such as TB hospitals, hospices and other home-based care services to ensure their clients are also screened for ARV therapy and are referred to the appropriate service delivery point for initiation of therapy and follow-up. Activities will include: (1) conducting an assessment of referral system between public and private sector and community-based initiatives; (2) determining gaps in the referral system (if they exist), developing referral systems with the various stakeholders; (3) training service providers in other sectors - hospice, TB hospitals - in assessing clients for ARV and referring to the nearest ARV point; and (4) training service providers in follow-up care and ongoing monitoring of the patient on ARV therapy.

These activities are part of an integrated program also described in the care section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Training	35%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	600	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Government workers
- Health Care Workers
- Community health workers
- Doctors
- Medical/health service providers
- Nurses
- Pharmacists
- Traditional healers
- High-risk population
- HIV/AIDS-affected families
- Host country national counterparts
- Infants
- Mobile populations
- National AIDS control program staff
- People living with HIV/AIDS
- Pregnant women
- Program managers

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape
State Province: KwaZulu-Natal
State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-EC
ISO Code: ZA-NL
ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Medical Research Council of South Africa

Planned Funds:

Activity Narrative:

The Medical Research Council (MRC) will use Emergency Plan funds to expand ARV treatment for qualified TB patients co-infected with HIV as part of a two-site project to strengthen TB and HIV integration in KwaZulu Natal/KwaZulu-Natal and Gauteng.

The MRC's approach focuses on providing diagnostic HIV counseling and testing for TB patients, including staging for ART, and referrals for STI management or PMTCT where appropriate. These patients will also be followed up to ascertain their wellness outcome.

The project will implement elements of a best-practice approach to integrated TB-HIV care, including clinical management, nursing care, combined TB-HIV information, education and communication, nutrition intervention, HIV/AIDS care and support and DOTS treatment outcome. Referral systems will be improved to ensure continuity of care.

MRC will train pharmacy personnel and staff responsible for ARV services on the standard operating procedures for inventory management drug storage and in the monitoring and evaluation of the ARV rollout, supply chain logistics, and monitoring and evaluation. Standard operating procedures will be followed to ensure all drugs are managed correctly. The project also will develop systems to coordinate the logistics of ARV services at all levels of the HIV care system, in collaboration with the relevant national programs. A comprehensive evaluation of ARV services will be carried out, in collaboration with the relevant national programs, to assess compliance with program policy and guidelines.

In addition, MRC will conduct a needs assessment at Baragwanath Hospital (Gauteng Province) to identify and document the strengths and weakness of ARV services in a relatively well-resourced government site already accredited for ARV rollout.

MRC's ARV services activities are part of an integrated treatment program also described in the ARV Drugs and the TB/HIV sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%

Training

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	200	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	250	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- People living with HIV/AIDS
- Pregnant women
- Program managers
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Increasing women's access to income and productive resources
- Stigma and discrimination

Coverage Area:

State Province: Gauteng
State Province: KwaZulu-Natal

ISO Code: ZA-GT
ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative:

Population Council will use Emergency Plan funding to continue its program to improve access to ART for children by documenting current models and practices in delivering care and treatment for HIV-positive children in five provinces, including a review of how children access care and ARV services, and identification of contextual issues at health facilities and in the communities that hinder pediatric enrollment to ARV programs.

Using results from this investigation, a program evaluation will be conducted that will provide lessons and better models for increasing access to ART for children. Some of the possible ways of expanding access are integration with early childhood programs, including immunization, PMTCT, TB and DOTS programs. In addition the evaluation will explore mechanisms of reaching children through community-based programs. The assessment will test different models that support greater access to ARV for children. Results of the study will contribute to Emergency Plan goals by identifying ways to improve access to and quality of treatment services for children.

A second activity that Emergency Plan funding will support is the documentation of all of the approaches being used by USG-supported treatment partners, using a case-study approach. These approaches will be documented within the network model Emergency Plan framework and presented in the form of a booklet on network models used in South Africa.

These activities are part of a holistic program, with related activities described in the prevention, care and strategic information sections of the COP.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Caregivers
- Community leader
- Community-based organizations
- HIV/AIDS-affected families
- Infants
- People living with HIV/AIDS

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape
 State Province: Gauteng
 State Province: KwaZulu-Natal
 State Province: North-West
 State Province: Western Cape

ISO Code: ZA-EC
 ISO Code: ZA-GT
 ISO Code: ZA-NL
 ISO Code: ZA-NW
 ISO Code: ZA-WC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Right To Care, South Africa

Planned Funds:

Activity Narrative:

Right to Care, a South African NGO employing some of the foremost treatment experts in the country, will use Emergency Plan funds to provide support to 10 public and NGO treatment sites in Gauteng and Mpumalanga provinces to strengthen their antiretroviral treatment delivery capacity, utilizing models and approaches based on best practicebest practices.

Right to Care's ARV services activities aim to increase the number of HIV-positive individuals receiving quality ARV services, including pathology monitoring and adherence counseling. Right to Care anticipates training at least 500 health care providers in ARV treatment and will directly contribute to 8,000 individuals being provided with ARVs under this initiative.

Right to Care's medical experts provide ongoing clinical decision-making, scripting and case management support services to clinical care providers, facilitated through their Expert Treatment Program (ETP) – a management model that enables primary healthcare providers to communicate directly with HIV experts around the management of patients. This model uses a sophisticated tool in the form of TherapyEdge, a web-based patient information system licensed to Right to Care, which enables the effective management of patients and which includes a comprehensive and secure patient database.

In addition, Right to Care will provide technical expertise as well as direct support for health workers, or subgrants, to national rollout site Helen Joseph Hospital, the Clinical HIV Research Unit, Witkoppen Health & Welfare Center, the AIDS Care Training & Support Initiative, and Ndlovu Medical Trust and Rea'phela Clinic, to enable these treatment sites to expand the provision of ARV services.

Right to Care intends to collaborate with the Council for Health Services Accreditation in Southern Africa (COHSASA) in its efforts to assess the quality of services at selected public hospitals, and to address the identified training and quality improvements needs. Through this collaboration, Right to Care aims to deploy Mobile Support Teams, comprised of a doctor, nurse and clinical psychologist, to selected sites at regular intervals, as a means of reinforcing theoretical learning into practical skills development with a mentorship component.

Right to Care's ARV treatment activities described above are part of an integrated program that includes basic care and support, VCTCT, and ARV treatment components described in this COP.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	10	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	8,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	4,500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Factory workers
- Family planning clients
- High-risk population
- Miners
- Mobile populations
- Migrants
- Migrant workers
- Truckers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
 State Province: Mpumalanga

ISO Code: ZA-GT
 ISO Code: ZA-MP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PHIDISA / South African National Defense Force

Planned Funds:

Activity Narrative: This activity was approved in the FY04 COP but funding was deferred until FY05.

Emergency Plan funding will be used to support this innovative treatment partnership between the South African National Defense Force (SANDF) and the US Department of Defense, in six provinces. The South African Military Health Service will provide ARV therapy to members of SANDF and their families who are not enrolled in the NIH-funded Phidisa research program.

Regular scheduled follow-up is crucial for patients receiving antiretroviral therapy, in order to assess responses to treatment as well as to detect untoward side effects from the antiretroviral drugs. Emergency Plan funds will support monthly visits for the first three months for patients receiving ARV therapy, and visits every three months thereafter for clinical assessment and laboratory follow-up. Laboratory tests will monitor antiretroviral drug therapy include CD4+ T-cell count, viral load, full blood count with differential, tests for hepatic, renal, and pancreatic function tests, and electrolytes. Assessment of responses to antiretroviral therapy will include measurement of immunologic status (CD4+ T cell count) and virologic response (viral load). This information is critical to detect treatment success or failure.

Emergency Plan funding for project Phidisa supports ARV treatment as an adjunct to the Phidisa ARV treatment research program, and is administered by NIH.

This project is a component of an integrated program for ARV service delivery including the purchase of ARV drugs described in the ARV Drugs section of the COP.

Activity Category
 Commodity Procurement

% of Funds
 100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	410	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,080	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	670	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- High-risk population
- HIV/AIDS-affected families
- HIV+ pregnant women
- Infants
- Military
- People living with HIV/AIDS
- Pregnant women

Key Legislative Issues:

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

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Western Cape	ISO Code: ZA-WC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Africa Center for Health and Population Studies

Planned Funds:

Activity Narrative:

Based on a review of applications submitted in response to a competitive APS, the following activity has been approved by the South African Emergency Plan Task Force, and is included in the COP for approval by OGAC. This activity will be supported through the FY05 COP, if additional funds beyond the allocated amount for South Africa are made available.

Emergency Plan funds will support The Africa Centre for Health and Population Studies, in collaboration with the KwaZulu Natal/KwaZulu-Natal (KZN) Provincial Department of Health, to implement an ARV treatment program in the rural health sub-district of Hlabisa. Components of the treatment program will include ARV clinical training for doctors, nurses and treatment counselors, provision of ARVs to eligible individuals, and clinical case management of individuals enrolled in the treatment program.

In August 2004, the Africa Centre in partnership with the Hlabisa Health sub-district received accreditation by the South African Department of Health to provide ARV treatment, including eligibility to prescribe government-supplied ARV medications and utilize government laboratories for CD4 and viral load testing for individuals receiving ARVs. The Africa Center treatment program activities will include recruiting, training, and financially supporting treatment counselors to identify and refer individuals from the counseling center to Hlabisa Hospital ARV clinic for initial CD4 testing. Counselors will be trained to case manage individuals once started and stabilized on ARV treatment and to provide follow-up for patients not yet requiring ARVs. Training will enable counselors to assess patients for signs of acute illness, refer serious acute patients to doctors and less serious patients to nurses, and assess treatment adherence by using pill counts and monitoring patient self reporting. Physicians and nurses at Hlabisa hospital will also receive training in HIV/AIDS clinical treatment and management. The training will enable these physicians to become KZN/Department of Health accredited ART providers. Finally, Africa Center will provide ARV treatment and follow-up services to eligible patients.

The Africa Centre for Health and Population Studies is a South African NGO operated by the University of KwaZulu Natal/KwaZulu-Natal in partnership with the South African Medical Research Council. This ARV treatment program is one component of Africa Center's integrated HIV/AIDS care and support and ARV treatment program, with the other program component described in the palliative care, basic care and support section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	30%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community-based organizations
- Health Care Workers
- Community health workers
- Medical/health service providers
- Nurses
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Absolute Return for Kids

Planned Funds:

Activity Narrative:

With Emergency Plan funding, ARK will assist 18 health facilities in the Western Cape and KwaZulu Natal/KwaZulu-Natal to improve and expand ART services. The primary purpose is to ensure treatment of mothers and other caregivers with one or more children in their charge, thus reducing the number of orphans.

In partnership with the Western Cape Provincial Government, City of Cape Town and a number of other NGOs, ARK has established the largest NGO-led antiretroviral HIV/AIDS treatment program in the Western Cape province, where it has assisted in the creation of treatment sites within government primary health centers and hospitals. ARK's focus is to provide ART and accompanying support to primary HIV-infected caregivers (predominantly mothers) of families with one or more children.

ARK's activities will enable the two Provincial Governments to increase the number of patients receiving ARVs substantially and rapidly. Results anticipated include increased demand for and acceptance of ARV treatment, strengthened infrastructure of the ARV delivery system in target sites, strengthened human resource and institutional capacity to deliver ARV services, and improved compliance among those on ARV drugs.

ARK's primary objective is to keep mothers alive to continue caring for their children. The primary caregiver's continued survival and potential ability to earn a living while receiving ARV treatment will have a substantial impact on the entire extended family. Maximizing treatment depends on effective testing, counseling and screening by a comprehensive health team. Emergency Plan funding will be used to support and improve infrastructure, to support and develop the required human resources, as well as to develop improved systems utilized in performance and adherence monitoring. Specific activities will include:

- 1) Provision of additional temporary medical resources to work within the government treatment sites to support the rapid enrolment of patients to receive ARVs. This includes doctors, nurses, pharmacists, counselors and administrative support.
- 2) Working with government authorities to develop the necessary processes and systems to manage the program, to ensure that the model created is scalable, sustainable and replicable elsewhere.
- 3) Providing a comprehensive adherence program for ARVs. Components of the adherence program include client and community education (carried out in and around the treatment sites), production of adherence educational materials to distribute to patients and their families (in various languages as needed), encouragement of the disclosure to and involvement of family members as 'treatment buddies', and provision of community-based patient advocates to work in partnership with the health professional teams to support effective adherence.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	18	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	64	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,300	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,300	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> Policy makers |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Pregnant women |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Country coordinating mechanisms | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Family planning clients | |
| <input checked="" type="checkbox"/> Health Care Workers | |
| <input checked="" type="checkbox"/> Community health workers | |
| <input checked="" type="checkbox"/> Doctors | |
| <input checked="" type="checkbox"/> Medical/health service providers | |
| <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Private health care providers | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | |
| <input checked="" type="checkbox"/> HIV+ pregnant women | |
| <input checked="" type="checkbox"/> Infants | |
| <input checked="" type="checkbox"/> M&E specialist/staff | |
| <input checked="" type="checkbox"/> National AIDS control program staff | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-NL
ISO Code: ZA-WC

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Broadreach

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Emergency Plan funds will support Broadreach to enroll and provide ongoing HIV/AIDS clinical management services on an outpatient basis to HIV-positive, public sector, uninsured, and indigent individuals who are determined to be clinically qualified for antiretroviral treatment. Enrollees will come predominantly from the extensive network of community support groups for people living with HIV/AIDS (PLWHA) referred directly through Broadreach's partner, National Association of Persons Living with HIV/AIDS South Africa (NAPWA-SA). Broadreach estimates that over 1,300 individuals in 5 of the 9 provinces will be provided antiretroviral (ARV) treatment as a direct result of the program.

Widespread access to ARV therapy to uninsured individuals will be accomplished through the implementation of an innovative "network model" treatment program which matches individual community-based support groups with Broadreach's existing private and faith-based healthcare delivery network partners. A novel disease management program – called ARVCare – is at the center of this ARV treatment initiative. ARVCare is managed by Aid for AIDS (AIA) and was developed to support large-scale ARV programs with the objective of ensuring high, consistent quality of care in settings where there are shortages of HIV/AIDS specialists. The ARVCare system is based upon a remote monitoring center located in Cape Town, South Africa. The remote center houses the ARVCare patient and doctor call centers, secure patient databases and servers, physician specialist panels for difficult case consultations, clinical data input specialists, and educational material mailing facilities. The center is currently staffed by over 50 expert HIV/AIDS specialist physicians, nurses, pharmacists, case managers, patient counselors, biostatisticians, financial managers, and operational consultants.

At present AIA currently manages treatment and care only for patients who have access to health insurance benefits. Emergency Plan funds will support the application of the AIA model to manage treatment and care for uninsured individuals eligible for ARV treatment. Broadreach, in collaboration with training institutions, will train 80 providers – doctors, nurses, pharmacists, and lab technicians – who will deliver clinical HIV treatment and care services to program enrollees. Training will include didactic sessions and remote case-by-case training and support through expert consultation. The specific services provided to enrolled individuals will include HIV/AIDS treatment education, literacy and preparedness, Highly Active Antiretroviral Therapy (HAART), treatment of opportunistic infections, six annual doctor visits, quarterly lab tests and routine health status monitoring, counseling, and case management and treatment adherence support activities.

These HIV treatment services activities form one component of Broadreach's comprehensive Treatment, Care and Support program. The other components of this comprehensive program that are supported by Emergency Plan funds are described within the palliative care/basic care and support program area of the COP.

This is one of a series of projects awarded and managed by PACT under a cooperative agreement with USAID.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%

UNCLASSIFIED

- Strategic Information (M&E, IT, Reporting) 10%
- Training 10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	25	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	80	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,355	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,355	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Women of reproductive age |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Business community | <input checked="" type="checkbox"/> International counterpart organization | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> Caregivers | <input checked="" type="checkbox"/> M&E specialist/staff | <input checked="" type="checkbox"/> Boys |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Miners | |
| <input checked="" type="checkbox"/> Community-based organizations | <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Disabled populations | <input checked="" type="checkbox"/> Mobile populations | |
| <input checked="" type="checkbox"/> Factory workers | <input checked="" type="checkbox"/> Migrants | |
| <input checked="" type="checkbox"/> Faith-based organizations | <input checked="" type="checkbox"/> Migrant workers | |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> National AIDS control program staff | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Doctors | <input checked="" type="checkbox"/> Policy makers | |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> Religious/traditional leaders | |
| <input checked="" type="checkbox"/> Pharmacists | <input checked="" type="checkbox"/> University | |
| <input checked="" type="checkbox"/> Traditional birth attendants | <input checked="" type="checkbox"/> Sex partners | |
| <input checked="" type="checkbox"/> Traditional healers | <input checked="" type="checkbox"/> Trainers | |
| <input checked="" type="checkbox"/> Private health care providers | <input checked="" type="checkbox"/> USG in country staff | |
| <input checked="" type="checkbox"/> High-risk population | <input checked="" type="checkbox"/> USG Headquarters staff | |
| <input checked="" type="checkbox"/> Discordant couples | <input checked="" type="checkbox"/> Volunteers | |
| <input checked="" type="checkbox"/> Injecting drug users | <input checked="" type="checkbox"/> Widows | |
| <input checked="" type="checkbox"/> Men who have sex with men | | |
| <input checked="" type="checkbox"/> HIV/AIDS-affected families | | |

Key Legislative Issues:

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

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

State Province: Western Cape

ISO Code: ZA-WC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Catholic Relief Services

Planned Funds:

Activity Narrative:

In FY05 Emergency Plan funding will support Catholic Relief Services, under Track 1, to provide ART to 7,650 patients at 28 sites affiliated with the South African Catholic Bishops Conference, the primary implementing partner, in eight of the nine provinces.

All the relevant health care providers and administrative support staff at the sites will be trained to implement the ART program, using government approved training curricula. Staff that has already received initial training will undergo refresher courses (either in-house or external). There is also an exchange of training courses and materials between sites. Treatment adherence training is provided to all patients who are put on the ART program. In most sites home-based care networks will follow-up and support patients.

Emergency Plan funding will also support lab services, which are outsourced to a private provider, Toga Laboratories. Blood is drawn at each site and collected via a courier service and delivered to the laboratories. Results are confidentially e-mailed or faxed back to the site within 48 hours of the laboratory receiving the blood samples.

The program is designed to improve the point of service's capacity to implement the ART program in the long-term, including strengthening clinical, administrative, financial and strategic information systems. Through linkage with another Emergency Plan funded partner, JSI, CRS is obtaining technical assistance and systems support to implement a patient information system utilizing innovative smart card technology. Sites will be assisted in developing appropriate policies and protocols and in setting up good financial and strategic information systems. Each site will also develop its own community mobilization plan for the ART program and implement it in collaboration with relevant community organizations and leaders. Many of the sites are already involved in HIV/AIDS community mobilization activities and these will be expanded to include ART. These lessons learned will be of value to other partners working in the NGO sector.

Emergency Plan funds also support ARV Drugs purchases for this project, as described elsewhere in the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Community Mobilization/Participation	5%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	7%
<input checked="" type="checkbox"/> Local Organization Capacity Development	5%
<input checked="" type="checkbox"/> Training	13%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	28	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	3,800	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	560	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	7,650	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	3,650	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Refugees/Internally displaced persons
- People living with HIV/AIDS

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

/ HIVCARE

Planned Funds:

Activity Narrative:

HIVCARE is an innovative public-private partnership program (PPP) between Netcare, a private sector service provider, and the Free State Health Department (FSHD). Emergency Plan funding will provide clinical assessment, drug readiness training, issuing of ARV drugs, and monitoring and evaluation to more than 1000 HIV patients at one functional ARV site in the private sector in Bloemfontein (Free State Province) and in five public sector provincial sites.

Through this partnership, clinics identified in rural areas of the Free State will expand and be able to offer holistic HIV/AIDS treatment. The tertiary hospital in Bloemfontein (Universitas Hospital) will be the operational center to strengthen and develop a management support system to coordinate the PPP. Responsibilities for the partners have been assigned to achieve efficiency, provide opportunities for training and technical assistance, particularly at rural sites, and to maximize geographic and population coverage.

HIVCARE will develop and implement case management policies and procedures according to the set norms and prescribed regulations for both the private and public sectors, including default management to secure improved compliance among patients on ARV treatment. Data management will be done in collaboration with the Medical Research Council of South Africa (MRC), including a dedicated Information System to track patients and trace defaulters.

Quality assurance activities for this project will focus on the establishment of a quality assurance and health promotion center, where specialists will meet on a regular basis to implement and oversee the quality assurance programs. In addition to the core partnership between Netcare and FSHD, collaborations will be established with other relevant stakeholders, including the research units at the Free State University and the MRC.

Training will be carried out for 22 staff members, including lay health workers, through train-the-trainer programs, and a provincial conference on ARV-related initiatives (March 2005) to supplement training and foster collaboration among practitioners, scientists, policy makers and researchers in the field of ARV treatment.

The partnership between Netcare and the Free State Health Department (FSHD) provides for clinical assessment, drug readiness training, issuing of ARV drugs, and monitoring and evaluation to more than 1,000 HIV patients at one functional ARV site in the private sector in Bloemfontein (Free State Province) and in five public sector provincial sites. The FSHD will be able to refer public sector patients to the private Netcare facility, and private doctors will provide services in five public sector facilities.

In fact, 70% of funding in the ARV drugs budget for HIVCare will be used for the purchase of ARV drugs, which are ordered through the national state tender procedure and distributed via the medical depot of the FSHD. This means that Netcare will be able to procure drugs from the government at a price lower than available to the private sector.

Netcare has a significant cost-share of 62% versus the Emergency Plan contribution, amounting to approximately [redacted] compared to Emergency Plan FY05 funding of [redacted]

This PPP model's lessons would be useful for replication in other provinces.

Emergency Plan funds also support the ARV drug purchases for these treatment programs.

Activity Category
 Human Resources

% of Funds
15%

UNCLASSIFIED

- | | | |
|-------------------------------------|--|-----|
| <input checked="" type="checkbox"/> | Logistics | 13% |
| <input checked="" type="checkbox"/> | Quality Assurance and Supportive Supervision | 55% |
| <input checked="" type="checkbox"/> | Training | 17% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	22	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Business community <input checked="" type="checkbox"/> Community members <input checked="" type="checkbox"/> Disabled populations <input checked="" type="checkbox"/> Factory workers <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Nurses <input checked="" type="checkbox"/> Pharmacists <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> High-risk population <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men who have sex with men <input checked="" type="checkbox"/> Partners of sex workers <input checked="" type="checkbox"/> HIV/AIDS-affected families <input checked="" type="checkbox"/> HIV+ pregnant women <input checked="" type="checkbox"/> Military <input checked="" type="checkbox"/> Police <input checked="" type="checkbox"/> Miners <input checked="" type="checkbox"/> Ministry of Health staff <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Migrants <input checked="" type="checkbox"/> Migrant workers <input checked="" type="checkbox"/> Truckers | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Policy makers <input checked="" type="checkbox"/> Pregnant women <input checked="" type="checkbox"/> Prisoners <input checked="" type="checkbox"/> Program managers <input checked="" type="checkbox"/> Students <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Primary school <input checked="" type="checkbox"/> Secondary school <input checked="" type="checkbox"/> University <input checked="" type="checkbox"/> Sex partners <input checked="" type="checkbox"/> Teachers <input checked="" type="checkbox"/> Trainers <input checked="" type="checkbox"/> Women of reproductive age <input checked="" type="checkbox"/> Youth <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Girls <input checked="" type="checkbox"/> Boys |
|--|---|

UNCLASSIFIED

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's access to income and productive resources
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Columbia University Mailman School of Public Health

Planned Funds:

Activity Narrative:

Emergency Plan funds, under Track 1, will support ARV treatment services at 11 current and 10 new Eastern Cape DOH (ECDOH) service sites, including staff, staff training, and commodity procurement. The project will be implemented through an ongoing collaboration between ECDOH and the Mailman School of Public Health (Columbia University), and is expected to provide ART for 3,850 individuals in the Eastern Cape by March 2006.

The Mailman School of Public Health (MSPH) has an ongoing collaboration with the ECDOH to support ARV services and drug rollout. MSPH has been directly supporting HIV treatment services in Qaukeni Local Service Area (LSA) in the O.R. Tambo district. The participating facilities are composed of two district hospitals located in the rural towns of Flagstaff and its associated five primary care facilities and Bizana and its associated four primary care clinics, eleven facilities in total. Initiation of ART will begin in October 2004 in a phased manner, with the last of the 11 facilities starting in February 2005. Entry points into the ART program in these service delivery points include: VCTCT, PMTCT, STI and TB clinical services, and HIV-infected in-patients.

Currently, in the two district hospitals and nine feeder clinics in Qaukeni LSA, there are 138 nurses (professional nurses, staff nurses and nurse assistants), eight doctors, eight pharmacy staff (pharmacy and pharmacy assistants), six laboratory staff (technologists and technicians), more than 80 identified community health workers and no lay counselors. A total of 55 additional hospital staff (all cadres) will be recruited in the period October 2004 – September 2005, to effectively manage the new program. Training of the service providers in ART is ongoing and as new staff is recruited, training needs will be identified and met.

This program collaborates closely with the Eastern Cape Regional Training Center to establish best practices in HIV/AIDS care and treatment in the Eastern Cape.

Emergency Plan funds also support ARV Drug purchases for this project, as described in that section of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	35%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	21	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,050	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	418	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,850	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	2,800	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community members
- Community-based organizations
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Program managers
- USG in country staff
 - Girls
 - Boys

Key Legislative Issues:

UNCLASSIFIED

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services, South Africa

Planned Funds:

Activity Narrative: This innovative partnership between the USG and the National Department of Correctional Services (NDCS) is aimed at increasing access to treatment for prisoners in a cost-effective way, using Emergency Plan funding.

Currently, prisoners on ART are treated in public health facilities, then returned to correctional centers where health care professionals supervise their medication. NDCS currently is under resourced and therefore unable to dispense antiretroviral medication. However, through this Emergency Plan funding, some correctional centers in all nine provinces will become treatment sites.

Emergency Plan support will train 30 master trainers in the comprehensive management of HIV/AIDS. Master trainers will in turn train the total staff complement of 600 nurses at these sites.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	239	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	450	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
 - Clients of sex workers
 - Commercial sex workers
- Disabled populations
 - Nurses
- High-risk population
 - Injecting drug users
 - Men who have sex with men
 - Partners of sex workers
- HIV+ pregnant women
- People living with HIV/AIDS
- Prisoners
- Sex partners
- Volunteers
- Widows
- Women of reproductive age
- Youth
 - Girls
 - Boys
- Transgender individuals

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

With Emergency Plan support, the Eastern Cape Regional Training Center (RTC) will implement an ARV best practices models in two hospitals and 10 clinics in the Eastern Cape. RTC is part of the Eastern Cape Department of Health, and is run out of the University of Transkei. RTC was developed as a model for training, critical for the implementation of the government's Comprehensive Plan for HIV/AIDS.

Activities will include the provision of practical hands-on training in the model clinics, and ongoing mentoring through all provincial sites by regular visits of experienced staff from model clinics. A site assessment will be conducted for new provincial sites, and all sites will be provided a linked clinical information system, as well as training on its use. Additional professionals will be hired to adequately support the RTC's clinical care, research/monitoring/evaluation, and community mobilization efforts.

The RTC will also provide ongoing technical assistance to the Eastern Cape DoH in the expansion of its ARV-related programs via an assessment of system readiness and quality of service. The RTC also has critical linkages with another Emergency Plan Track 1 recipient, Columbia University.

RTC's ARV services is one component of an integrated program, the prevention and care components of which are described elsewhere in the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	12	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	400	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,750	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	750	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Pregnant women
- Program managers

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: **Projects in Development 2 / National and Provincial Government Departments, TBD**

Planned Funds:

Activity Narrative: This deferred funding has been reprogrammed from a project approved in the FY04 COP. This activity and the one that follows are one activity with two funding sources.

All USG efforts to combat HIV/AIDS in South Africa are supportive of programs designed and implemented by the South African Government. To further support the efforts of important government implementing agencies, the South African Mission has set aside funding for new priority projects identified by departments of national and provincial governments.

The South Africa mission has received governmental requests for funding through our USG/SAG joint consultation group, and will continue to review and develop those proposals until they are ready for funding. Our FY05 COP includes projects developed through this mechanism from the National Department of Health, National Department of Social Development, and the National Department of Correctional Services. We expect the selected projects will be similar high-impact projects sponsored by South African Government partners. The process for developing new projects will involve review at the joint consultation group and final approval by the Steering Committee of the U.S. HIV/AIDS Task Force. Because some of the preliminary proposals received from provincial governments are in the areas of treatment, we have included these projects in development in the treatment component of our COP, but will consider worthwhile projects in the areas of prevention and care as well. The USG team in South Africa anticipates selecting projects through this mechanism for FY05 no later than March 1, 2005. The implementing USG Agency will be determined at the time the grants are awarded.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Projects in Development 1 / National and Provincial Government Departments, TBD

Planned Funds:

Activity Narrative: This activity will be funded through a combination of deferred FY04 funds and new FY05 funds. It is one project described in two activity reports under these separate funding mechanisms.

All USG efforts to combat HIV/AIDS in South Africa are supportive of programs designed and implemented by the South African Government. To further support the efforts of important government implementing agencies, the South African Mission has set aside funding for new priority projects identified by departments of national and provincial governments.

The South Africa mission has received governmental requests for funding through our USG/SAG joint consultation group, and will continue to review and develop those proposals until they are ready for funding. Our FY05 COP includes projects developed through this mechanism from the National Department of Health, National Department of Social Development, and the National Department of Correctional Services. We expect the selected projects will be similar high-impact projects sponsored by South African Government partners. The process for developing new projects will involve review at the joint consultation group and final approval by the Steering Committee of the U.S. HIV/AIDS Task Force. Because some of the preliminary proposals received from provincial governments are in the areas of treatment, we have included these projects in development in the treatment component of our COP, but will consider worthwhile projects in the areas of prevention and care as well. The USG team in South Africa anticipates selecting projects through this mechanism for FY05 no later than March 1, 2005. The implementing USG Agency will be determined at the time the grants are awarded.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	25%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Soul City

Planned Funds:

Activity Narrative:

In support of the NDOH ARV rollout, Soul City will develop and distribute information and training materials targeted to health providers and the general public providing information about ARV and the ARV rollout. Emergency Plan support will allow for the distribution of one million additional individual training resources.

These activities build on the successes and experiences of the FY04 COP activities, such as the development and distribution (10.3 million copies) of a treatment information booklet for lower literacy level audiences (in 11 South African languages). After distribution of the book there has been an overwhelming response. There have been an additional 50,000 orders directly from Soul City by individuals, companies, NGOs and government departments, and in addition the Red Ribbon Resource Centre also handled a number of orders. Additional information from an evaluation of both the reach and impact of these books will be assessed through a national survey of 3,000 adults and children. The survey measures knowledge, attitude a range of variables related to behavior change. These results will be available in February 2005 and will also guide the development and distribution of new materials in FY05.

The Emergency Plan funding for Soul City is only a portion of a large national mass media program, co-funded by the South African Government, DFID, Development Cooperation Ireland, the Global Fund, the national broadcaster as well as commercial sponsors. Soul City has also received Global Fund Resources. Emergency Plan support leverages other donor support to ensure that this program has national reach. Soul City is the largest public broadcast vehicle for HIV/AIDS awareness in South Africa.

In addition, Soul City will include messaging about ARV services in its other media efforts. The mass media strategy for Soul City comprises (1) the Soul City Series 7, aimed at a family audience, utilizing TV, radio and written materials to address all aspects of treatment, especially that of adherence, as well as messages relating to prevention, stigma and gender, and (2) the Soul Buddyz 3 program, similar to Soul City, but focusing on messages appropriate for children. This program also includes a Soul Buddyz Clubs for children based mainly in schools. There are already 1600 Soul Buddyz Clubs in the country.

The third Soul City activity relates to information and training materials for use in facilitated learning settings, as well as the general public. Soul City develops materials for health care workers who are providing ART services, carers of children on ART, and for translation services of these materials into five local languages. These materials are developed in collaboration with the NDOH's Khomanani HIV communication campaign and the Mindset Channel, an NGO that develops TV and print materials specifically aimed at supporting and developing health workers in clinics.

The Emergency Plan also funds a related set of activities described under HIV prevention (AB).

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan South Africa FY 2005

12/09/2004

Page 488 of 576

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Community Mobilization/Participation | 10% |
| <input checked="" type="checkbox"/> Information, Education and Communication | 80% |
| <input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting) | 10% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Nurses
 - Traditional healers
 - Private health care providers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children
- People living with HIV/AIDS
- Pregnant women
 - Primary school
- Teachers
- Volunteers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services
 Budget Code: (HTXS)
 Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CAPRISA NIH / University of Kwazulu-Natal
 Planned Funds:

Activity Narrative: Emergency Plan funding will provide ARV treatment in connection with the ongoing CAPRISA project in KwaZulu Natal/KwaZulu-Natal.

The goal of this project is to implement an AIDS treatment program in the rural primary care clinic in Vulindlela and the Prince Cyril Zulu Communicable Disease Center in Durban. This project aims to initiate antiretroviral therapy in 1000 patients (about half at each site) in year 1, ending July 2005. VCTCT services are integrated into the project. As part of the monitoring and evaluation of this program, the strengths, weaknesses, advantages and obstacles of ARV provision in two distinctly different settings will be documented and compared.

Emergency Plan funds will be used to cover the costs of staff salaries, medical supplies, and minor clinic renovations at both facilities. Emergency Plan funds will also cover the costs of laboratory tests, two additional laboratory technicians, and two additional pieces of laboratory equipment to handle the high throughput. At the Prince Cyril Zulu Communicable Disease Center, the old TB Chest clinic is being renovated to provide a clinical care facility large enough to manage 500 patients on an ongoing basis. In the meantime the Hope Center, which is an AIDS clinic run by a faith-based organization, is housing the treatment program for the TB patients in Durban. At Vulindlela, additional facilities were secured to provide adequate clinical cubicles. Lab supplies have been purchased and the necessary clinical information systems are being put into place.

Emergency Plan funding for CAPRISA supports HIV services as an adjunct to the NIH-funded CAPRISA research program, and is administered by NIH.

This project is one component of an integrated program; additional components funded by the Emergency Plan are described in the care and ARV treatment sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Logistics	10%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	7	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Faith-based organizations
- Family planning clients

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

The Perinatal HIV Research Unit (PHRU), affiliated to the University of the Witwatersrand and based in the campus of Chris Hani Baragwanath Hospital, has in place an Emergency Plan-funded antiretroviral treatment program, as a supplementary activity to the CIPRA-SA "Safeguard the Household" grant. The Emergency Plan program provides ARV treatment, monitoring and support for HIV-1 infected adults and children living in Soweto who meet the country guidelines for treatment.

This ARV program links to and extends the Emergency Plan (USAID South Africa) funded comprehensive care program which provides access to TB screening and prevention, opportunistic infection prophylaxis and medical follow up of HIV-infected individuals not yet requiring ARV care. The program thus provides access to ARV care for people who would not yet be able to obtain antiretrovirals through the new provincial treatment program. Emergency Plan funds will be used to support clinic logistical expenses, and staffing as needed to handle the increase in patient load.

Patients receiving antiretroviral treatment through this program will be transferred onto the national rollout program which has started in South Africa and which will increase in scale over the next few years.

By the end of year one, we will have up to 800 adults and 200 children at the PHRU on ARV treatment.

This program will extend ARV treatment to ensure that those participants already in the program continue to receive care and treatment during the transition period as the government broadens its ARV rollout program to additional sites in Soweto. During this period, the PHRU will work closely with the provincial health department to ensure the safe transferal of participants to ongoing care within the government rollout program. In this way the PHRU will continue its support of health care workers involved in the management and care of HIV-infected individuals who receive antiretroviral treatment.

Emergency Plan funding for PHRU through this program supports ARV treatment as an adjunct to the NIH-funded CIPRA-SA program, and is administered by NIH. Models and approaches used are based on best practicebest practices.

Emergency Plan funding also supports ARV drug purchases associated with this activity, described in the ARV Drugs section of the COP.

- Activity Category**
- Human Resources
 - Logistics
 - Training

- % of Funds**
- 41%
 - 50%
 - 9%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	6	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community members
- Infants
- People living with HIV/AIDS
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

In South Africa there is an urgent need for clinical support to provinces to introduce integrated HIV management including ARVs. The RHRU has consulted with provinces and local authorities, and will use Emergency Plan funding to implement a variety of programs to support clinical rollout services through the strengthening of service provision and training in 3 provinces – Gauteng, North West and KwaZulu Natal/KwaZulu-Natal.

The program will include three major components. Clinical Mobile Support Teams will be established in three target provinces to provide on-site support to new ARV rollout sites. This activity will include technical assistance on all aspects of service delivery; clinical staff as needed; and monitoring and supervision.

Training will be conducted through didactic courses, and through the clinical activities of the Provincial Clinical Mobile Support Teams. Training standards will be developed in line with National Department of Labour frameworks for training accreditation. Training strategies for different levels of health care providers (doctors, nurses, pharmacists, dieticians, counselors, administrators and managers) will be developed. Referral services will be identified and strengthened.

Best practice models for clinical training centers will be established in two settings in inner city Johannesburg, one in a hospital, and one in a primary care environment. Through this program and using these approaches, the RHRU will provide treatment support for 10,000 individuals.

This component is part of an integrated program of HIV care and treatment, described also in other sections of this COP. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	30%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	22	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	5,000	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	10,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	8,500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Commercial sex industry
 - Clients of sex workers
 - Commercial sex workers
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
- High-risk population
 - Partners of sex workers
- HIV/AIDS-affected families
- HIV+ pregnant women
- Ministry of Health staff
- Mobile populations
- People living with HIV/AIDS
- Policy makers
- Women of reproductive age
- Youth

Key Legislative Issues:

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

UNCLASSIFIED

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: North-West

ISO Code: ZA-NW

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART Franchising / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to implement an HIV franchise treatment program targeted at the uninsured public in densely populated urban areas in Johannesburg, based on best practice best practices in South Africa. Through this program, it is estimated that 1200 people will be provided with ARVs.

A specialist HIV primary care clinic will be established as a test franchise model, and will be replicated in other centers. The test site will create conditions markedly different from public sector equivalents. At its inception, the clinic will develop a vision and mission, a brand and a logo and be managed as a small business, financially separate from the operations of the PHRU. The clinic will be sited in a retail mall or equivalent location where passers-by would be expected to have disposable income and would allow some anonymity of people choosing to use the service and operate extended hours. All services will be aggressively marketed on and off-site in an attempt to both rapidly raise market share and to social market the concepts of the services provided.

The HIV clinic will provide three levels of care: VCTCT, HIV care, HAART and STI treatment. This package of care will be provided according to South African national guidelines. Patients who are found to be HIV-infected at VCTCT will be encouraged to enroll in the HIV care program and eventually receive HAART from the clinic. ARVs will be made available and affordable through a franchising scheme, with ARVs supplied free of charge or significantly discounted to patients unable to purchase their own medication. Emergency Plan funds will support salaries of clinicians, and start-up costs with the franchise anticipated to become self-sustaining allowing gradual reduction in outside assistance.

PHRU is a research unit of the University of the Witwatersrand, South Africa. PHRU focuses on research and policy development in the field of mother-to-child transmission (MTCT), HIV treatment trials in adults and children, TB and HIV co-infection, and HIV prevention research, training, advocacy and policy development. The PHRU works closely with its partner HIVSA, a non-profit organization that provides psychological and social support to people living with HIV and AIDS.

Emergency Plan funding also supports ARV drug purchases associated with this activity, described elsewhere in this COP

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	15%
<input checked="" type="checkbox"/> Human Resources	55%
<input checked="" type="checkbox"/> Logistics	30%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	5	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,200	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- HIV/AIDS-affected families
- Girls
- Boys

Key Legislative Issues:

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM Plus 1 / Management Sciences for Health

Planned Funds:

Activity Narrative:

Emergency Plan funding will be utilized by RPM Plus to provide a variety of programs that will support the South African ARV rollout by improving the delivery of ARVs.

RPM Plus will train pharmacists and pharmacist assistants (and other health workers) in the principles of HIV and AIDS, TB and OIs management. At the health facility, pharmacists are also responsible for counseling clients on PMTCT and ARV treatment. Thus, their training will include sessions on ART and also sessions on patient counseling and adherence monitoring. Opportunities to include such training program in pharmacy schools and pharmacist assistant training providers will also be explored. The pool of fully qualified pharmacist assistants needs to be increased to support the delivery of pharmacy services necessary for the ARV rollout.

RPM Plus will develop a computerized dispensing module that will be completed in November 2004 and integrated in the drug supply management system (see ARV Drugs - HTXD) or linked to other existing systems to provide information on patient load, prescribing practices, patient compliance and adherence.

RPM Plus will assist the National Department of Health in conducting regular reviews of the National Standard Treatment Guidelines (STGs) using evidence-based medicines principles to address therapeutic outcomes changes (Nevirapine resistance) and new developments (availability of fixed dose combinations). This activity also includes the development of Provincial Formularies and conducting provincial training workshops for Drug and Therapeutic Committee members and health personnel (nurses, pharmacists, doctors) to ensure the use of STGs at all levels; to train on Drug-to-Drug Interactions (DDI) and Adverse Drug Events (ADE) reporting to promote the use of provincial pharmacovigilance centers. Drug utilization review (DUR) protocols will be developed for both public and private sectors.

RPM will assist selected provinces to conduct assessments of the state of readiness to comply with the new "Medicines and Pharmacy Act" (by July 2005) and the Comprehensive Plan accreditation requirements (by 2008). This activity will include assessing infrastructure, human resources, equipment, systems and training requirements at all levels (provincial depots, hospital, community health centre and primary health care clinics) to develop strategic provincial plans for any changes required in connection with the delivery of ARVs. This activity will also assist facilities with the accreditation to deliver ARVs.

These activities are part of an integrated program also described in the ARV Drugs section of this COP.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Needs Assessment	25%

UNCLASSIFIED

- Policy and Guidelines 30%
- Quality Assurance and Supportive Supervision 10%
- Training 30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	50	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	500	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- Students
 - University
- Trainers
- USG in country staff

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: RPM Plus 2 / Management Sciences for Health

Planned Funds:

Activity Narrative:

This project was approved in the FY04 COP but funding was deferred to FY05.

RPM Plus activities focus on strengthening the National and Provincial Pharmaceutical Directorates to ensure the sustainability of the Comprehensive Plan by establishing provincial drug information centers and by establishing a pharmaceutical monitoring center of excellence.

RPM Plus will assist with the implementation of drug information (DI) centers in Eastern Cape, North West, KwaZulu Natal/KwaZulu-Natal, Limpopo and Mpumalanga provinces in collaboration with the Schools of Pharmacy located in (or affiliated with) these provinces. An electronic version of the National Department of Health Standard Treatment Guidelines (Primary Health Care, Hospital-Adult and Hospital-Pediatric) compatible with personal computer and personal digital assistant operating systems will be developed. This "e-EDL" will be made available to both public and private sectors to support the efforts made in establishing public-private collaboration.

RPM Plus will also assist the Eastern Cape Province in setting-up an intervention and monitoring (AIM) center of excellence in collaboration with the Department of Clinical Pharmacy and Ward five staff of the East London Hospital complex. The main objective is to address issues related to medication adherence, assessment, initiation of therapy, monitoring, failure, and side effects.

The center will also serve as (1) a referral site for patients with side effects and other difficulties (compliance) as well as a training site for adherence evaluation from the primary health care level; (2) a research centre to document issues related to side-effects, lack of efficacy, and marginal compliance among patients referred from the primary health care level; and (3) a training centre for the use of ARVs and the management of HIV-associated illnesses (Tuberculosis, opportunistic and sexually transmitted infections)

Finally, RPM Plus will assist the South African Government in exploring opportunities to establish twinning mechanism with US based institutions in order to establish ongoing sustained support for professional excellence.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Needs Assessment	5%
<input checked="" type="checkbox"/> Policy and Guidelines	30%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	30%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	35	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	800	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	150	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	1,800	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Program managers
- Students
 - University
- Trainers
- USG in country staff
- USG Headquarters staff
- Pharmacist's Assistant

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

State Province: KwaZulu-Natal

ISO Code: ZA-NL

State Province: Limpopo (Northern)

ISO Code: ZA-LP

State Province: Mpumalanga

ISO Code: ZA-MP

State Province: North-West

ISO Code: ZA-NW

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ART in Joburg Health Precinct / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds: []

Activity Narrative:

Emergency Plan funding will support a team of HIV treatment and adherence specialists that will support the initial antiretroviral rollout sites in and surrounding the Hillbrow and inner-city Johannesburg area. The team will also provide technical support to new sites proposed in the area and to the Provincial Antiretroviral Task Teams, and will develop and facilitate appropriate referral networks.

The specialist team will emphasize the continuum of care, including prevention, healthy lifestyle and responsible behavior, nutritional advice, opportunistic prevention and treatment, palliative care and antiretroviral therapy, and will be involved in the training of health care professionals. Ethical and legal guidance will be provided to clinicians. The team will also have a pharmacovigilance function, developing and encouraging reporting mechanisms with the Medicines Control Council, for the rollout sites.

This team will provide support to the provincial ARV program, starting patients on ARVs, and maintaining those already on ARVs. Patients not on the ARV program will be supported with palliative care, including TB related palliative care.

As part of this project, an outreach program will target ARV and referral clinics in the inner city area. Expert nurses and counselors, based at the local ARV rollout sites, will rotate through the surrounding referral clinics. The team will work with clinic staff to improve practice and maximize referral for counseling and testing, palliative care and ARV treatment. These staff will also work to strengthen health care providers in integrated HIV prevention approaches and the needs of high risk and marginalized groups, including migrant workers, sex workers and men engaging in high-risk behavior.

Anticipated results include strengthened human resource capacity to deliver ARVs and improved adherence among those on ARVs. This project will support 5000 patients on ARVs.

Treatment activities in this proposal should not be considered as "stand alone" activities, but are offered as, and dependent upon, the other elements of the comprehensive services described in other parts of this COP. It should be noted that continuing entry of new patients for treatment is reliant upon referrals from other services and from other levels of the health system. Please note that USG South Africa has approved two individual RHRU proposals contributing in this program area. These proposals were submitted separately under the APS, and although the activities are similar, they are distinct in terms of geographic/population targets, and because one is a continuation of ongoing work while the second is a unique expansion project.

Activity Category

- Development of Network/Linkages/Referral Systems
- Human Resources

% of Funds
 10%
 30%

UNCLASSIFIED

- | | |
|--|-----|
| <input checked="" type="checkbox"/> Infrastructure | 10% |
| <input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision | 30% |
| <input checked="" type="checkbox"/> Training | 20% |

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	3	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	3,000	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	1,500	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Men
<input checked="" type="checkbox"/> Women
<input checked="" type="checkbox"/> Clients of sex workers
<input checked="" type="checkbox"/> Commercial sex workers
<input checked="" type="checkbox"/> Community members
<input checked="" type="checkbox"/> Family planning clients
<input checked="" type="checkbox"/> Government workers
<input checked="" type="checkbox"/> Health Care Workers
<input checked="" type="checkbox"/> Community health workers
<input checked="" type="checkbox"/> Doctors
<input checked="" type="checkbox"/> Medical/health service providers
<input checked="" type="checkbox"/> Nurses
<input checked="" type="checkbox"/> Pharmacists
<input checked="" type="checkbox"/> High-risk population
<input checked="" type="checkbox"/> Discordant couples
<input checked="" type="checkbox"/> Partners of sex workers
<input checked="" type="checkbox"/> Street youth
<input checked="" type="checkbox"/> HIV/AIDS-affected families
<input checked="" type="checkbox"/> Mobile populations
<input checked="" type="checkbox"/> Migrants
<input checked="" type="checkbox"/> Migrant workers
<input checked="" type="checkbox"/> Refugees/internally displaced persons
<input checked="" type="checkbox"/> People living with HIV/AIDS
<input checked="" type="checkbox"/> Policy makers
<input checked="" type="checkbox"/> Students | <input checked="" type="checkbox"/> University
<input checked="" type="checkbox"/> Sex partners
<input checked="" type="checkbox"/> Trainers
<input checked="" type="checkbox"/> Women of reproductive age
<input checked="" type="checkbox"/> Youth |
|--|--|

UNCLASSIFIED

Key Legislative Issues:

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

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT and ART Project / Wits Health Consortium, Perinatal HIV Research Unit

Planned Funds:

Activity Narrative:

Through this Emergency Plan funded activity, the Perinatal HIV Research Unit (PHRU) will support the South African Government's ART rollout in Soweto (Gauteng province) and in Limpopo province, and provide ARV services to over 2,000 patients.

The PHRU has many years of experience in the provision of ART and comprehensive HIV care and support (CCS). The CCS or wellness program is the platform from which many of PHRU's 1,000 clients will be transitioned into PHRU's ARV treatment program. PHRU also provides ART through clinical trials and other programs.

PHRU will refer clients to the SAG rollout sites, particularly in Limpopo. Clients about to be started on ART will be given adherence counseling and assessed for treatment readiness prior to transition to ART. Psychosocial support will be given to these clients and technical assistance provided to the ART rollout sites in the district.

Partnerships have been developed with Tintswalo and Mapulaneng Hospitals in Limpopo by offering technical assistance, training and improving models for large-scale rollout in resource constrained settings. We will provide technical support to health care workers at five ART programs, including training for adherence support counselors, facilitators and health care professionals.

150 nurses and doctors will be trained in the first year of funding (FY04) and 250 in the second (FY05). Technical assistance will be offered to three sites initially and then to five in the second year of funding. PHRU estimates that it will directly support 2,100 people on ART in year one.

These activities are part of an integrated service delivery program, with related activities described in the prevention, care and treatment sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	56%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	12%
<input checked="" type="checkbox"/> Training	32%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	6	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	1,000	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	250	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	2,100	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	200	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Girls
- Boys

Key Legislative Issues:

Coverage Area:

State Province: Gauteng
 State Province: Limpopo (Northern)

ISO Code: ZA-GT
 ISO Code: ZA-LP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

Activity Narrative: Emergency Plan funding will enable Peace Corps to provide greater support to USG-funded treatment partners.

Peace Corps South Africa will place two volunteers with indigenous organizations that provide ARV services in Mpumalanga and Limpopo provinces. Volunteers will provide ongoing technical support that enables these organizations and related community initiatives to have the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure progress. Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to improve project planning processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; develop and support the use of client tracking systems; support the delivery of quality care and services people living with HIV and AIDS; and improve the networking and referral systems between local organizations.

Note: Peace Corps is relying on Emergency Plan funding in FY06 and FY07 in the amount of to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Activity Category

Community Mobilization/Participation 20%

Local Organization Capacity Development 80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	2	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	2,000	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Caregivers*
- Community members*
- Community-based organizations*
- Community health workers*
- Medical/health service providers*
- HIV/AIDS-affected families*
- Host country national counterparts*
- Nongovernmental organizations/private voluntary organizations*
- Orphans and other vulnerable children*
- People living with HIV/AIDS*
- Religious/traditional leaders*
- Trainers*
- Volunteers*

Key Legislative Issues:

- Volunteers*
- Stigma and discrimination*

Coverage Area:

State Province: Limpopo (Northern)
State Province: Mpumalanga
State Province: North-West

ISO Code: ZA-LP
ISO Code: ZA-MP
ISO Code: ZA-NW

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 1 / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

This narrative describes an activity approved in the FY04 COP, with funding deferred to FY05. It is part of a project funded through a combination of deferred FY04 and new FY05 funding, also described in this program area.

Emergency Plan funding will be utilized by URC/QAP to assist the NDOH and five provincial health departments in implementing national protocols on ARV treatment.

The project will implement a continuum of care model to ensure that patients on ARV treatment receive optimal quality of care at any level of service (treatment site or the sites at which patients will receive follow-up care). QAP will work with provincial departments of health to conduct quality assessments of the current ARV programs and design interventions to improve ARV treatment outcomes. The focus will be on treatment adherence among patients. During this funding period, QAP will increase support to include 15 more facilities in the selected districts for a total of 30 facilities (two per district).

Emergency Plan funds will support systems development, integration, performance monitoring tools, patient and provider job aids, baseline assessments, and monitoring and evaluation components. Specific activities will include: (1) assist DOH in implementing the systems, including patient records, follow-up and referrals, for improved case management; (2) ensure integration of all HIV-related services (i.e., early referral of those who qualify for ARVs from PMTCT, CT, palliative care, and TB/HIV sites); (3) develop tools to monitor performance of ARV sites; (4) develop patient and provider job aids to improve patient adherence to ARV regimens; (5) conduct baseline assessment of facilities providing ARV services; (6) monitor compliance with protocols; and (7) ensure follow-up of cases and development of mechanisms for defaulter tracing.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	15	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	450	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV+ pregnant women
- National AIDS control program staff
- People living with HIV/AIDS
- Policy makers

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: QAP 2 / University Research Corporation, LLC

Planned Funds:

Activity Narrative:

This narrative describes an activity approved in the FY04 COP, with funding deferred to FY05. It is part of a project funded through a combination of deferred FY04 and new FY05 funding, also described in this program area.

Emergency Plan funding will be utilized by URC/QAP to assist the NDOH and five provincial health departments in implementing national protocols on ARV treatment.

The project will implement a continuum of care model to ensure that patients on ARV treatment receive optimal quality of care at any level of service (treatment site or the sites at which patients will receive follow-up care). QAP will work with provincial departments of health to conduct quality assessments of the current ARV programs and design interventions to improve ARV treatment outcomes. The focus will be on treatment adherence among patients. During this funding period, QAP will increase support to include 15 more facilities in the selected districts for a total of 30 facilities (two per district).

Emergency Plan funds will support systems development, integration, performance monitoring tools, patient and provider job aids, baseline assessments, and monitoring and evaluation components. Specific activities will include: (1) assist DOH in implementing the systems, including patient records, follow-up and referrals, for improved case management; (2) ensure integration of all HIV-related services (i.e., early referral of those who qualify for ARVs from PMTCT, CT, palliative care, and TB/HIV sites); (3) develop tools to monitor performance of ARV sites; (4) develop patient and provider job aids to improve patient adherence to ARV regimens; (5) conduct baseline assessment of facilities providing ARV services; (6) monitor compliance with protocols; and (7) ensure follow-up of cases and development of mechanisms for defaulter tracing.

See Appendix 4 for more information on URC.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	60%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	15	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	450	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Doctors
 - Nurses
 - Pharmacists
- HIV+ pregnant women
- Ministry of Health staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: North-West	ISO Code: ZA-NW

Program Area:

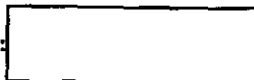
Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Improved capacity for USG partners to monitor and evaluate their programs. In
- Result 2: National and sub-national health management information systems strengthened.
- Result 3: Increased national coordination of M&E activities in HIV/AIDS.
- Result 4: Increased human resource capacity for monitoring and evaluation.
- Result 5: Increased collection and use of information for program monitoring and management, and for HIV/AIDS surveillance and impact monitoring.

Total Funding for Program Area (\$):



UNCLASSIFIED

Current Program Context:

Monitoring and evaluation (M&E) is a priority under the SAG five-year National HIV and AIDS Strategy. NDOH established the Monitoring, Evaluation and Research (MER) unit in March 2003, and standardized data collection and use protocols have recently been approved, and are in the process of being incorporated into the nationally sanctioned District Health Information System (DHIS). Despite these ongoing NDOH investments, capacity to provide adequate information for planning and monitoring purposes has not kept pace with the rapid expansion of HIV/AIDS and TB programs. Additional qualified professionals are needed at the national, provincial and district levels to fully develop and manage the strengthened M&E system and to scale up its use for program improvement as well as reporting. Meetings with the MER unit have helped to identify some specific gaps and Emergency Plan resources will be used to assist the further development of this system. The guiding principle for USG funding in this program area is to support the SAG strategy. Within this, the USG has provided technical assistance to build capacity in the NDOH MER unit since its inception. USAID assisted with the development of the DHIS system through the Equity Project. More recently, a CDC staff member has been placed in the NDOH to directly support M&E training and indicator development. NDOH is now in the process of hiring CDC-funded M&E staff for all nine provincial DOH MER units. With partial USAID support, the South African government completed a national Demographic Health Survey (DHS) in 2004 – its first since 1998 – and now receives USAID support for analysis and reporting of the SADHS findings. Additional support will include providing technical assistance to increase use of the DHIS, and both technical assistance and training in strengthening the current system and increasing its sustainability. M&E capacity among USG partners is highly variable. The USG Mission has been building its capacity and those of its partners in the area of Strategic Information to ensure that the Mission and its partners will be able to effectively plan, implement and report on funded activities. A data warehouse and collaborative website project was awarded late in FY04 and will serve to set standards and ensure quality information exchange between USG partners and between partners and the US Mission. Two large-scale USG partners' meetings were held to establish common understandings of SI/M&E requirements and standards, and follow-up partnership forums are being developed to provide ongoing M&E support and coordination. The partners' meetings revealed that many new and/or local partners require basic M&E training, and three sub-national training sessions for USG partners are planned to strengthen their individual M&E systems. In collaboration with NDOH, new SI activities provide technical assistance, M & E training, and critical data for informing government policy and improving existing programs in the areas of PMTCT, blood safety, treatment and prevention. We are also promoting the development and pilot testing of different data collection applications to identify those that are the most effective in South Africa. The Emergency Plan Task Force integrates and coordinates the work of the agencies within the US Mission and the partners implementing the Emergency Plan, including Track 1 partners. Note: Other major donors active in strategic information in South Africa include The Italian Cooperation, working closely with NDOH on GIS and national surveys; UNAIDS, which recently placed a full-time TA in NDOH to work on SI and M&E; and DFID, which collaborates closely with USAID to leverage SI expenditures. The Japanese government is funding the National Department of Social Development to develop an M&E framework and MIS to monitor OVC outputs (services, coverage). Note: Refer to Appendix 8 of the COP Executive Summary for additional information.

UNCLASSIFIED

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: LINKAGES / Academy for Educational Development
 Planned Funds:

Activity Narrative: AED/LINKAGES will provide technical assistance to DOH at the national and provincial level to harmonize existing guidelines and indicators on maternal nutrition, PMTCT, and infant and young child feeding (IYCF) indicators and other related strategic information issues in the context of HIV. The project will also assist partner NGOs to develop monitoring and evaluation plans that reflect the national guidelines. A baseline survey of knowledge, attitudes, and behaviors related to PMTCT and IYCF will be conducted in Ugu District of KwaZulu-Natal Province to enable measurement of the impact of BCC activities to promote PMTCT and maternal nutrition and IYCF in the context of HIV.

This project is part of an integrated program also described in the prevention section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	235	<input type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- Implementing organization project staff
- M&E specialist/staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ASPH Cooperative Agreement / Harvard University School of Public Health

Planned Funds: []

Activity Narrative:

With Emergency Plan support, the Harvard School of Public Health and its partners will roll out in five provinces tools to systematize rigorous, measurable and sustainable peer education programs.

The project, known as Rutanang, implements a set of nationally developed guidelines and new documentation, monitoring and evaluation systems. The project will improve the quality and effectiveness of monitoring and evaluation plans and systems pertaining to peer education programs in school, community, higher education, FBO, and worksite settings. The project moves SA toward a unique ability to coordinate, monitor, evaluate, and improve peer education programs nationwide. The project will be coordinated across government departments (Health, Education, Social Development, Corrections, and Police Services), NGOs and FBOs, the tertiary sector, and interested corporate entities.

The national scope and intersectoral nature of the Rutanang collaboration involves interplay between the adoption of a shared national peer education strategy, currently in process, and the adoption of a new documentation, monitoring and evaluation system. Strategic system-building activities at national and provincial levels ensure uniform standards of practice across Rutanang's ten essential program components, ongoing TA with new quality assurance capacity, and documentation and evaluation using new MIS software in development.

As a component of this project, Harvard School of Public Health will provide M&E training to program participants.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	15%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	10%
<input checked="" type="checkbox"/> Workplace Programs	10%

UNCLASSIFIED

Targets:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

295

Not Applicable

Not Applicable

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- M&E specialists/staff
- Police
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- Religious/traditional leaders
- University
- Teachers
- Trainers

Key Legislative issues:

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

Coverage Area:

State Province: Eastern Cape
State Province: Free State
State Province: Gauteng
State Province: KwaZulu-Natal
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-FS
ISO Code: ZA-GT
ISO Code: ZA-NL
ISO Code: ZA-WC

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / JHPIEGO
 Planned Funds:

Activity Narrative:

Funds from the Emergency Plan will support JHPIEGO's work to address three components of PMTCT services in South Africa: (1) Training, through an M&E workshop for PMTCT program managers in the Western Cape, the only province not provided this training in FY04; (2) Quality Assurance, through follow-up support and refresher training of M&E for program managers in all provinces; and (3) Strategic Information, through installation of a Training Information Monitoring System (TIMS) at the NDOH/PMTCT Unit and through additional follow-up and support to the Regional Training Center in Eastern Cape.

To improve the capacity of PMTCT program managers to effectively carry out monitoring and evaluation (M&E) activities that will improve access to and quality of PMTCT services, JHPIEGO will conduct one M&E training course for program managers in the Western Cape (program managers from all other provinces were trained in FY04). The goal of the course is to enhance program managers' capacity to effectively plan M&E activities, identify how they can contribute to monitoring program activities, and collect information to track evidence of progress toward program goals.

To ensure ongoing quality and impact of PMTCT M&E, JHPIEGO will conduct workshops to provide follow-up support and refresher training if necessary to participants from all nine provinces in FY05. During these workshops, participants will be asked to present progress in implementation of action plans developed during training. These workshops are an opportunity to troubleshoot problem areas in M&E and reinforce capacity.

In the category of Strategic Information, JHPIEGO will support improvement of health information systems in South Africa through installation of a Training Information Monitoring System (TIMS) at the NDOH/PMTCT Unit and through additional follow-up and support to the Regional Training Center in Eastern Cape. Currently, it is difficult to track PMTCT training activities that occur in each province. TIMS is a database that allows program managers to track the location of trained providers as well as trainers. JHPIEGO will install TIMS at the NDOH/PMTCT unit. This unit will ultimately serve as the central point for data collection on PMTCT training data from the provinces, and will provide important information for resource allocation and policy development.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	50%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%
<input checked="" type="checkbox"/> Training	20%

Targets:

	<input type="checkbox"/> Not Applicable	
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	210	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Community-based organizations*
- Government workers*
- Health Care Workers*
- M&E specialist/staff*
- Ministry of Health staff*
- Policy makers*
- Program managers*
- University*
- USG Headquarters staff*

Key Legislative Issues:

Coverage Area: **National**

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PMTCT Sentinel Surveillance / Natal University for Health, South Africa

Planned Funds: []

Activity Narrative: FY05 Emergency Plan funding will be used to continue to support three sentinel sites for monitoring the impact of the PMTCT program in KwaZulu-Natal.

This project is a continuation of the Impact evaluation begun in FY04. Specific objectives are to (1) determine HIV prevalence and vertical transmission rates in six week old infants attending the immunization clinics at the sentinel sites; (2) establish baseline infant and child mortality rates in the populations served by the clinics using clinic-based surveillance methods, and (3) validate clinic-based infant and child mortality rates using community-based surveys.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%
<input checked="" type="checkbox"/> Training	10%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Women
- Community leader
- Community members
- Community-based organizations
- Health Care Workers
- Community health workers
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Trainers
- Women of reproductive age
- Youth

Key Legislative Issues:

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Base / National Institute for Communicable Diseases, South Africa

Planned Funds:

UNCLASSIFIED

Activity Narrative:

The National Institute for Communicable Disease (NICD) serves as the national reference center for communicable diseases for South Africa and also fulfills a major regional and continental reference role, having regional reference laboratories and collaborative laboratory responsibilities to WHO. Emergency Plan funding will support eight NICD projects of strategic importance to the National Department of Health, each of which will inform national health policy in the areas of HIV/AIDS treatment, care, and prevention. Emergency Plan funding will also support training of NICD staff.

Rapid Kit evaluation, Dried Blood spots as a quality assurance tool, and management tools for VCT. Currently in South Africa there are several thousand VCT sites that utilize rapid HIV tests. The critical results of this project will be that the correct kits are used at the sites, and that the results provided by the sites are accurate. Data are collected by NICD and results are provided to the NDOH for comment and action.

Molecular Diagnostic QA program to monitor the national ARV program. NDOH, as part of its national ARV treatment program, will monitor patients using nucleic acid testing (viral loads and CD4 counts). The key result is to develop an external quality assurance (EQA) molecular program for laboratories participating in the national ART program. Results will be available to participating laboratories and NDOH, which is responsible for monitoring the ART program.

Incidence testing in the antenatal surveys. The key result of this project is to demonstrate the effect that the nation's prevention program has on the rate of new infections as determined by incidence as opposed to prevalence. The data will be integrated with data that monitors behavioral modification programs, provisioning of antiretroviral drugs, and drug resistance monitoring. The data are also an important component in the detection of antiretroviral resistance.

Monitor resistance to anti-retroviral therapies (ARVs). Pregnant women are currently a target population for receiving ARV and thus represent a sentinel group for detection of resistant viruses. The key result is the establishment of a surveillance system for early detection of resistant strains.

Improve awareness of the impact of STDs on the HIV epidemic. Partial support is provided to assist in establishing an operational clinical surveillance system for STDs; establishing and maintaining a regular microbiological surveillance system; promoting improved knowledge and understanding of the problem of STIs and interaction with HIV; regularly disseminating STD surveillance information to all stakeholders, including HIV program managers.

Surveillance of Cryptococcosis. More than 99% of cases of cryptococcosis in South Africa occur in AIDS patients, making it a surrogate marker of the prevalence of AIDS. The key result is inclusion of cryptococcosis in the existing national surveillance network.

Infant Diagnosis for HIV-1. Investigation of the efficient use of dried blood spots for the collection and forwarding of samples from remote sites to a central location obviates the need for procurement and deployment of expensive pieces of equipment to remote sites. This project will develop a clinical and laboratory infrastructure that supports early testing and HIV diagnosis in infants. Also, the study will assess the most appropriate method for early and accurate diagnosis of HIV infection in infants. 9000 infants will be enrolled in the study. The key result of this activity is to develop expert guidance on simplified early diagnosis tools that will inform national policy.

Impact of Male Circumcision on HIV Prevention. The key result is to determine, in a setting where male circumcision is an accepted practice, if the effects of circumcision on HIV-1 acquisition warrant the introduction of circumcision as policy.

Training. Pilot of a training package for HIV testing with 20 trainers in 5 provinces (100 trainers trained) and Training of 10 laboratorians per province in CD4, hematology, and chemistry to improve the quality and reliability of patient care.

UNCLASSIFIED

NICD's proposed activities are funded through a combination of GHAI and CDC Base funding. This program activity description and the one that follows it are identical. Targets for both funding sources are reported under GHAI funding.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GHAI / National Institute for Communicable Diseases, South Africa

Planned Funds:

Activity Narrative: Same activity as detailed under CDC Base/National Institute for Communicable Diseases. Please see narrative there.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Needs Assessment	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 93

Not Applicable

Target Populations:

- Women
- Country coordinating mechanisms
- Medical/health service providers
- HIV+ pregnant women
- Host country national counterparts
- Infants
- Ministry of Health staff
- National AIDS control program staff
- Policy makers
- Pregnant women
- Women of reproductive age

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Strategic Information
 Budget Code: (HVSI)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Horizons / Population Council

Planned Funds:

Activity Narrative: With Emergency Plan support, HORIZONS will build partner capacity in monitoring and evaluation. Both the USG mission in South Africa and its partners who receive Emergency Plan funds have identified a need to provide monitoring and evaluation training and support to help institutionalize proper data collection procedures for program evaluation. Training will also help standardize reporting procedures for USG projects. Starting in November 2004, Horizons will conduct three to four training workshops in different regions of South Africa, and each of 3-4 days duration. It is envisaged that a total of at least 50 persons drawn from 10 to 15 organizations will be trained.

Horizon's SI activities are part of an integrated program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Training	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Community-based organizations
- Faith-based organizations
- International counterpart organization
- M&E specialist/staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: North-West	ISO Code: ZA-NW
State Province: Western Cape	ISO Code: ZA-WC

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Frontiers / Population Council
 Planned Funds:

Activity Narrative:

FRONTIERS conducted a baseline survey that will be used as a benchmark to assess the effectiveness of the expanded Men As Partners (MAP) program, and with Emergency Plan funding will analyze, document and disseminate the baseline survey findings; provide targeted evaluation and research utilization training to MAP program implementers; conduct follow-up interviews with men who participate in the workshops and their intimate partners; conduct the endline survey and create conditions for utilization and scaling up of effective intervention strategies.

Gender-based violence and HIV/AIDS are endemic in South Africa, a country that has the highest number of reported cases of rape in the world. Research findings have demonstrated a clear link between HIV infection and gender-based violence. EngenderHealth has implemented a program targeting men aimed at reducing gender-based violence and risky HIV behavior since 1998.

The Men as Partners program (MAP) implemented by Hope Worldwide with technical support from EngenderHealth relies on gender violence and HIV prevention training workshops for men as the key strategy. Preliminary results indicate positive impact, particularly in increasing knowledge and changing the attitudes of men who attend the training workshops and those who volunteer to work as peer educators. However, these men report challenges in effecting behavior change. Results from the community assessment highlighted prevailing socio-cultural factors that do not create a conducive environment for men to translate their positive gender attitudes to positive gender and HIV risky behavior change. Using these findings, EngenderHealth and Hope Worldwide have redesigned the MAP interventions to include a broader community reach using existing community-based structures to reach men and community outreach activities to reach both men and women in order to create an enabling environment for men to change.

This project will (1) provide strategic information on effectiveness of community-based behavior change communication models in reducing gender-based violence and risky HIV/AIDS behavior and increasing male involvement in HIV/AIDS prevention, care and support; (2) expand the use of quality program data for policy development and program management; and (3) improve program managers and implementers' adoption and utilization of monitoring and evaluation plans and data.

Frontier's SI activities are part of an integrated program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/> Not Applicable

UNCLASSIFIED

Target Populations:

- Men
- Women
- Community leader
- Community members
- Community-based organizations
- Program managers
- Youth

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area:

State Province: Gauteng

ISO Code: ZA-GT

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Masibambisane 1 / South African Military Health Service

Planned Funds:

Activity Narrative:

Emergency Plan funds will be used by the South African Military Health Services to support several programs in strategic information: (1) collection and analysis of HIV seroprevalence data on young privates (age 18-24); (2) support for the 2005 HIV Knowledge, Attitude, Beliefs and Practices (KABP) survey conducted in the SANDF; (3) technical assistance to define data elements, design and test software, and design and test a reporting system to address M & E needs; and (4) training of the SANDF team program managers and SI representatives.

KABP data indicate a high rate of self-reported HIV and STIs among young privates (age 18-24) in the South African military. Direct seroprevalence data on this vulnerable group will be critical for program planning, monitoring and program evaluation.

There is a great deal of data available on the Health Informatics Program (HIP). However, these data are not readily accessible or translatable into M&E program indicators. In order to obtain these indicators, the data elements must be defined and reports created and piloted that will produce the kind of M&E data required to develop and implement effective programs. A crucial component of the M&E Plan is the measurement of program outcomes, primarily carried out through the HIV KABP Survey. In 2005, a fourth KABP survey, substantially redesigned to align it with international outcome indicators, will be conducted with Emergency Plan support. Additionally, yearly training for DOD in country team program managers and SI representatives will be required to provide the most accurate information.

All activities will be carried out through the Masibambisane Project, an integrated service delivery program, with related activities described in the prevention and care sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	80%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	25	<input type="checkbox"/> Not Applicable

Target Populations:

Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSII)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Policy Project / The Futures Group International

Planned Funds:

Activity Narrative:

With Emergency Plan support, John Stover (through the POLICY Project) will continue to provide technical assistance to develop the strategic information capacity of the Health Financing and Economics Unit of the NDOH. This unit is responsible for resource estimates for the Comprehensive Plan provided to National Treasury to ensure that the South African government sets aside sufficient human and monetary resources to support the delivery of the Comprehensive Plan.

These activities will strengthen the national capacity in planning and resource allocation for HIV/AIDS programs. This work with the SAG will also inform the GOALS model for South Africa.

John Stover will also provide assistance to the Emergency Plan Task Force in monitoring the progress of results achieved through ongoing activities, and to develop conversion factors to estimate infections averted and other targets from service statistics.

These activities are part of an integrated program, with related activities described in the prevention, care and policy analysis section of this document.

Activity Category

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	90%
<input checked="" type="checkbox"/> Training	10%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	<input type="checkbox"/> Not Applicable

Target Populations:

- M&E specialist/staff
- Ministry of Health staff
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AIDS Economic Impact Survey / IBM

Planned Funds:

Activity Narrative: With Emergency Plan funding, the Joint Economics, AIDS and Poverty Program (JEAPP) will support the Center for Health Systems Research and Development at the University of the Free State to document, record, monitor and evaluate the introduction and structuring of ARV roll out, and the impact/effects of the roll out in the Free State over time.

JEAPP coordinates the work of eleven international donors, foundations and private sector companies, and was established in 2000 by USAID and AusAID to initiate analysis of the impact of the pandemic. Senior South African officials in the Departments of Health, Social Development and Finance identified the analytical priorities. JEAPP provides the technical assistance to assure quality in research design and analysis of results, and also provides linkages between the researchers to improve the sharing of results. IBM manages the consortium's money and thus is listed as the primary partner on this document.

Activities will include (1) a cross-sectional quality of service survey of patients in clinics (effect of the rollout on the health provider/patient relationship, patient response to the roll out); (2) a health service appraisal in all the treatment sites in the Free State (effects of the roll out on health services); and (3) a policy study on how HIV/AIDS treatment, prevention and care decisions are made by government officials, and the dynamics of decision making in an effort to improve the process and input into decision making.

These activities are part of a broader program, with related activities described in the basic health care and support section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

Target	Value	Notes
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Health Care Workers
 - Community health workers
 - Medical/health service providers
 - Nurses
- Host country national counterparts
- Ministry of Health staff
- Policy makers
- Program managers

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs

UNCLASSIFIED

Coverage Area:

State Province: Free State

ISO Code: ZA-FS

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Measure DHS / Macro International

Planned Funds:

Activity Narrative: Emergency Plan funding will support a survey of a nationally representative sample of health facilities (government and NGO) on capacity to provide HIV/AIDS and related services. The results will provide information on international indicators for HIV/AIDS services. ORC Macro will provide technical support to a local implementing partner for the survey and data analysis.

The Department of Health (NDOH) for South Africa as well as other organizations responsible for HIV/AIDS services will be involved in adaptation of the data collection instruments to ensure that country needs and conditions are taken into account. The survey will collect information on health systems, infrastructure, and resources (personnel, equipment, and commodities) for all HIV/AIDS services and related services, including tuberculosis and sexually transmitted infections. Facilities where significant HIV/AIDS services (such as antiretroviral treatment, voluntary counseling and testing, and prevention of mother to child transmission) are offered will be over sampled to ensure an adequate sample for providing program information.

The output will be a report where individual elements of each indicator are described, by facility type, by managing authority, and potentially by region (to be determined). Results will be disseminated locally.

The USG has budgeted to fund the entire Health Facility Survey and it will be implemented with one of our local South African partners, the Reproductive Health Research Unit (TA provided by Macro International), which has done similar surveys funded by USAID in the past.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	75%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Private health care providers
- Host country national counterparts
- Ministry of Health staff
- USG in country staff

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVSJ)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Correctional Services, South Africa

Planned Funds:

Activity Narrative: Prisoners in the Department of Correctional Services System are a critical target group for HIV prevention, palliative care and treatment. Emergency Plan funds will support a conference on HIV/AIDS in prison with the purpose of sharing experiences and lessons learned, developing networks and highlighting promising practices within the South African and the SADC regional prison system. 100 conference participants are planned.

This project is part of a comprehensive program designed to address an underserved high-risk population, and may provide important lessons learned to other prison services on the continent. The other components of this project are described in the prevention and care sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Business community | |
| <input checked="" type="checkbox"/> Caregivers | |
| <input checked="" type="checkbox"/> Community-based organizations | |
| <input checked="" type="checkbox"/> Disabled populations | |
| <input checked="" type="checkbox"/> Faith-based organizations | |
| <input checked="" type="checkbox"/> Government workers | |
| <input checked="" type="checkbox"/> Health Care Workers | |
| <input checked="" type="checkbox"/> High-risk population | |
| <input checked="" type="checkbox"/> Host country national counterparts | |
| <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> International counterpart organization | |
| <input checked="" type="checkbox"/> Media | |
| <input checked="" type="checkbox"/> Police | |
| <input checked="" type="checkbox"/> Ministry of Health staff | |
| <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | |
| <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Policy makers | |
| <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> University | |
| <input checked="" type="checkbox"/> Trainers | |

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

The USG has provided technical assistance to build capacity in the NDOH HIV/AIDS and TB M&E unit since its inception. With Emergency Plan funding, USG Mission staff will continue to be placed in the NDOH to directly support M&E training of NDOH staff at the national and provincial levels.

The results of this ongoing support will be (1) Increased collection and use of information for program monitoring and management; (2) National, provincial and district health management information systems strengthened; (3) Increased human resource capacity for monitoring and evaluation; (4) Increased collection and use of information for HIV/AIDS surveillance and impact monitoring; and (5) Increased national coordination and international collaboration of M&E activities in HIV/AIDS

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	10%
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	250	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Men <input checked="" type="checkbox"/> Women <input checked="" type="checkbox"/> Caregivers <input checked="" type="checkbox"/> Community-based organizations <input checked="" type="checkbox"/> Government workers <input checked="" type="checkbox"/> Health Care Workers <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Community health workers <input checked="" type="checkbox"/> Doctors <input checked="" type="checkbox"/> Medical/health service providers <input checked="" type="checkbox"/> Private health care providers <input checked="" type="checkbox"/> M&E specialist/staff <input checked="" type="checkbox"/> Ministry of Health staff <input checked="" type="checkbox"/> National AIDS control program staff | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations <input checked="" type="checkbox"/> People living with HIV/AIDS <input checked="" type="checkbox"/> Program managers |
|---|--|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC Support / National Department of Health, South Africa

Planned Funds:

Activity Narrative: Current surveillance activities within the NDOH focus on antenatal surveillance. To strengthen and increase the surveillance activities throughout South Africa, at the request of NDOH, a full-time surveillance technical advisor will be hired and placed at NDOH to assist with surveillance activities.

Specific assistance will be provided to NDOH in the development of the country surveillance strategy, including key action steps to strengthen the system. Subsequently, the TA in close collaboration with NDOH will select and work with specific provinces to implement the action steps and train staff.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Ministry of Health staff
- National AIDS control program staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / South Africa National Blood Service

Planned Funds:

Activity Narrative:

The SA National Blood Service provides blood products to 592 hospitals in eight provinces. With the support of the Emergency Plan funding, the currently disparate operational information systems of SANBS will be aligned after a needs analysis and investigation into the most appropriate system. The information technology system of choice will then be customized and implemented throughout the service.

A data warehouse will be designed, developed and implemented to satisfy the needs for donor and product information, blood product inventory management, blood safety risk management, and the measurement of outcomes of programmes to provide a safe blood supply. Key staff (data analysts, data warehouse managers, data cleaning staff) will be trained in the data warehouse structuring and in extraction of data in order to develop the interim data repository that will allow analysis of data on the disparate operational information technology systems. An additional three staff members will be trained to assist with the implementation and to provide ongoing support in the period April 2005 to March 2006 for the alignment of the operational systems.

The outcomes of these activities will be a major improvement of the quality of the national blood service, improved management of blood transfusion services, strengthening of the blood safety programme, and an expansion of the infrastructure to ensure appropriate collection, testing, storage, and distribution of safe blood products.

These activities are part of a broader program, with related activities described in the blood safety and laboratory infrastructure sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	15%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	20%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	6	<input type="checkbox"/> Not Applicable

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Target Populations:

- Men
- Women
- Caregivers
- Community leader
- Community members
- Community-based organizations
- Factory workers
- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Private health care providers
- High-risk population
 - Injecting drug users
 - Men who have sex with men
- Implementing organization project staff
- International counterpart organization
- Military
- Police
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Religious/traditional leaders
- Students
 - Secondary school
 - University
- Trainers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Northern Cape	ISO Code: ZA-NC
State Province: North-West	ISO Code: ZA-NW

Program Area: Strategic Information
 Budget Code: (HVSII)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: HIV Testing in Pregnancy / To Be Determined
 Planned Funds:

Activity Narrative: Using the PMTCT pilot sites (one per province), this project will offer women an additional opportunity to undergo VCT if they tested negative during their first antenatal visit, and if the first antenatal visit occurred prior to 34 weeks gestation.

The national guidelines for PMTCT allow for a pregnant woman to be tested once during the course of her pregnancy, regardless of when she enters prenatal care. Since most women normally attend antenatal care for the first time during 20-25 weeks gestation, the VCT component of the PMTCT program usually occurs early in a women's pregnancy. Therefore, if a woman seroconverts after an HIV test has been conducted, it is unlikely to be detected and she will not have the opportunity to enroll in the PMTCT program. Furthermore, women who refuse testing are not given a second opportunity to test at subsequent visits.

The national PMTCT Steering Committee is concerned that there may be substantial numbers of women who are not in the PMTCT program because the HIV test conducted early in pregnancy indicated that they were negative.

The additional opportunity for VCT will occur between gestational week 32 and labor. Women who do not return for any additional antenatal care will be offered the opportunity to test after delivery, as current policy does not allow for VCT during labor. This will ensure that if the mother is positive, the neonate can still receive the appropriate care. Following the determination of number of HIV-positive women missed during the first antenatal visit, recommendations will be developed for the rollout for a second opportunity to undergo VCT during pregnancy and labor.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Needs Assessment	70%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Pregnant women

Key Legislative Issues:

Coverage Area: National

State Province: _____ ISO Code: _____

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CAPRISA CDC / University of Kwazulu-Natal

Planned Funds:

Activity Narrative:

Emergency Plan funding will provide partial support for two projects undertaken by the CAPRISA Women & AIDS Program at the University of Kwazulu-Natal. These projects are based in rural Vulindlela. The first will develop interventions to reduce stigma and discrimination thereby enhancing uptake of VCT and other HIV/AIDS services. The second focuses on developing strategies for keeping sexually active HIV-negative adolescents negative.

Stigma and discrimination results in low uptake of the government provided VCT services and low levels of disclosure of HIV-positive status. CAPRISA will collect program related information to improve the existing Emergency Plan funded and government provided counseling programs for those accessing VCT services to support disclosure to significant family members and to establish support for persons living with HIV. Findings about factors contributing to stigma and discrimination will then be used to develop interventions to reduce stigma and discrimination and thereby enhance uptake of HIV/AIDS prevention, care, and treatment programs. About 100 people will receive these services each month.

An understanding of the factors influencing HIV risk in adolescent women is critical. Factors such as family structure, sexual practices, sexual networking patterns, other STIs and violence are being explored in young women, including those under the age of 18. Emergency Plan resources will support the involvement of HIV-negative, sexually active adolescents and exploring a number of ways to keep them negative. Community members will be hired and trained to collect the information. They will conduct home visits and to transport adolescent women to the CAPRISA clinic for VCT, support group meetings and clinical care. About 400 hundred adolescents will receive these services.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	10%
<input checked="" type="checkbox"/> Human Resources	40%
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Needs Assessment	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	27	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> Program managers |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Nurses | |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Pharmacists | |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> Implementing organization project staff | |
| <input checked="" type="checkbox"/> Doctors | | |

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Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Reducing violence and coercion
- Increasing women's legal protection

Coverage Area:

State Province: KwaZulu-Natal

ISO Code: ZA-NL

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: MEASURE Evaluation / University of North Carolina

Planned Funds:

Activity Narrative: MEASURE Evaluation and its South African sub-partners will support the USG in HIV/AIDS strategic information efforts in South Africa by providing a broad program of technical assistance and other targeted project support to improve the quality, availability and use of strategic information through the following activities:

1. Facilitate networking and communication among all partners; this will include facilitating the operation of five thematic M&E meetings.
2. Develop a Strategic Information Operational Plan that will include a compendium of information and procedures to support the Emergency Plan
3. Fund and manage the Strategic Information Data Warehouse and Collaborative Workgroup Web Server
4. Fund and manage the development of computer Software TA (Patient tracking and SI)
5. Provide SI/M&E TA to USG partners

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	70%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	50	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Doctors
- Medical/health service providers
- Nurses
- Host country national counterparts
- Implementing organization project staff
- International counterpart organization
- M&E specialist/staff
- Ministry of Health staff
- National AIDS control program staff
- Nongovernmental organizations/private voluntary organizations
- Program managers
- USG in country staff
- USG Headquarters staff

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Treatment Rollout / Wits Health Consortium, Reproductive Health Research Unit

Planned Funds:

Activity Narrative:

With Emergency Plan support, RHRU will continue to provide technical assistance to the national and provincial Departments of Health by advising technical committees, disseminating research and best practices, and designing tools that will complement the ARV roll out.

In particular, RHRU will develop monitoring tools for outpatient HIV clinics to establish basic data such as demographics of patient population, clinical stage of disease, laboratory stage of disease, ARV compliance and ARV defaulters. Where possible, RHRU will work with other Emergency Plan partners to maximize strategic information development. On-site training and support will also be provided to NDOH staff to ensure understanding and implementation of the tools.

The RHRU is an official research entity of the University of Witwatersrand (Wits) Department of Obstetrics and Gynecology, and a central partner in the Wits AIDS Research Institute. The Unit is a research and training institution that reflects the diversity of South Africa, focuses applied research on national priorities, and is linked strategically to government and other national, regional and international organizations. Through joint programs, the RHRU is able to offer support and technical advice on the development and rollout of critical new programs identified as government priorities.

These activities are part of an integrated program, with related activities described in the prevention, care and treatment sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	10%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	40%

Targets:

Target Description	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	712	<input type="checkbox"/> Not Applicable

Target Populations:

- Men*
- Women*
- Caregivers*
- Community leader*
- Community-based organizations*
- Government workers*
- Health Care Workers*
 - Community health workers*
 - Doctors*
 - Medical/health service providers*
 - Nurses*
 - Pharmacists*
- M&E specialist/staff*
- Media*
- Ministry of Health staff*
- Policy makers*
- Program managers*
- Students*
- Trainers*
- USG in country staff*
- USG Headquarters staff*

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs*
- Addressing male norms and behaviors*
- Increasing women's legal protection*
- Stigma and discrimination*

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Strategic Information
 Budget Code: (HVS1)
 Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Monitoring PMTCT / Medical Research Council of South Africa
 Planned Funds:

Activity Narrative: This project will use Emergency Funds to set up a surveillance system to monitor perinatal and infant mortality related to HIV infection by strengthening the monitoring systems that are currently being implemented nationally.

Perinatal mortality in South Africa is currently monitored by the Perinatal Problem Identification Program (PPIP). Information on causes of deaths of children is not routinely collected. However, a new audit system of child deaths (Child Health Care Problem Identification Program - CHPIP) is currently being field tested in seven sites in South Africa. Analysis of the first six months of data indicates that 62% of infant deaths under 5 years of age are related to HIV infections.

Both PPIP and CHPIP were designed and are currently being managed by the Medical Research Council. In this project, the MRC will adapt PPIP and CHPIP such that HIV status of the mother, and the use of ARV prophylaxis or treatment during pregnancy can be monitored. There are approximately 200 PPIP sites around the country and seven CHPIP sites. This project will ensure continued support for these sites, in addition to setting up 18 additional CHPIP sites (2 per province). Training, supervision and administrative support will be given to all health care providers responsible for collecting the information for both PPIP and CHPIP. The new version (PPIPWIN v2) records the HIV status of the patient as unknown, negative or positive. Funding for this project will modify the software program to capture data regarding ARV therapy use. In this way, the impact of use of antiretrovirals on perinatal mortality can be monitored.

An effective PMTCT programme and an effective follow-up of HIV exposed infants should result in a reduction in infant deaths.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	60%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	36	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Infants

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.14: PROGRAM PLANNING OVERVIEW

- Result 1: Dissemination of "Better Practices" in implementing HIV/AIDS prevention, treatment and care programs.
- Result 2: Increased involvement of PLWHA.
- Result 3: HIV/AIDS workplace policies and programs that address stigma and discrimination improved and expanded.

Total Funding for Program Area (\$): **Current Program Context:**

The USG will continue to support policy analysis and system strengthening initiatives consistent with South Africa's National HIV/AIDS Strategy and the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment (the Comprehensive Plan). Ongoing policy analyses and system strengthening activities in South Africa cover a diverse spectrum of HIV/AIDS-related activities to support national prevention, care and treatment efforts. Many of these activities relate to specific program areas, particularly in support of the NDOH and Provincial departments of health, and these are described elsewhere in the COP. Some cross-cutting USG activities include (1) support for a regional conference on nutrition and HIV; (2) support for the second South African National AIDS Conference; (3) support for programs to address stigma and discrimination; (4) support for implementing effective HIV workplace policies in the public and private sector; (5) support for developing national guidelines and standards for HIV peer education; and (6) assistance in increasing the involvement of PLWHA groups in the Eastern Cape in implementing the Department of Health's treatment and care initiatives.

Emergency Plan funding will provide limited support for the second South African AIDS conference in June 2005. This important event will provide an opportunity for government, academic, donor, and civil society leaders to review the accomplishments after one year of implementing the Comprehensive Plan. In addition, Emergency Plan resources will contribute to an important regional scientific meeting on Nutrition and HIV/AIDS.

Other major donors in this program area support workplace and mainstreaming policy development in the private sector, and organizational capacity building among AIDS NGOs. UNHCR funds work on Refugee/HIV policies, and UNDP supports policy development focused on the poverty/AIDS cycle. While many donors and civil society groups address stigma and discrimination within their HIV/AIDS programs, other projects do not explicitly provide tools to combat stigma and discrimination. In addition to industry and labor organizations, other donors involved in HIV workplace policies are GTZ, DFID and Irish AID.

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ASPH Cooperative Agreement / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Emergency Plan funds will support the Harvard School of Public Health's collaborations with multiple South African Departments, NGOs and FBOs to institutionalize an HIV-prevention and OVC support peer education protocol ("Rutanang") at a national level.

Rutanang is a process using a set of nationally developed guidelines and tools to systematize rigorous, measurable and sustainable peer education, coordinated across government departments, NGOs and FBOs, the tertiary sector, and interested corporate entities. PEPFAR funds will support the Harvard School of Public Health's collaborations with SAG, NGO and FBOs to institutionalize Rutanang at a national level. The project will result in national standards and quality assurance systems for HIV/AIDS prevention and OVC support through peer education; strengthened capacity of multisectoral bodies, including Provincial Integrated District AIDS Committees, to lead and coordinate HIV/AIDS strategies; an improved collaboration between the higher education sector and NDOH, Department of Social Development, and NGOs on HIV/AIDS peer education; and enhanced also on the preparation of principals and teachers to deal with HIV/AIDS activities in their schools.

; and an improved training and workforce development system that finds, prepares, and promotes able and diverse youth into progressively responsible and rewarding careers in badly needed and depleted sectors, particularly education, health, social work and HR.

This project is a component of an integrated program further described in the prevention, care and strategic information sections of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	20%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	10%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%
<input checked="" type="checkbox"/> Policy and Guidelines	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	15%
<input checked="" type="checkbox"/> Workplace Programs	10%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	285	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	425	<input type="checkbox"/> Not Applicable

Target Populations:

- Business community
- Community leader
- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff
- M&E specialist/staff
- Police
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- Policy makers
- Program managers
- Religious/traditional leaders
- University
- Teachers
- Trainers

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: CDC GHAI / National Institute for Communicable Diseases, South Africa

Planned Funds:

Activity Narrative:

The National Institute for Communicable Diseases (NICD) is adapting and optimizing a training package for HIV testing in South Africa. Emergency Plan funds will support an initial pilot, that will train 20 trainers in each of five provinces (totaling 100 trainers). A trainers' certification process, and a system for monitoring the impact of training and proficiency of trained staff will be instituted.

Assuring the quality of HIV test results is critical to VCT, PMTCT, surveillance, and ARV treatment programs. CD4 monitoring is critical to patient staging and patient management. Monitoring drug toxicity is also vital to patient management. With the rapid surge expected in patients eligible for ARV treatment and patients enrolled in treatment programs, particularly in the underserved regions, these training modules will allow individuals who are already working in hospital laboratories to acquire vital skills that improve the quality and reliability of patient care. When the package is ready, it will provide training to 10 laboratorians per province in the first year.

Partial support is also provided (to complement NDOH resources) to establish a national TB reference laboratory at the NICD to investigate and establish profiles of mycobacterial infection in HIV-infected persons and to monitor the effect of antiretroviral treatment on mycobacterial infection. Emergency Plan funding will be utilized for equipment and renovation while DOH will provide salaries and other running costs.

These activities are part of a broader program also described in the Strategic Information section of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Infrastructure	30%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	60	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	3	<input type="checkbox"/> Not Applicable

Target Populations:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Teachers |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> Implementing organization project staff | <input checked="" type="checkbox"/> Trainers |
| <input checked="" type="checkbox"/> Government workers | <input checked="" type="checkbox"/> Ministry of Health staff | <input checked="" type="checkbox"/> USG in country staff |
| <input checked="" type="checkbox"/> Health Care Workers | <input checked="" type="checkbox"/> National AIDS control program staff | <input checked="" type="checkbox"/> USG Headquarters staff |
| <input checked="" type="checkbox"/> Community health workers | <input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <input checked="" type="checkbox"/> Volunteers |
| <input checked="" type="checkbox"/> Medical/health service providers | <input checked="" type="checkbox"/> People living with HIV/AIDS | |
| <input checked="" type="checkbox"/> Nurses | <input checked="" type="checkbox"/> Program managers | |
| <input checked="" type="checkbox"/> Private health care providers | | |

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Nutrition and HIV Consultation / World Health Organization

Planned Funds:

Activity Narrative: WHO is organizing a southern and eastern Africa regional conference on Nutrition and HIV in Durban, South Africa from April 11-14, 2005. With Emergency Plan funding, the U.S. Mission in South Africa will provide support for this conference that will contribute to developing appropriate national responses on this critical issue.

There is considerable discussion about the impact of nutrition on HIV disease progression, AIDS prevention and AIDS treatment, but there is not consensus on the evidence base for program decision-making or on gaps that require urgent attention to guide policy formulation. WHO is sponsoring an important regional conference in order to present nutrition and HIV guidelines developed by a Technical Advisory Group for use in resource-poor settings. This consultation will bring together African experts, service providers and policy makers to respond to often expressed needs and concerns in the region. Participants are expected from many Emergency Plan countries and all of the SADC countries. SEmergency Plan supporting for this conference will contribute to improving Emergency Plan-supported programs by promoting a greater understanding of the effects of nutrition on the progression of HIV disease and on the effectiveness of ARV therapy in developing countries where malnutrition is prevalent.

Activity Category
 Policy and Guidelines

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable.
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: SA AIDS Conference / Dira Sengwe

Planned Funds:

Activity Narrative: Dira Sengwe will use Emergency Plan funds to provide support for the 2nd South African National HIV/AIDS Conference in June 2005.

The Conference will In August 2003 South Africa held the first South Africa AIDS Conference. The conference broughtbrng together scientists, government health workers workers, religious, private sector, and civil society leaders to promote a dialogue among all partners involved in HIV/AIDS throughout South Africa and the NGO community and provided a forum for information sharing and was key in setting the direction for the national response to AIDS. The 2nd Annual South Africa National HIV/AIDS Meeting will be held in June 2005. In supporting this conference PEPFAR will help to promote the dialogue between all partners involved in HIV/AIDS throughout South Africa. The conference will provide a forum to review the accomplishments after one year of implementing the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment. The This conference will also provide an opportunity to examine the challenges in providing effective and efficient HIV prevention, treatment and care services and assist in developing the future direction for the national response to HIV/AIDS.

Activity Category % of Funds
 Training 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Community-based organizations
<input checked="" type="checkbox"/> Country coordinating mechanisms
<input checked="" type="checkbox"/> Faith-based organizations
<input checked="" type="checkbox"/> Government workers
<input checked="" type="checkbox"/> Health Care Workers
<input checked="" type="checkbox"/> Community health workers
<input checked="" type="checkbox"/> Doctors
<input checked="" type="checkbox"/> Nurses
<input checked="" type="checkbox"/> Host country national counterparts
<input checked="" type="checkbox"/> Media
<input checked="" type="checkbox"/> Ministry of Health staff
<input checked="" type="checkbox"/> National AIDS control program staff
<input checked="" type="checkbox"/> Nongovernmental organizations/private voluntary organizations | <input checked="" type="checkbox"/> People living with HIV/AIDS
<input checked="" type="checkbox"/> Policy makers |
|--|--|

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Policy Project / The Futures Group International

Planned Funds:

Activity Narrative:

With Emergency Plan funding, The Futures Group's POLICY Project will provide training to promote the establishment of effective workplace AIDS programs and to address stigma.

South Africa has 11.6 million employed people with the great majority of them in private sector, of which over one million are employed within the public service. (Statistics South Africa, Labor Force Survey: September 2003, Statistical Release P0210, March 25, 2004, Table A, p.ii). Many employers have yet to adopt and/or effectively implement HIV/AIDS policies and programs in the workplace. The establishment of workplace AIDS programs either directly or through health schemes is central to the success of the Emergency Plan in South Africa. In collaboration with the University of Stellenbosch, the Department of Public Service Administration, and employer and trade union federations under the NEDLAC social partnership, the POLICY Project will provide training to public and private sector human resource managers to promote the establishment of effective workplace AIDS programs. The program will strengthen the management and the provision of quality HIV/AIDS services within public and private sector through the development of workplace policies, programs and strong operational plans. In addition, POLICY will support public-private partnerships that seek to address the strengthening of management and delivery of quality HIV/AIDS services. Achieving the goal of 500,000 people on ART by 2008 cannot be obtained without the active involvement of businesses and companies of all sizes.

Through the Siyam'kela initiative the POLICY will strengthen the management and the provision of quality HIV/AIDS services within public and private sector through the development of workplace policies, programmes and strong operational plans. In addition, POLICY will support public-private partnerships that seek to address the strengthening of management and delivery of quality HIV/AIDS services.

POLICY Project will address improve policies & systems that address stigma and discrimination through training of FBO staff, traditional leaders and HIV/AIDS managers in the public and & private sector. The Policy Project will provide training and technical assistance to indigenous NGOs, FBOs and traditional leaders to enable them to promote stigma mitigation activities in their communities. This initiative will also be integrated into the public and private sector workplace-training program to reduce stigma and discrimination in the workplace. Targeted assistance will be provided to key stakeholders stakeholders in identifying key indicators of HIV and AIDS stigma.

These activities are part of an integrated program, with related activities described in the prevention, care and strategic information sections of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	35%
<input checked="" type="checkbox"/> Training	40%
<input checked="" type="checkbox"/> Workplace Programs	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2,109	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	2,864	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Business community
- Factory workers
- Government workers
- Medical/health service providers
- Private health care providers
- Miners
- Truckers
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- University

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Association of State and Territorial AIDS Directors

Planned Funds:

Activity Narrative: With Emergency Plan funding, In FY2005, the National Alliance of State and Territorial AIDS Directors (NASTAD) will provide support to the Eastern Cape Department of Health to increase the involvement of people living with AIDS (PLWHAs) in HIV care, the ARV rollout and in their district health committees. AIDS Directorate in the area of consumer involvement.

The NASTAD program builds on a government-to-government twinning relationship and peer exchange between the Consumer Advisory Board of the Massachusetts Department of Public Health AIDS Bureau and the Eastern Cape Department of Health AIDS Directorate and PLWHLA community of the Province Eastern Cape. NASTAD will support the development of PWA leadership within the Eastern Cape and in clear and active partnership with the provincial health department. This work is in direct support of that of South Africa Partners, a Boston-based NGO already active in the Eastern Cape, and of the Regional Training Center in Umtata. NASTAD intends to expand this program to include other U.S. states and South African provinces (potentially the Northern Cape and Western Cape Provinces).

In the Eastern Cape During FY2005, NASTAD will rely on the Massachusetts Department of Public Health and South Africa Partners, a Boston-based NGO active in the Eastern Cape to, to provide technical assistance. One product of the twinning relationship will be an successful second annual Eastern Cape PLWHA Summit will be one result from this rich collaboration, reflecting the as well as increased PLWHA leadership across the province and the establishment of a Summit Steering Committee that will coordinate the planning and staging of future Summits.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	70%
<input checked="" type="checkbox"/> Local Organization Capacity Development	30%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	10	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	250	<input type="checkbox"/> Not Applicable

Target Populations:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Men | <input checked="" type="checkbox"/> Ministry of Health staff |
| <input checked="" type="checkbox"/> Women | <input checked="" type="checkbox"/> National AIDS control program staff |
| <input checked="" type="checkbox"/> Community leader | <input checked="" type="checkbox"/> People living with HIV/AIDS |
| <input checked="" type="checkbox"/> Community members | <input checked="" type="checkbox"/> Youth |
| <input checked="" type="checkbox"/> Host country national counterparts | <input checked="" type="checkbox"/> Girls |
| <input checked="" type="checkbox"/> International counterpart organization | <input checked="" type="checkbox"/> Boys |

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape
State Province: Northern Cape
State Province: Western Cape

ISO Code: ZA-EC
ISO Code: ZA-NC
ISO Code: ZA-WC

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National Department of Health, South Africa

Planned Funds:

Activity Narrative:

Emergency Plan funds will be used to purchase diagnostic laboratory equipment for HIV and OIs, for the Eastern Cape Regional Training Center (RTC). RTCS is part of the Eastern Cape Department of Health, and is a model for the implementation of the government's Comprehensive Plan for HIV/AIDS.

RTC laboratory activities are carried out in two public hospital-based laboratories in the Eastern Cape. Activities in FY05 will focus on supporting the timely collection of specimens and quick dispatch of results, and the establishment of quality assurance in laboratory services, including onsite rapid testing. Emergency Plan funds will be used to purchase, install and maintain HIV diagnostic equipment (CD4 by flow cytometry or simpler methodologies, viral burden measures by PCR, bDNA, ultra sensitive RT assay or p24 ultra sensitive assay, HIV resistance assay for sentinel surveillance, de-tuned HIV ELISA for diagnosis of early HIV infection, and HIV DNA assay for early diagnosis of perinatal infection). Diagnostic equipment for OIs will also be purchased, including tuberculosis (microscopy, culture, susceptibility, and rapid diagnostics), cryptococcosis, toxoplasmosis, cryptosporidiosis, pneumocystosis, and viral infections including HSV, CMV, and hepatitis B.

These activities are part of a broader program also described in ARV Drugs, ARV Services, PMTCT, and other sections of this COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	80	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Government workers
- Medical/health service providers

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Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape

ISO Code: ZA-EC

UNCLASSIFIED

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / South Africa National Blood Service

Planned Funds:

Activity Narrative:

The SA National Blood Service provides blood products to 592 hospitals in eight provinces. Emergency Plan funds will be used to develop and implement a national blood product inventory logistics and management system to ensure that blood and blood products are available in a timely manner to all blood users. This system will include the distribution of blood between processing centers and blood banks, and between regions, and will be based on blood products, blood groups, safe blood, expiry and shelf life of blood products. Blood issued on a returnable basis program will also be instituted.

Eight high school graduates will be trained in-house as laboratory technicians to perform the duties of the medical technicians who will be enrolled in a course to qualify as medical technologists. After four years of part-time training at a tertiary institute, 40 medical technicians will qualify as medical technologists.

The outcome will be a safer blood supply, availability of safe blood in all hospitals, improved quality of the national blood service and a far better distribution system of blood products. These activities are part of a broader program also described in the strategic information and blood safety program areas of the COP.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Development of Network/Linkages/Referral Systems	20%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	10%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Target	Value	Applicability
Number of individuals trained in the provision of lab-related activities	48	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	78	<input type="checkbox"/> Not Applicable

Target Populations:

- Men
- Women
- Disabled populations
- Medical/health service providers
- International counterpart organization
- Ministry of Health staff
- Policy makers
- Students
- Trainers

Key Legislative Issues:

Coverage Area:

State Province: Eastern Cape	ISO Code: ZA-EC
State Province: Free State	ISO Code: ZA-FS
State Province: Gauteng	ISO Code: ZA-GT
State Province: KwaZulu-Natal	ISO Code: ZA-NL
State Province: Limpopo (Northern)	ISO Code: ZA-LP
State Province: Mpumalanga	ISO Code: ZA-MP
State Province: Northern Cape	ISO Code: ZA-NC
State Province: North-West	ISO Code: ZA-NW

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

- Result 1: Continued administrative support from the Emergency Plan secretariat.
- Result 2: Increased capacity by USAID and CDC to effectively implement Emergency Plan activities.
- Result 3: Enhanced ability of the USG team to manage and administer Emergency Plan programs.

Total Funding for Program Area (\$): **Current Program Context:**

Implementing the Emergency Plan in South Africa presents both an unprecedented opportunity to have an impact on the epidemic and an acute management and staffing challenge. Current staff has performed extremely well under stressful conditions requiring long hours, week end work, and deferred leave since July 2003 (the Task Force received a Superior Honor Group Award from Ambassador Hume in July 2004). While USG HIV/AIDS funding has nearly quadrupled, staff devoted to AIDS program management and implementation has only increased by about 25%, with much of that increase achieved through re-deployment of existing staff. The USG cross-agency team approach has increased program synergies and efficiencies, but it also has increased work scope for all agencies because now they must understand and agree with each agency's activities. While new partners enhance the program, they also require significant guidance and technical support from USG staff. The increased workload is in all areas: program planning, implementation and oversight; consulting with government partners; internal coordination; report writing; fund management; supporting high-level visits (2-3 per month); monitoring and evaluation; and data compilation and analysis. Specific responses that would help meet these challenges include: (1) Additional program staff; (2) Additional contracting/procurement staff; (3) Flexible and consistent (across agencies) funding/procurement mechanisms, requirements and authorizations; (4) Resolution on a number of policy issues, including: local management, "Buy America", foreign government taxation, audits, bilateral agreements, and funding and management of Track 1 partners; and (5) multi-year funding allocations to allow efficient planning and management. \n\nLocally, the USG team has responded to the challenges of the program by developing new efficiencies and by working with exciting and innovative partners, both public and private. The coordination of agency efforts has produced more streamlined and complementary services at the client level. The geographic coverage and programmatic depth have both expanded to provide a more comprehensive program of treatment, care and prevention. The promise of making a real impact on the health and social prospects of South Africans is exciting and rewarding, energizing USG staff to work beyond any normal expectations. \n\nThe USG implementing agencies have developed staffing and management plans to enhance the ability of the Task Force as a whole to achieve the programmatic objectives described elsewhere in this COP. FY05 staffing plans represent an effort to catch-up with significant increases in programs by providing the staff positions required to manage the expanded portfolio effectively. The USG team will continue to manage the Emergency Plan as an integrated program, taking advantage of individual comparative strengths while encouraging interagency collaborations. When appropriate, the USG team will use efficient and cost-effective outside assistance to manage and provide services to the program. The Task Force will continue to rely on the Emergency Plan Secretariat for administrative support. \n\n

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management/Staffing - HHS/CDC / US Centers for Disease Control and Prevention

Planned Funds: [Redacted]

Activity Narrative: To assure effective implementation and monitoring of Emergency Plan activities, these funds support CDC/South Africa's management activities throughout the country.

The CDC/South Africa Office currently has a total of 14 staff. Five of these are U.S. direct hires and nine are locally employed staff. A table detailing existing and proposed CDC staff is attached as Appendix 1 to Table 1 of this COP. It is proposed to add (1) an additional seven locally employed staff; three program staff and four support/management staff and (2) one contract Fellow from the U.S. to assist with monitoring and evaluation activities. This brings the proposed total staff to 22. This staffing plan has been approved by the Ambassador.

Emergency Plan funds will also support a management cooperative agreement to assist CDC/South Africa in funding, management, oversight, and capacity-building for a wide range of local organizations, including faith-based organizations. A competitive program announcement will be published to identify a South African based company to support the Emergency Plan by strengthening capacity and expanding activities around HIV prevention, care, and treatment. The recipient will be responsible for awarding and managing grants and providing technical assistance and organizational capacity development to these organizations in general management and administration, financial management, supervision, monitoring and evaluation, and other identified areas.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management 2 / US Agency for International Development

Planned Funds:

[Redacted]

Activity Narrative:

Management and Staffing for the USAID/South Africa health team is funded through a combination of deferred FY04 and new FY05 funding. Overall staffing is described in the activity description under FY05 funding. Deferred FY04 funding will be used to recruit and place a palliative care advisor within the USAID/South Africa health team. The individual will provide technical direction consistent with O/GAC policies on palliative care to local and international partners implementing care programs in South Africa.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management 1 / US Agency for International Development

Planned Funds:

[Redacted]

Activity Narrative:

The USAID/South Africa Health team has twelve positions of which nine are currently filled. The staff consists of two U.S. direct hire Supervisory PHN officers (one vacant FEOC position), one U.S. direct hire PHN officer (vacant), one senior AIDS advisor through the TAACS program, one Michigan Fellow, one CASU position (vacant), three FSN professionals, and three FSN support staff. It is expected that the two U.S. direct hire vacancies will be filled from the current USAID bidding cycle. The one CASU position, which is to be funded from deferred FY 2004 Emergency Plan funds (described in a separate COP narrative), will be filled by mid-2005. In addition to the Health team, Emergency Plan funds are used to fully support one Acquisition and Assistance specialist that is dedicated to the USAID/South Africa health portfolio. The health team also funds support provided by other USAID/South Africa operating units including the controller, program, and executive offices which provide financial management, planning and program assistance in managing the implementation of Emergency Plan resources.

USAID is proposing to add two foreign service nationals, one part-time U.S. PSC, and two contracting staff. USAID anticipates that the additional contracting staff will serve the entire Emergency Plan team in South Africa. The total budget for staffing and associated management costs (e.g. financial management, program and administrative support, ICASS, etc) is [Redacted]. A table detailing existing and proposed USAID staff is attached as Appendix 1 to Table 1 of this COP.

As part of the management section, USAID/South Africa is also requesting funding for an umbrella grants management partner (PACT). PACT, under a cooperative agreement with USAID South Africa, serves as an umbrella mechanism for providing grants and cooperative agreements directly to selected organizations funded under the Emergency Plan for prevention, treatment and care activities. PACT is responsible for handling the administrative, contractual and financial aspects for over 15 Emergency Plan partners. PACT will be responsible for awarding agreements with Emergency Plan approved partners consistent with USAID rules and regulations; overseeing the financial and administrative management of partner agreements; and providing USAID and the US Mission in South Africa with regular compilations of partner reports and performance. The budget allocated to this activity is [Redacted].

Please see Appendix 5 for more details on PACT.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Emergency Plan Secretariat / US Department of Health and Human Services

Planned Funds: [Redacted]

Activity Narrative: To assure effective implementation of Emergency Plan activities, these funds support the Emergency Plan secretariat within the office of the Health Attaché at the U.S. Embassy in Pretoria.

The secretariat is responsible for significant administrative and management functions related to coordination, oversight and management of South Africa's Emergency Plan program, and it provides support to the Emergency Plan Task Force and Steering Committee. Specifically, these funds support one-half of an OMS position and one-third of an M&E position (these positions are not included in the CDC table attached to the COP). These funds also are used to support the annual program statement process of proposal solicitation and review, and to support conferences and meetings with partner organizations regarding monitoring and evaluation and other critical issues. In essence, these funds support the secretariat that in turn unifies the overall South African Emergency Plan program.

Activity Category

% of Funds

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1.	Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, will HIV testing be included?	Yes	No
	When will preliminary data be available?		
2.	Is a Demographic and Health Survey (DHS) planned for FY05?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	If yes, will HIV testing be included?	Yes	No
	When will preliminary data be available?		
3.	Is a Health Facility Survey planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	When will preliminary data be available?	October 10, 2005	
4.	Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, approximately how many service delivery sites will it cover?	425.00	
	When will preliminary data be available?	August 31, 2005	
5.	Other significant data collection activity:		

Name: Nelson Mandela/HSRC Study of HIV/AIDS - Household Survey 2004

Brief description of the data collection activity:

This is a follow up to the household survey that was done in 2002. It looks at HIV prevalence rates and behavior data by race, urban/rural, age and gender. The Nelson Mandela/HSRC study is funded by a variety of private/NGO sources.

Preliminary data available: July 31, 2005

Name: SA National Youth Risk Behavior Survey 2004

Brief description of the data collection activity:

This is a survey done of in-school youth in South Africa and is a follow-on to the original completed in 2002. The SAG is funding the majority of the youth behavior risk survey.

Preliminary data available: December 01, 2005

Name: STI Surveillance Study

Brief description of the data collection activity:

This is an annual activity. The SAG is funding this activity.

Preliminary data available: September 01, 2005

Name: TB Surveillance Study

Brief description of the data collection activity:

This is an annual activity. The SAG is funding this activity.

Preliminary data available: July 31, 2005

Name: Additional notes on funding

Brief description of the data collection activity:

The USG has budgeted to fund the entire Health Facility Survey and it will be implemented with one of our local South African partners, the Reproductive Health Research Unit (TA provided by Macro International), which has done similar surveys funded by USAID in the past. The ANC sentinel surveillance is completed annually by the SAG and has a permanent staff within the NDOH. The USG has offered TA to directly assist in this process. Through USG supported work of NICD, ANC samples will now be tested for incidence.

Preliminary data available:

UNCLASSIFIED

6. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?

Yes No