S31

Populated Printable COP

2006

South Africa

RELEASED IN PART
B5

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: HARRY R MELONE
DATE/CASE ID: 25 JUL 2006 200504053

Country Contacts

Contact Type	First Name	Last Name	Title	Email
U.S. Embassy Contact	Donald	Teitelbaum	Deputy Chief of Mission	teitelbaumd@state.gov
U.S. Embassy Contact	Smith	Steven	International Health Officer	SmtihST6@state.gov
USAID In-Country Contact	Carleene	Dei	Mission Director	cdei@usaid.gov
USAID In-Country Contact	Crowley	John	Chief, Health Team	jcrowley@usaid.gov
Peace Corps In-Country Contact	Lisa	Ellis	Country Director, Peace Corps	Lellis@za.peacecorps.gov
DOD In-Country Contact	Brian	Smith	Chief - ODC	smithbp@state.gov
HHS/CDC In-Country Contact	Mary	Wettrich	Deputy Director, CDC	WettrichM@sa.cdc.gov
HHS/CDC In-Country Contact	Okey	Nwanyanwu	Director, CDC	NwanyanwuO@sa.cdc.gov
HHS/OS In-Country Contact	Gray	Handley	Health Attache	HandleyG@state.gov
HHS/NIH In-Country Contact	Gray	Handley	Health Attache	HandleyG@state.gov

Table 1: Country Program Strategic Overview

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

☑ Yes ☐ No

Description:

The South Africa Task Force is submitting a supplement to the Five-Year HIV and AIDS Strategic Plan for United States-South Africa Cooperation, FY2004 - FY2008, Dated *January 13, 2005*.

The supplement is included in the COP Appendix.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 1,806,271			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		90,798	409,202	500,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		18,899	131,101	150,000
Care				
	Target 2008: 2,500,000	97,870	81,901	179,771
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		0	0	0
Number of OVC served by an OVC program during the reporting period		97,870	81,901	179,771
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		265,980	149,968	415,948
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		0	0	0
Treatment				
	Target 2008: 500,000	81,955	68,045	150,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		81,955	68,045	150,000

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 1,806,271			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		99,717	400,283	500,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		23,397	126,603	150,000
Care				
	Target 2008: 2,500,000	160,252	111,490	271,742
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		0	0	0
Number of OVC served by an OVC program during the reporting period		160,252	111,490	271,742
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		326,850	192,772	519,622
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		0	0	0
Treatment				
	Target 2008: 500,000	120,321	144,679	265,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period		120,321	144,679	265,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Male Involvement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2821
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

B5

Sub-Partner: Kagisio Media, South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

B5

Mechanism Name: PSI/SFH Replacement

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 3509
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: APS

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2815
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: APS

Mechanism Type: Locally *procured, country funded* (Local)
Mechanism ID: 4022
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: Data Quality

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3170
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: KZN pt info system

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2693
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

B

Mechanism Name: New: Rapid Testing

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2820
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2787
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Absolute Return for Kids
New Partner: No

Mechanism Name: LINKAGES

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2789
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2788
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Cambridge Consulting Corporation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Crown Agents
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: Project Support Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2659
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Africa Center for Health and Population Studies
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2625
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Africare
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2662
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: American Center for International Labor Solidarity
New Partner: No

Sub-Partner: Congress of South African Trade Unions
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Federation of Unions of South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: National Council of Trade Unions
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Miles & Associates
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other/policy analysis and system strengthening

Sub-Partner: South African Clothing & Textile Workers' Union
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: South African Democratic Teachers Union
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: National Association of Professional Teachers in South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: National African Teachers Union
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Tshepang Trust
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Academy for Educational Development
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: American Federation of Teachers - Educational Foundation
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: National Labour and Economic Development Institute
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: South Africa Teachers Union
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Twinning Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2809
Planned Funding($): [redacted]
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: ASPH Cooperative Agreement

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2635
Planned Funding($)
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: Association of Schools of Public Health
New Partner: No

Sub-Partner: Harvard University School of Public Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC
Strategic Information
Other/policy analysis and system strengthening

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2626
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Aurum Health Research
New Partner: No

Sub-Partner: Toga Laboratories
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: *S Buys Purchasing*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs

Sub-Partner: The Careways Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: AIDS Economic Impact Surveys

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2627
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: *Boston University*
New Partner: No

Sub-Partner: Wits Health Consortium, Health Economics Research Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2663
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Broadreach
New Partner: No

Sub-Partner: Harvard University, Medical School - Division of AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2664
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: CARE USA
New Partner: No

Sub-Partner: Vongani Child and Youth Care Development Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Choice Health Care Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Nhlayiso Community Health and Counseling Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Titirheleng Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Manoke Home Based Care Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Fetaakgomo Home Based Care Groups
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Kingdom Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Civil Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: World Vision for Khauhelo Area Development Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Lesedi Educare Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Tshepo Care Givers
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Mangaung Aids Group
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2792
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Prime Partner: Catholic Relief Services
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This is a Track 1 treatment partner, requiring early funding to ensure that patients can be maintained on treatment. Track 1 treatment partners started programs earlier (February 2004) than the country-funded treatment programs (May-July 2004), and will run out of funding (February 2006) before supplemental country-funding is received (estimated to be April-May 2006).

Early funding is only requested against the Track 1 central funding, not the CRS country funding.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: These activities are part of an integrated program described in Track 1-fu

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Institute for Youth Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: The Futures Group International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Children's AIDS Fund
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2790
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: No

Sub-Partner: *Institute for Youth Development*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: South Africa Catholic Bishop Conference AIDS Office
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Mechanism Name: Rural KZN Project

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2666
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Center for HIV/AIDS Networking
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2689
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Child Welfare South Africa
New Partner: No

Mechanism Name: Childrens AIDS Fund - Expected Track One

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2918
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Children's AIDS Fund
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2667
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Cinema Coporate Creations
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2793
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Columbia University Mailman School of Public Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This is a Track 1 treatment partner, requiring early funding to ensure that patients can be maintained on treatment. Track 1 treatment partners started programs earlier (February 2004) than the country-funded treatment programs (May-July 2004), and will run out of funding (February 2006) before supplemental country-funding is received (estimated to be April-May 2006).

Early funding is only requested against the Track 1 central funding, not the Columbia country funding.

Early Funding Associated Activities:

Program Area:Treatment: ARV Services
Planned Funds:
Activity Narrative: Columbia University's work in ARV Services is one activity receiving support from two funding source

Sub-Partner: University of Transkei, Eastern Cape Regional Training Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Ikhwezi Lokusa Wellness Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Fort Hare University
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: SMM Motswedi Pharmaceuticals
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: Foundation for Professional Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: The Mothers' Programmes
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: National Health Laboratory Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2797
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: *Columbia University Mailman School of Public Health*
New Partner: No

Sub-Partner: Ikhwezi Lokusa Wellness Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Fort Hare University
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: SMM Motswedi Pharmaceuticals
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: Foundation for Professional Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: The Mothers' Programmes
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: National Health Laboratory Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

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

Associated Program Areas: Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2798
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: CompreCare
New Partner: No

Sub-Partner: Pretoria Child and Family Care Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hospivision
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
OVC

Mechanism Name: SA AIDS Conference

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2668
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Dira Sengwe
New Partner: No

Mechanism Name: track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2720
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This is a Track 1 treatment partner, requiring early funding to ensure that patients can be maintained on treatment. Track 1 treatment partners started programs earlier (February 2004) than the country-funded treatment programs (May-July 2004), and will run out of funding (February 2006) before supplemental country-funding is received (estimated to be April-May 2006).

Early funding is only requested against the Track 1 central funding, not the EGPAF country funding.

Early Funding Associated Activities:

Program Area:Treatment: ARV Drugs
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: The Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Track One ARV Dru

Sub-Partner: McCord Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: *Palliative Care: Basic health care and support*
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Africa Centre Kwamsane Clinic
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: AIDS Healthcare Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: *Palliative Care: Basic health care and support*
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: *Free State Department of Health*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: KwaZulu-Natal Department of Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: *2628*
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: AIDS Healthcare Foundation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Africa Centre Kwamsane Clinic
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: *Free State Department of Health*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Sub-Partner: KwaZulu-Natal Department of Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2799
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: McCord Hospital
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Mothers to Mothers to Be
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2629
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: EngenderHealth
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2630
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Family Health International
New Partner: No

Sub-Partner: South African Catholic Bishops Conference AIDS Office
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Mechanism Name: CTR

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2633
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Project Support Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Sub-Partner: South African Council of Churches
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Sub-Partner: University of Limpopo
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV

Sub-Partner: Hospice and Palliative Care Assn. Of South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Free State Department of Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: PMTCT

Mechanism Name: IMPACT

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2632
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: IMPACT RHAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2631
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Centre for Positive Care
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: CARE Lesotho
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support

Sub-Partner: African Network of Religious LEaders Living With or Personally Affected by HIV & AIDS
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2634
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Foundation for Professional Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2669
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Fresh Ministries
New Partner: No

Sub-Partner: Episcopal Diocese of Washington
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention

Sub-Partner: Church of the Southern Province of Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2801
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: HIVCARE
New Partner: No

Sub-Partner: Medicross Medi Centre Bloemfontein
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs
Treatment: ARV Services

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2802
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Hope Worldwide South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2803
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide South Africa
New Partner: No

Sub-Partner: Witwatersrand Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Children's HIV/AIDS Network
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Emthonjeni
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Vuka
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: LAMLA
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2672
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hospice and Palliative Care Assn. Of South Africa
New Partner: No

Sub-Partner: Aids Care Training Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Breede River Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Brits Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Centurion Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Cotlands

Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Drakenstein Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Estcourt Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Golden Gateway
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Goldfields Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Good Shephard Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Grahamstown Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Helderberg Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Highway Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: East Rand Hospice
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Hospice in the West
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Howick Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Khanya Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Knysna/Sedgefield Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Ladybrand Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Mzunduzi Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Naledi Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: North West Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Rustenberg Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: South Coast Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: St. Bernards Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: St. Francis Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: St. Josephs Care Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: St. Lukes Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: St. Nicholas Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Stellenbsoch Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Sungardens Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Tapologo Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Transkei Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Verulam Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Viljoenskroon Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Wide Horizons
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Hospice Association Witwatersrand
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Zululand Hospice
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: HSRC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2813
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Human Science Research Council of South Africa
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2673
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Humana People to People in South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2674
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: IBM
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The USG has continued to strengthen its relationship with the Department of Social Development (DSD) over the past year. The DSD is responsible for all OVC programs and the social development aspects of home-based care programs in South Africa. Based on the results of a targeted evaluation funded in FY05, and the need for better information around OVC, the USG, in coordination with DSD, UNICEF, AUSAID, Save the Children *and Nelson Mandela's Children Fund, have moved forward with a three phase project to* build a MIS system to meet the information needs of local, provincial and national level DSD offices. This is an on-going project, which is scaling up rapidly to meet the urgent need for information to better plan for appropriate OVC interventions. The USG is requesting early funding in order to ensure this project is able to maintain its ambitious time table.

Early Funding Associated Activities:

Program Area: OVC
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is related to the activity identified under the OVC Measur

Sub-Partner: Joint Economics, AIDS and Poverty Program
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC
Strategic Information
Other/policy analysis and system strengthening

Mechanism Name: Capacity Building 1

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2638
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 2639
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Safe Medical Practices

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2641
Planned Funding($):
Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: N/A
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Deliver 1

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2640
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2656
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: ABC Ulwazi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: *Anglican Church of the Province of Southern Africa*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Community Health Trust Media
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: National Department of Correctional Services, South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: DramAidE
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC
Counseling and Testing

Sub-Partner: Mindset
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Counseling and Testing
Treatment: ARV Services

Sub-Partner: SABC Education
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Valley Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
OVC
Counseling and Testing

Sub-Partner: University of Witwatersrand, School of Public Health
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: University of Kwazulu-Natal
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

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

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Sub-Partner: Pollution Environmental Community Development Energy and Resource Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2643
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Kagisio Media, South Africa
New Partner: No

Mechanism Name: KZN-DOH

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2805
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: KwaZulu-Natal Department of Health
New Partner: No

Mechanism Name: PMTCT Community Health Worker Strategy

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2810
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Leonie Selvan
New Partner: No

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

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2675
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Living Hope
New Partner: No

Mechanism Name: Measure DHS

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2676
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Macro International
New Partner: No

Sub-Partner: Wits Health Consortium, Reproductive Health Research Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: RPM Plus 1

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2203
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Management Sciences for Health
New Partner: No

Sub-Partner: University of Limpopo
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Medical Care Development International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: University of Kwazulu-Natal
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: University of Port Elizabeth, South Africa
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Rhodes University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: North West University, South Africa
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Free State University
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Faranani IT Services
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Sub-Partner: University of the North
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: TASC2: Intergrated Primary Health Care Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2644
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: *Management Sciences for Health*
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2721
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: *McCord Hospital*
New Partner: No

Mechanism Name: TB/HIV Project

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 2645
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Medical Research Council of South Africa
New Partner: No

Sub-Partner: University of Witwatersrand, School of Public Health
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV

Sub-Partner: Life Esidimeni - Richmond
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: *Life Esidimeni - Randfontein*
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: TB/HIV
Treatment: ARV Drugs
Treatment: ARV Services

Mechanism Name: Monitoring PMTCT

Mechanism Type: *Locally procured, country funded (Local)*
Mechanism ID: 2705
Planned Funding($): [ ]
Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Prime Partner: Medical Research Council of South Africa
New Partner: No

Sub-Partner: Health Systems Trust
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Strategic Information
Other/policy analysis and system strengthening

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Strategic Information
Other/policy analysis and system strengthening

Sub-Partner: University of the Western Cape
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Strategic Information
Other/policy analysis and system strengthening

Mechanism Name: HIV Testing in Pregnancy

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3641
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Natal University for Health
New Partner: No

Mechanism Name: PMTCT Sentinel Surveillance

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2646
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Natal University for Health
New Partner: No

Mechanism Name: USAID GHAI

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2725
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: National Association of Childcare Workers
New Partner: No

Sub-Partner: Khanyiselani Development Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: King Williams Town Child & Youth Care Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Far North Health Care Centre
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Tlangelani Community Projects Development Organization
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Holy Cross Children's Home
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Thandukuphila Drop In Centre
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2678
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2677
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Department of Correctional Services, South Africa
New Partner: No

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner:

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing
Strategic Information

Mechanism Name: DoE

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3462
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: National Department of Education
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2679
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Department of Health, South Africa
New Partner: No

Sub-Partner: Scripture Union
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Muslim AIDS Program
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Youth for Christ South Africa (YfC)
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: The Mothers' Programmes
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: CDC Support

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2680
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Department of Health, South Africa
New Partner: No

Sub-Partner: WamTechnology
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Strategic Information

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

Associated Program Areas: Counseling and Testing

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2683
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: National Health Laboratory Service, South Africa
New Partner: No

Sub-Partner: Lesedi Lechabile
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: PMTCT-NHLS

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3346
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Health Laboratory Service, South Africa
New Partner: No

Mechanism Name: CDC GHAI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2648
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Institute for Communicable Diseases
New Partner: No

Sub-Partner: Foundation for Professional Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2649
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Nelson Mandela Children's Fund, South Africa
New Partner: No

Sub-Partner: Zululand Hospice
Planned Funding
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Project Support Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Ecolink
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Kingdom Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Sekhukhune Educare Programme
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

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

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3328
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Northern Cape Department of Health
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2684
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Nurturing Orphans of AIDS for Humanity, South Africa
New Partner: No

Mechanism Name: Frontiers

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2651
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: No

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Strategic Information

Mechanism Name: Horizons

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2650
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Council
New Partner: No

Sub-Partner: University of Cape Town, Infectious Disease Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Mechanism Name: Regional HIV/AIDS Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2709
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2652
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Right To Care, South Africa
New Partner: No

Sub-Partner: *Mpumalanga Department of Health*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: *Northern Cape Department of Health*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: *Thusong Private Practitioners Program*
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: University of Witswatersrand, Clinical HIV Research Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Boston University
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Wits Health Consortium, Health Economics Research Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: AIDS Care Training & Support Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Refilwe Christian Clinic
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Rea'pheia Clinic
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Witkoppen Health & Welfare Centre (WHWC)
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Ndlovu Medical Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Govan Mbeki Clinic Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Community AIDS Response
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Friends for Life
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Vuselela
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: Masoyi
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Family Health International
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support
Treatment: ARV Drugs

Sub-Partner: Deparment of Health Gauteng Province
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Drugs
Treatment: ARV Services

Sub-Partner: Hospice Nightingale

Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Northern Cape AIDS Forum
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Palliative Care: Basic health care and support
Counseling and Testing
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2685
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: N/A
Prime Partner: Salesian Mission
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2657
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Salvation Army
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2686
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Save the Children UK
New Partner: No

Sub-Partner: Centre for Positive Care
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2687
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Soul City
New Partner: No

Sub-Partner: National Institute for Community Development and Management
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Planned Parenthood of South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Valley Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Family and Marriage Association of South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Robin Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: TB Alliance DOTS Support Association
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Institute of Training and Education for Capacity Building
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Centre for Early Childhood Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: South African Red Cross Society
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: South African National Tutor Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Namaqualand Business Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Joint Education Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Seboka Training and Development
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: Masibambane
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Sub-Partner: River Queen-Ndzalama
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 2688
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: South Africa National Blood Service
New Partner: No

Mechanism Name: ARV's

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2817
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: South African Military Health Service
New Partner: No

Sub-Partner: Right To Care, South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs

Sub-Partner: National Health Laboratory Service, South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Drugs

Mechanism Name: Masibambisane 1

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2654
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: South African Military Health Service
New Partner: No

Mechanism Name: PHIDISA

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2655
Planned Funding($):
Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Prime Partner: South African National Defense Force
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2722
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: St. Mary's Catholic Hospital
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2690
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Starfish
New Partner: No

Sub-Partner: Heartbeat
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hands at Work in Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OVC

Mechanism Name: Policy Project

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2670
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: The Futures Group International is requesting [redacted] in early funding to continue the ongoing Abstinence & Be Faithful program currently being carried out by the POLICY II Project, which will end on March 6, 2006. The new mechanism to be used to carry on these AB activities is the Policy Development and Implementation Project (PDI) which is scheduled to pick up the ongoing AB activities of the POLICY mechanism. The early funding request is necessary to sustain the ongoing AB programs for the month of March 2006. The ongoing prevention activities for which The Futures Group requests early funding provides funding and technical assistance to traditional leaders and FBO leaders for training in AB messages and programs.

Early Funding Associated Activities:

Program Area: Abstinence/Be Faithful
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: In addition to its AB activities, The POLICY Project will also carry out a

Sub-Partner: University of Pretoria, Center for the Study of AIDS
Planned Funding:
Funding is TO BE DETERMINED:
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: University of Cape Town, Health Economics Unit
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Crossroads Baptist Church
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

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

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: CAPRISA NIH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2696
Planned Funding($):
Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Prime Partner: University of Kwazulu-Natal
New Partner: No

Sub-Partner: Open Door
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Counseling and Testing

Mechanism Name: CAPRISA CDC

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2697
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of Kwazulu-Natal
New Partner: No

Mechanism Name: Traditional Healers Project

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 2695
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
New Partner: No

Sub-Partner: Project Hope
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: *Counseling and Testing*

Sub-Partner: Ethekwini Traditional Healers Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Sub-Partner: KwaZulu Natal Traditional Healers Council
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention
Palliative Care: Basic health care and support
Counseling and Testing

Mechanism Name: MEASURE Evaluation

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2698
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University of North Carolina
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: Early funding is being requested for Measure Evaluation due to the rapid scale up of activities in the portfolio. Measure Evaluation plays a key role in the USG/SA Strategic Information Team. Two Resident Advisors have been hired; one to support the USG SI efforts and a second to support the Department of Social Development as they develop their SI strategy for OVC programs. These are critical positions. Early funding is being requested to ensure that salaries are covered and that there is no interruption for support of the Data Warehouse Project, which manages Emergency Plan reporting.

Early Funding Associated Activities:

Program Area: Strategic Information
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is related to the MEASURE activity described in the OVC prog

Program Area: OVC
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: This activity is part of a larger strategy of SI activities with the SAG.

Sub-Partner: University of Pretoria, South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Tulane University
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC
Strategic Information

Sub-Partner: John Snow, Inc.
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Strategic Information

Sub-Partner: Conference Call
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Strategic Information

Sub-Partner: Adherence Support Project
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: TB/HIV
Strategic Information

Sub-Partner: Manoff Group, Inc
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Strategic Information

Sub-Partner: Macro International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Strategic Information

Sub-Partner: KwaZulu-Natal Department of Health
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: TB/HIV
Strategic Information

Mechanism Name: University of Pretoria - MRC Unit

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2823
Planned Funding($):
Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Prime Partner: University of Pretoria, South Africa
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2699
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: University of the Western Cape
New Partner: No

Sub-Partner: Health Systems Trust
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Center for AIDS Development, Research, & Evaluation
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Strategic Information

Sub-Partner: Medical Research Council of South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Strategic Information

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2808
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of California San Diego Owen Clinic
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2713
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: University Research Corporation, LLC
New Partner: No

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

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Treatment: ARV Services

Mechanism Name: TB - TASC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2714
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: *University Research Corporation, LLC*
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: [ ]
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Palliative Care: TB/HIV

Mechanism Name: Management 1

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2718
Planned Funding($): [ ]
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: *US Agency for International Development*
New Partner: No

Mechanism Name: Management/Staffing - HHS/CDC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2711
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2665
Planned Funding($): [ ]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2931
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: Emergency Plan Secretariat

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2719
Planned Funding($):
Agency: HHS/Office of the Secretary
Funding Source: GAC (GHAI account)
Prime Partner: US Department of Health and Human Services
New Partner: No

Mechanism Name: Emergency Plan Secretariat

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 4021
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Small Grants Fund

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2716
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2712
Planned Funding($):
Agency: Peace Corps
Funding Source: GAC (GHAI account)
Prime Partner: US Peace Corps
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: PCSA is requesting funds to cover ongoing expenses from November 30, 2005 to March 31, 2006 for PEPFAR-funded Volunteers who arrived in South Africa in FY05. These expenses include living/leave allowance, medical care, miscellaneous travel costs and in-service training. The early funding will support six volunteers in the OVC and Palliative Care program areas (three in each).

Early Funding Associated Activities:

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: In addition to Basic Health *Care and Support, Peace Corps Volunteers work*

Program Area:OVC
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: In addition to OVC, Peace Corps Volunteers work in projects to develop in

Mechanism Name: PHRU NIH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2700
Planned Funding($):
Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
New Partner: No

Mechanism Name: PMTCT and ART Project

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2710
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
New Partner: No

Sub-Partner: HIV South Africa
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: Rural AIDS Development and Action Research Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Sub-Partner: University of Limpopo
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: PMTCT
Palliative Care: Basic health care and support
Palliative Care: TB/HIV
Counseling and Testing
Treatment: ARV Services

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2706
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
New Partner: No

Sub-Partner: Wits Pediatric HIV Working Group
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Treatment: ARV Services

Sub-Partner: Community AIDS Response
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Mechanism Name: N/A

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 2658
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: World Health Organization
New Partner: No

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

As of July 2005, there were 3,064 facilities offering PMTCT services in South Africa, available at all hospitals and in more than 70% of clinics and community health centers. Universal coverage is expected to be reached in the next 12 month period.

Although coverage of PMTCT services is extensive, the number of women who need PMTCT is staggering. Annually approximately 300,000 babies are born to HIV-infected women. While quality data on PMTCT access is not readily available, all indications are that the need far outweighs availability. Thus supporting PMTCT is a priority for USG assistance especially with respect to increasing the uptake of PMTCT services within an integrated MCH system; strengthening the quality of PMTCT services; providing follow-up for mother-baby pairs post delivery and ensuring testing; and referring both the mother and the infant to treatment programs. Despite this urgent need, Emergency Plan support for PMTCT in South Africa has been essentially flat lined to accommodate increased support for ARV services, AB and OVC. Increased reach for the Emergency Plan PMTCT program in FY06 will be achieved through increased programmatic effectiveness and efficiency.

During FY04 and FY05, Emergency Plan funding contributed to the rapid expansion of PMTCT services with technical assistance to the NDOH and provinces, thus contributing to service provision to an estimated 500,000 women in public facilities. In addition, Emergency Plan partners directly served 45,000 women and trained 3,400 service providers in the first six months of FY05. Activities funded during FY05 included the development and implementation of a PMTCT and infant feeding curriculum, quality improvement projects aimed at improving quality of care, and integrating PMTCT services into routine MCH services.

As its core objective for FY06, the Emergency Plan PMTCT program will continue to support the national PMTCT program through the provision of technical assistance, training, quality improvement, community outreach and referral into wellness and treatment programs for HIV-positive mothers and infants. This goal will be accomplished by providing ongoing assistance to the NDOH and provincial and local health structures; participating in policy review; facilitating the implementation of demonstration/pilot projects around early infant diagnosis; conducting a repeat HIV test at 36 weeks gestation for pregnant women who tested negative during the first 20 weeks of pregnancy; and by expanding the role of community-based support groups. The USG will support capacity building of health care workers, lay counselors, community support groups and community health workers, as well as strengthening the support systems surrounding the PMTCT program (logistics, management, information systems and quality assurance). At the community level, the program will create increased awareness and demand for quality PMTCT service delivery. Activities targeting cultural attitudes to mixed feeding, male involvement in PMTCT and increasing uptake of services will also be supported.

USG partners such as PHRU, QAP, EGPAF, Wits pediatric HIV unit and others will continue to support PMTCT facilities as programs expand coverage, increase access, and ensure compliance with SAG guidelines and standards. USG assistance will also support SAG efforts to more fully integrate PMTCT services into primary health care and other HIV/AIDS services, and to increase male involvement with PMTCT within a family-centered approach.

The Emergency Plan has been the primary donor for PMTCT activities at the national and provincial level, and coordinates with others to ensure efforts are not duplicated. UNICEF provides technical and financial assistance for training and policy development; the Global Fund has partially supported KwaZulu-Natal Province's PMTCT program; and in FY06, DFID will begin providing significant support to SAG PMTCT efforts.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	428
Number of pregnant women provided with a complete course of *antiretroviral prophylaxis in a PMTCT setting*	23,397
Number of health workers trained in the provision of PMTCT services according to national or international standards	5,385
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	99,717

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *Prevention of Mother-to-Child Transmission (PMTCT)*
Budget Code: MTCT
Program Area Code: 01
Activity ID: 2921
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

EngenderHealth has been providing training and technical assistance to two Emergency Plan-funded partner NGOs (Perinatal HIV/AIDS Research Unit and Hope Worldwide SA) 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 programs. Results include increased access to quality PMTCT services and increased awareness and demand created for PMTCT services. EngenderHealth has also worked to improve PMTCT outcomes by increasing men's involvement in family planning, men's support for their partners' participation in PMTCT programs, men's support for formula feeding, as well as ensuring that partner testing is also available. These activities will continue to take place directly by the aforementioned partner NGOs, and there is no need for further Engender Health training in this area.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	13	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT *services according to national or international standards*	150	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services	30,000	☐
Indirect number of women provided ARV prophylaxis for PMTCT	8,500	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole *(from 6 weeks - 1 year)*		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CTR
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 2929
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to PMTCT, FHI also implements activities described in the Basic Care and Support (#2925), CT (#3923) and ARV Services (#2927) program areas.

SUMMARY:
Family Health International (FHI), in collaboration with the provincial departments of health in three provinces, will provide technical assistance (TA) to 30 PMTCT sites to enhance PMTCT services by improving the quality of existing sites and increasing the integration of PMTCT and family planning (FP) services. The target populations for this activity are women of reproductive age (pregnant or not), doctors and nurses. The major emphasis areas are training and local organization capacity development.

BACKGROUND:
This project follows a PMTCT study initiated in 2003 with USAID funding, and technical assistance provided to 20 PMTCT sites in Limpopo and Northern Cape with Emergency Plan support in FY04.

In FY04, FHI in partnership with the NDOH undertook a targeted evaluation of the factors contributing to successful PMTCT services, defined as programs with uptake of each PMTCT component in excess of 80% of eligible clients. Assessment of service delivery included examination of the extent to which family planning is integrated with PMTCT services. As per Emergency Plan guidance, PMTCT must include four components: 1) counseling and testing; 2) provision of ARV prophylaxis; 3) counseling and support on safe infant feeding practices; and 4) counseling on family planning.

The assessment revealed that even in high-performing sites, family planning was not adequately addressed. In only 16% of observed pre-test counseling sessions did the provider advise clients that an HIV-positive woman can avoid having an HIV-infected baby through the use of family planning to prevent undesired pregnancy. During post-test counseling, providers advised PMTCT clients about the availability of family planning to delay or prevent future pregnancies in only three percent of observed sessions. This omission was reflected in client knowledge: only 15% of clients exiting services recalled hearing that by using family planning to prevent a future pregnancy, an HIV-positive woman can avoid having a HIV-infected baby. Meanwhile, focus group discussions revealed that pregnancy among HIV-positive women is highly stigmatized. Key informants reported that the community frowns on childbearing in such cases because it contributes to the physical demise of the woman and eventually leaves children orphaned.

These evaluation findings have been shared with NDOH PMTCT program managers. Technical assistance is currently being provided with FY05 Emergency Plan support to apply the lessons learned by integrating family planning services into PMTCT and ensuring the quality of 30 existing sites in three provinces.

ACTIVITIES:
In FY06 FHI and its partners will provide TA to 30 DOH PMTCT sites to apply lessons learned and best practices in PMTCT service delivery, with a specific focus on the integration of FP services/referrals.

TA will be provided in Mpumalanga, Free State and North West. FHI will design and implement the TA in close collaboration with the provincial DOHs. The emphasis of the TA will be on ensuring that family planning is integrated into the minimum package of PMTCT services as defined by WHO. Advisors will work with program

managers in developing key messages about family planning to be incorporated into pre- and post-test counseling, infant feeding counseling, and counseling offered during infant testing. It will also focus on strengthening linkages between PMTCT and family planning service delivery to increase the likelihood of successful follow-up when referrals are made.

Other areas of TA will include: (1) Providing six trainings or refresher trainings to strengthen 200 lay counselors' and nurses' skills in PMTCT pre-/post-test counseling, including the provision of FP services or information and referrals; (2) Identifying and strengthening data collection/health information systems necessary for monitoring PMTCT components at 30 sites, including pre-/post-test counseling, completion of ARV prophylaxis, and FP information and referral networks; (3) Ensuring appropriate access to FP services for post-partum HIV-positive women on ARVs by conducting six trainings for 60 nurses and doctors in PMTCT setting to counsel on safe and effective FP methods; (4) Providing 7 supervision skills training to 100 PMTCT doctors, administrators, and district and nursing supervisors to help support the minimal package of services; (5) Developing job aids and counselor tools for 30 PMTCT sites as needed; and (6) Informing PMTCT policy development within the three provinces.

EXPECTED RESULTS:
These activities are expected to result in:
• 30 service outlets providing the minimum package of PMTCT services according to national and international standards;
• 300 health workers trained in the provision of PMTCT services according to national and international standards;
• 4,500 pregnant women receiving their test results after HIV counseling and testing in a PMTCT setting;
• 630 pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting;
• Increased access to quality PMTCT services that includes family planning provision, counseling and referral in 30 sites;
• Increased uptake of family planning by PMTCT clients post-partum in 30 sites;
• Improved access to FP for HIV-positive women who are receiving ARVs in 30 sites.

These activities support the USG Five Year Strategy for South Africa by improving access to and quality of PMTCT services, specifically by ensuring a complete package of PMTCT services in 30 sites in three provinces. These activities contribute to the Emergency Plan's goals of averting seven million infections, and ensure compliance with Emergency Plan/WHO guidance on PMTCT at 30 sites.

Emphasis Areas	% Of Effort
Training	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	30	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	630	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	300	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,500	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Policy makers (Parent: Host country government workers)

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Free State

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kagisio Media, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 2947
Planned Funds: [ ]
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Kagisio Communications received funding for this activity to conduct a PMTCT male involvement community mobilization project. The [ ] allocated under the PMTCT male involvement community mobilization will ensure continued support and monitoring of the provincial integrated communication strategy developed during FY04 and implemented with FY05 with Emergency Plan funding. During FY05 integrated PMTCT communication strategies were adopted by provincial task teams in 8 provinces. In order to ensure continued implementation of these strategies, Kagisio will continue to support provincial task teams in the implementation of the activities, but no FY06 Emergency Plan funding will be required to support this program.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	5,000	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services	500,000	☐
Indirect number of women provided ARV prophylaxis for PMTCT	150,000	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Indirect Targets

These activities contribute to the indirect PMTCT targets by supporting provincial task teams in the implementation of a PMTCT male involvement community mobilization project.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: TASC2: Intergrated Primary Health Care Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: *Prevention of Mother-to-Child Transmission (PMTCT)*
Budget Code: MTCT
Program Area Code: 01
Activity ID: 2952
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to additional IPHC activities described in Basic Health Care and Support (#2949), OVC (#2950), VCT (#2951) and ARV services (#2948) sections of the COP.

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH will support the expansion of PMTCT services at 150 public health facilities (hospitals and clinics) in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West) by strengthening three components of the health service: training of health care providers (professional and lay) on PMTCT services; mentoring, coaching and supporting service providers to provide comprehensive quality PMTCT services to all ANC clients; and promoting better practices around infant feeding to reduce the transmission of HIV from mother to infant. The emphasis area for this activity is quality assurance and supportive supervision. Target populations include infants, men and women of reproductive age, PLWHA and their families, and health care providers.

BACKGROUND:

IPHC project is a continuation of activities initiated in FY05 with Emergency Plan funding. All activities will be supported directly by IPHC Project in collaboration with counterparts from the DOH at both district and provincial level. IPHC Project will continue to work with service providers at facility level to ensure that a high quality, comprehensive PMTCT service is delivered to clients. In FY06 a new activity will be to increase access of pregnant HIV positive mothers to ART (triple therapy).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

IPHC Project has trained 85 service providers and will continue to train health care providers (both professional and non professional) on the delivery of comprehensive PMTCT services, using the DOH PMTCT training course in the next year. Service providers will be trained on: counseling and testing of pregnant women and their partners (especially with discordant couples); infant feeding to prevent transmission of HIV from mother to child; clinical staging of the HIV positive pregnant woman and treatment of opportunistic infections; screening clients and referring for ART when necessary; and providing ARV prophylaxis to HIV positive mothers who do not qualify for triple therapy. IPHC will train 150 service providers covering the 8 districts in 5 provinces.

ACTIVITY 2:

IPHC Project will continue to mentor and support service providers in the 42 facilities that were provided with technical assistance in FY05 to provide a comprehensive package of services for the HIV positive pregnant woman. In FY06 this activity will continue to train an additional 100 service providers providing mentoring support to a total of 150 facilities in 5 provinces. The focus of this activity is on the quality of counseling services, logistics and commodity management to ensure adequate supply of commodities such as test kits, nevirapine and infant formula. Data accuracy and quality of record keeping and reporting will be improved to allow service providers to use their data to make decisions. IPHC in collaboration with the DOH will provide counseling and testing services to 15,000 pregnant women and a package of services which includes HIV prophylaxis to 3,750 HIV positive mothers.

ACTIVITY 3:

IPHC Project will increase access of 500 HIV positive mothers to ARV therapy by training health care providers on the screening and referral of HIV positive pregnant women for ARV therapy at the primary health care level where 90% of ANC services are provided in the public service. IPHC Project will assist 5 provinces to develop provincial policies based on the national guidelines for ART in pregnant women. Health care providers will be trained on triple therapy for pregnant women, follow-up care, treatment adherence and nutritional support.

The IPHC Project will assist the Emergency Plan in reaching the vision outlined in the USG South Africa five year strategy by increasing access to PMTCT services, improving the quality of PMTCT services and increasing the awareness and demand for PMTCT services, thereby contributing to the 2-7-10 goal of 7 million infections averted. In addition, IPHC will also integrate PMTCT service components into routine MCH services to ensure broader use and availability of PMTCT services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	150	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	3,750	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	5,000	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	15,000	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	25,000	☐

Indirect Targets

Although the IPHC Project will be working in designated districts in the 5 provinces (Eastern Cape, North West, Mpumalanga, KwasZuluNatal and Limpopo), we will also be providing technical assistance to the PMTCT program at provincial level in the Eastern Cape, North West and Mpumanalnga. Thus the provincial targets the 3 provinces mentioned above will be counted as indirect.

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Pregnant women

Program managers

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 2971
Planned Funds: [redacted]
Activity Narrative: SUMMARY:

Population Council/FRONTIERS is using Emergency Plan funding to offer technical assistance to the KwaZulu-Natal (KZN) Department of Health (DOH) in the development of provincial antenatal and postnatal evidence-based guidelines for antenatal and postnatal care which will incorporate HIV prevention, CT, PMTCT, ARV and male involvement. Additional outputs will include a provincial strategy for monitoring and supervision (including Emergency Plan indicators), and a set of job aides and training materials that incorporate HIV/AIDS services into routine antenatal and postnatal care. Specific emphasis areas and target populations are described for each individual activity, below.

BACKGROUND:
FRONTIERS is providing technical assistance to a participatory and systematic process aimed at ensuring that local, national and international evidence, and relevant guidance from the relatively newer vertical HIV related programs (CT, PMTCT, ARV and male involvement) feeds into the development of comprehensive provincial antenatal and postnatal care policies and guidelines. This ongoing project, which commenced in 2004 with Emergency Plan funding, is carried out in collaboration with Reproductive Health Research Unit and three provincial DOH programs (Mother and Child Welfare (MCW), STI & PMTCT). So far, 80 stakeholders and key informants from all 11 districts in KZN have been involved in identifying priority areas for inclusion in the policy and guidelines. Five task teams have been set up to review draft wording for inclusion in revised guidelines and making recommendations on the overall language policy and suggestions on key indicators for monitoring. The draft policy has been developed and circulated among task team members for input before distribution to a larger audience.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
In this activity, FRONTIERS will provide on-going technical support to the KZN Department of Health as key drivers of the process of policy and guidelines development. FRONTIERS will coordinate the development of the supportive systems for implementation of the guidelines including monitoring and evaluation tools, job aides and training material. Information on how HIV issues (including prevention of HIV, CT, PMTCT, ARV, as well as family planning, TB screening, care and support and male involvement) are being integrated in the policy and guidelines will be shared among the task team members on an ongoing basis. This activity will draw on FRONTIERS experience with policy and guideline development in other countries in the region and also involve on-going identification of evidence and lessons learned as well as involving all stakeholders to ensure buy-in and ownership. Emergency Plan funds will be utilized for the following specific activities: organizing and attendance of the meetings, providing guidance and support to the task teams, review of first draft documents and preparation of revised versions. The target population for this activity is the Department of Health and program managers. The emphasis area for this activity is policy and guideline, quality assurance and supportive supervision as well as strategic information.

ACTIVITY 2:
Once the draft guidelines and monitoring tools are developed, FRONTIERS will coordinate a field test of the guidelines and provide technical support to a province-wide training. FRONTIERS will use Emergency Plan funding for coordination and documentation of the pre-field test. The target population includes program managers, policy makers, doctors and nurses. The emphasis areas for this activity are

strategic information, quality assurance and supportive supervision and training.

ACTIVITY 3:
Scale up of the Policy/Guidelines and promoting dissemination and utilization. The final version of the new policy and guidelines will be launched at a national stakeholders meeting hosted and funded by the DOH. The policy, guidelines and job aides will be disseminated widely within the province through DOH workshops and other relevant national and district level conferences, workshops and forums for advocacy purposes as well as to disseminate relevant aspects of the project including key findings to inform regional initiatives. The MCW program in KZN is currently co-funding activities and will support a province-wide effort on training once the policy, guidelines and supportive training and implementation materials have been finalized. FRONTIERS will offer technical assistance to KZN DOH for this process. FRONTIERS will use Emergency Plan funding to: organize and attend dissemination workshops, conferences and forums, planning meetings with key DOH staff and other stakeholders. The target population includes program managers, DOH, policy makers, USG staff and NGOs. The emphasis areas for this activity include: development of network/linkages/referral systems, policy and guidelines, strategic information, quality assurance and supportive supervision.

Through these activities, FRONTIERS will contribute significantly to the development, implementation and monitoring of improved guidelines for antenatal and postnatal care in South Africa. By so doing, they support the vision outlined in USG Five Year Strategy for South Africa to improve services that will both contribute to infections averted and identify and link PLWHA to care.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Indirect Targets

Pop/Council Frontiers' activity contributes to the overall stregthening of PMTCT programs in KZN province. The entire national number of women receiving PMTCT services is claimed as indirect due to the variety of activities Emergency Plan partners are implementing that support provincial and national level programs. This is one such activity.

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Masibambisane 1
Prime Partner:	South African Military Health Service
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	2984
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

The South Africa Military Health Services continues to use FY05 Emergency Plan funds to increase awareness of, demand for and access to high quality PMTCT services for military members and their families. In FY06, the service components of this activity will be covered by other funding sources.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	9	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	200	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	90	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: American Center for International Labor Solidarity

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3005

Planned Funds: [redacted]

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

The American Center for International Labor Solidarity used FY05 Emergency Plan funds [redacted] to support this activity but will redirect FY06 funds to support the provision of treatment to HIV-positive pregnant teachers through the Tshepang Trust network of doctors in the three targeted provinces. Tshepang Trust will provide services for antiretroviral prophylaxis, monitoring of HIV status and on-going counseling. This project is a component of an integrated service delivery program described in the prevention, care and treatment sections of the FY06 COP (#3004, #3322, #3003, #3001, #3314, and #3546).

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Cinema Coporate Creations

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3011

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Due to the rapid expansion of the South African Prevention of Mother to Child Transmission 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 National Department of Health, with technical and financial assistance from CDC, developed a series of PMTCT and Infant Feeding videos aimed at pregnant women attending antenatal care. To date the video has been developed in 5 languages. The PMTCT program video describes all aspects of the PMTCT program by following a pregnant woman through the PMTCT program from her first antenatal visit through the one-year testing of her infant. The aim of the video is to educate pregnant women, in facilities where PMTCT services are offered, about the various components of the PMTCT Program, providing pregnant women a deeper understanding of the PMTCT program prior to individual counseling sessions. For many pregnant women, antenatal care is their first opportunity to have VCT, as well as their first exposure to PMTCT. The program video empowers women with basic knowledge to make an informed decision regarding HIV testing and participation in the PMTCT program. The videos are currently used in health facilities offering PMTCT services, but use of the program video is not limited to antenatal clinics. Provincial PMTCT trainers, nursing colleges and medical schools are also using the video as a training tool.

As a result of recent research findings that highlight Nevirapine resistance, a process and outcome evaluation of the videos, the National HIV Comprehensive Plan, and the new WHO PMTCT recommendations, funding will be used to update the content of the PMTCT videos currently in use by NDOH. In addition, this project will result in the production of the videos in 6 national languages, and cover the costs of copying and distributing 3,500 videos to health facilities around the country. Using PEPFAR FY05 funding, a process to begin updating the video took place. However, since a new national PMTCT ARV prophylaxis protocol has not been finalized, the NDOH decided to put the project on hold until the protocol is finalized. It is anticipated that the protocol will be finalized by December 2005, and during FY06 updating of the PMTCT program video can continue.

It is anticipated that the videos will increase awareness and demand for PMTCT, and increase use of a complete course of ARV prophylaxis by HIV+ pregnant women. This activity will contribute to the Emergency Plan's 2-7-10 goals by increasing the number of women enrolled in prevention of mother-to-child transmission services, thus contributing to the number of infections averted.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Indirect Targets

These activities contribute to the indirect PMTCT targets by disseminating videos that will increase awareness and demand for PMTCT, and increase use of a complete course of ARV prophylaxis by HIV+ pregnant women.

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3042
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:

The Eastern Cape Regional Training Center (ECRTC) will use Emergency Plan funds to improve PMTCT programs in the Eastern Cape through training, capacity building and clinical support. Activities will include on-site training in the use of a standardized PMTCT care and treatment procedures manual, followed by multiple mentoring and monitoring site visits. This information will be used by the Eastern Cape Department of Health (ECDOH) to inform programming. The major emphasis area will be training, with minor emphasis placed on local organization capacity development, quality assurance and supportive supervision, and SI. The target population will include pregnant women (HIV-positive and uninfected), HIV-positive infants, government workers and nurses in the public health sector.

BACKGROUND:

In FY04 the Eastern Cape Regional Training Center (ECRTC) conducted an operational assessment of PMTCT in the Oliver Tambo District of the Eastern Cape. Based on the findings of the assessment ECRTC developed a procedures manual in FY05 (with Emergency Plan support) to standardize and improve the quality of PMTCT care. The procedures manual includes specific step-wise instructions on how to develop and implement a PMTCT program (e.g. counseling, testing, tracking and follow-up of mothers and babies, data collection requirements and form completion). By the end of FY05 the ECRTC will have pilot tested the manual in 11 sites in the Oliver Tambo district, and distributed the manual (with training) to all LSA PMTCT Coordinators in the Eastern Cape (n=25).

These activities will build on these pilot experiences. All activities, with the exception of training Local Service Area (LSA) Managers on the information system monitoring, will be implemented by the ECRTC. The latter will be implemented by the ECRTC (lead agency) in conjunction with I-TECH.

ACTIVITIES AND EXPECTED RESULTS:

The ECRTC has established three satellite training centers, each with their own Training Coordinator hired by the ECRTC, and sited in East London, Port Elizabeth and Mthatha. These ECRTC Training Coordinators are responsible for assessing the training needs in each of their areas of the province, and planning and coordinating the health care worker trainings in their area. The goal is to hire a field trainer to work out of each of these satellite sites to assure the quality of PMTCT services in the Province. Specifically, in FY06, the ECRTC will help assure the quality of PMTCT services in the Eastern Cape by supporting selected clinics providing PMTCT services with education and training in how to develop and implement a PMTCT program. The ECRTC will support the distribution of the manual to three clinics providing PMTCT services in each of the 25 LSAs (n = 75; services to be selected by the LSA manager in each LSA) and will hire three 0.50 FTE field trainers (one each in East London, Port Elizabeth, and Mthatha) to conduct three trainings to orient one nurse from each clinic providing PMTCT services on utilizing the manual. These trainings will be conducted simultaneously in each of three locations. The nurses from each of the

75 clinics providing PMTCT services will then train all of the nurses in their clinics in how to use the manual. The field trainers, accompanied by the LSA PMTCT Coordinator for the area, will conduct three mentoring/monitoring visits to each of the selected PMTCT sites over a six month period to assure they are delivering care in accordance with the manual. In so doing, the LSA PMTCT Coordinator will obtain on-the-job training on how to mentor and monitor sites on an ongoing basis, which will increase sustainability post-ECRTC involvement. The field trainers will be available to each clinic by telephone to provide technical assistance during the six month period. The ECRTC Satellite Site Training Coordinators in East London, Port Elizabeth or Mthatha will attend at least one training provided by the field trainer in their area to assure the quality of the training to PMTCT sites and, during the six month implementation period, the ECRTC clinical team will support the field trainer(s) via ongoing consultation (i.e. face-to-face, e-mail, telephone consultation). An information, education and communication component will assure the distribution of existing, culturally and linguistically appropriate patient materials.

The ECRTC, in collaboration with an I-TECH consultant, will train the 25 LSA HIV Managers on information management systems and monitoring and evaluation to prepare them to assess and provide technical assistance to PMTCT clinic sites on an on-going basis. These activities assure the quality of PMTCT data submitted to the ECDOH and contribute to the Emergency Plan goals by increasing access to quality PMTCT care in the Eastern Cape.

These activities will increase the number of trained nurses in this area, expanding the access to and quality of PMTCT services in the Eastern Cape, supporting the USG Five Year Plan for South Africa. These activities also contribute to the Emergency Plan goal of preventing seven million infections.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	75	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	25,920	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	96,000	☐

Indirect Targets

These activities contribute to the indirect PMTCT targets through programs in collaboration with the Eastern Cape Department of Health for training, capacity building and clinical support in the province.

Target Populations:

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Host country government workers

Nurses (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CDC Support
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3047
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the NDOH; additional activities include Other Prevention (#3043), TB/HIV (#3045), CT (#3046), SI (#3044) and ARV Services (#3282). Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

Emergency Plan funds will provide technical assistance to NDOH to ensure the expansion and strengthening of PMTCT services in all nine of South Africa's provinces. The major emphasis area in this activity will be training, with minor emphases on community mobilization and participation, the development of networks, linkages and referral systems, IEC, policy and guidelines, quality assurance/supportive supervision and SI. The target population includes: infants, women (including, but not restricted to, pregnant women and women of childbearing age), family planning clients, public health workers, and host country government workers.

BACKGROUND:

The goal of the national PMTCT program is to reduce mother-to-child transmission of HIV 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 transmission during childbirth and labor. In addition, the national program is responsible for following infants born to HIV-positive women and ensuring that these infants are identified early and referred to treatment programs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Roll out PMTCT and Infant Feeding training to health care workers at the facility level):

A training curriculum for PMTCT and infant feeding was finalized in FY04 and FY05 with support from the USG PMTCT implementation plan and the Emergency Plan. A trainers' guide, participants' guide and course directors' guide were produced. During FY06, funds will be used to ensure that all course directors and trainers have been updated on the finalized curriculum and that the curriculum is being implemented at the provincial level. Job aids and other tools will be developed to operationalize PMTCT at the clinic level and ensure linkages between PMTCT and ART programs. Emergency Plan funding will be used to ensure that 50 course directors and 500 trainers attend curriculum workshops. Funding will also be used to help course directors implement provincial training plans to ensure that 4,500 healthcare workers are trained in FY06.

ACTIVITY 2 (Psychosocial support around early infant diagnosis):

The NDOH has requested support to address psychosocial issues related to early infant diagnosis. To this end, the NDOH is developing a protocol for early infant diagnosis and implementing pilot PCR testing projects in two facilities per province. These pilot projects face challenges, primarily from local healthcare workers who are reluctant to conduct PCR testing on six week old infants. This Emergency Plan-funded activity will work with healthcare workers and family members from two facilities in Gauteng Province to help address the psychosocial issues associated with conducting HIV diagnostic tests on infants. This activity will contribute to a process resulting in early diagnosis of HIV-positive infants and their referral to ARV sites for

monitoring, ensuring that they receive treatment at the appropriate time.

ACTIVITY 3 (Technical Assistance to NDOH):
Technical assistance to the NDOH will be provided by two locally employed staff with relevant training and backgrounds in HIV/AIDS care and treatment. Although both staff members will engage with the NDOH regularly, one will be based at the NDOH offices. Technical assistance will focus on the development of protocols and guidelines, and will seek to address the challenges encountered while implementing and integrating PMTCT into routine maternal, child and women's health services.

These activities will result in greater numbers of women accessing PMTCT services, contributing to the Emergency Plan goal of averting seven million new infections. These activities will also contribute to early infant diagnosis and referrals to care and treatment. The linkages created in these activities support the USG Five Year Strategy for South Africa by expanding access to quality prevention, care and treatment services, and by supporting NDOH HIV prevention efforts.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	4,500	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	150,000	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	500,000	☐

Indirect Targets

These activities contribute to the indirect PMTCT targets through the provision of technical assistance to the NDOH to ensure the expansion and strengthening of PMTCT services in all nine of South Africa's provinces.

Target Populations:

Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
Infants
Pregnant women
Women (including women of reproductive age) (Parent: Adults)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: KZN pt info system
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3064
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

With financial assistance from the Emergency Plan, the KwaZulu-Natal PMTCT program developed and implemented a unique patient information management system which was developed by 2Cana Solution. In order to provide ongoing support and assistance for the patient information system, FY05 funding was used to develop capacity within the KwaZulu-Natal PMTCT program to manage the information system optimally for a sustainable, well monitored, and potentially changing PMTCT program. In addition, funding was used to assist in the temporary appointment of two data capture clerks to minimize the backlog of data capture of registers from the PMTCT program. These activities will continue to take place in FY06, but now they will be carried out and supported directly by the Provincial DOH and the University of KwaZulu-Natal.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	1	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	10	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of the Western Cape
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3076
Planned Funds:	
Activity Narrative:	SUMMARY:

The University of Western Cape's 'Good Start Community Intervention Project' will train and employ community peer supporters to provide household level support to improve postnatal care and infant feeding practices of mothers served by PMTCT programs in three provinces. The major emphasis area for the project is community mobilization/participation, with minor emphasis in quality assurance and supportive supervision, SI and training. The project is designed to serve HIV-affected families, specifically HIV-positive pregnant women and their newborns through 12 weeks of age.

BACKGROUND:
This pilot project builds on the Emergency Plan-funded Good Start Cohort Study. The results of the cohort study have highlighted the need for greater community support for HIV-positive mothers in relation to infant feeding and postnatal care. A consortium of organizations will implement this project, including the Medical Research Council, the Health Systems Trust, the University of the Western Cape and CADRE.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
With FY05 Emergency Plan funding, training materials were developed and 36 locally-identified peer supporters were selected for training and capacity-development in basic child health services. Training will be complete and it is envisaged that the peer supporters will begin supporting women at the end of FY05/early FY06. Using FY06 funding, these peer supporters will be provided with a stipend to perform their duties thus providing an income generating activity in poorly resourced communities.

ACTIVITY 2:
The main activity will involve recruitment of pregnant women in the 36 project clusters, followed by the provision of peer support to each of these households until the infants reach 12 weeks of age. The focus of the community peer support will be on supporting exclusive infant feeding practices (either exclusive breastfeeding or exclusive formula feeding), encouraging mothers to attend clinics for immunizations, and providing cotrimoxazole and access to ARV therapy should they or their infants require it. Funding for this activity will be used to provide a stipend to the peer supporters, to allow for supervision of the peer supporters and for transport to visit mothers in the clusters. The expected results from this activity are the recruitment of 800-900 HIV positive women and the provision of community peer support to these women. The provision of support to mothers will not be complete in FY06 but will continue in FY07.

ACTIVITY 3 (Monitoring and Evaluation):
In order to monitor the pilot project and determine if the provision of peer support is associated with exclusive infant feeding practices -- and, in turn, whether these practices are associated with a reduction in postnatal mother to child transmission -- data collectors will be recruited in each of the three project districts. These data collectors will perform home visits to mothers receiving peer support. The visits will occur at three, six, 12, and 24 weeks after birth. Information will be collected during these visits on infant feeding practices, morbidity (e.g., diarrhea), infant growth and health seeking behavior. In addition, dried blood spots will be taken to determine the infants' postnatal HIV status and determine the need for scaling up the project.

These results will contribute to the Emergency Plan's 2-7-10 prevention goals by

promoting exclusive infant feeding practices among HIV-positive women. By ensuring that more infants are fed formula in the first year of life, a significant number of postnatal HIV infections will be averted. These prevention outcomes are also in line with the USG goal of integrating maternal and child health services into primary care systems in South Africa.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Quality Assurance and Supportive Supervision	*10 - 50*
Community Mobilization/Participation	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of *PMTCT services according to national or international standards*	3	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a *complete course of cotramoxizole (from 6 weeks - 1 year)*		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

HIV/AIDS-affected families

Infants

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: PMTCT and ART Project
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3103
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The approach taken by the PHRU is one of comprehensive high quality care and support. This activity is related to PRHU activities described in the Basic Care and Support (#3102), TB/HIV (#3099), CT (#3100), ARV drugs (#3331) and ARV services (#3101) program areas. These activities are also linked to the NIH-funded activities described in the ARV drugs (#3078) and ARV services (#3077) program areas.

SUMMARY:

The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to provide high quality coverage of PMTCT in Soweto, support PMTCT services in Limpopo, support pregnant women post-testing, and refer women to appropriate HIV/AIDS treatment programs. The major emphasis area addressed for PMTCT is human resources, with additional work in local organization capacity development. The target populations are adults, pregnant women, and PLWHA and their families.

BACKGROUND

In partnership with the DOH, the PHRU has been running the PMTCT service in Soweto (with a population of over three million) since 2000. This program reaches all pregnant women accessing public health antenatal clinics with very high uptake. In addition, the PHRU with Rural AIDS Development Action Research Program (RADAR) and HIV South Africa (HIVSA) have supported the PMTCT service in Bohlabela, Limpopo Province since 2003. All sites use rapid testing with results given to the clients on the same day. The ARV prophylaxis regimen used at these sites follows the SAG guidelines. The PMTCT program is an important entry point for HIV-positive women to access ARV palliative care and treatment services for themselves and their families. CD4 counts are being introduced in PMTCT services and those whose counts are <200 cells/mm3 will be referred for ARV treatment.

Psychosocial support is provided through support groups and information is provided on issues such as safe infant feeding, formula, nutrition, health care, family planning, prevention and disclosure. Negative women are also provided with information and support to stay negative. A program targeting partners of pregnant women provides information to men on PMTCT, CT, prevention and other health issues in an attempt to increase men's involvement in HIV and AIDS treatment programs (increasing gender equity in HIV/AIDS programs, and male norms, key legislative issues) and to reduce stigma and violence against women (key legislative issues). Health workers and lay counselors are provided in-service training on PMTCT and developments in the field.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (PMTCT in Soweto):

The PHRU program in Soweto is considered a best practice model for PMTCT in South Africa with a greater that 96% uptake at each stage of the cascade. The service will continue to cover the whole of Soweto, operating in all 13 antenatal public sector clinics with funding from the Emergency Plan and Gauteng DOH. Annually over 30,000 pregnant women access the public health ANC service each year, are offered CT, and over 27,000 women receive their results with around 30% testing positive. Following the SAG regimen for PMTCT, positive women and babies are provided with ARV prophylaxis. Support groups are run at all clinics and HIV information is disseminated to all women accessing the service.

The introduction, by the provincial health service, of CD4 count tests for all people

testing positive provides an opportunity to refer all pregnant women whose CD4 counts are <200 cells/mm3 for ARV treatment. Pregnant women and their families accessing ARV treatment are expected to increase significantly in the future. It is expected that this PMTCT program will become more integrated with ARV treatment in the future and will improve gender equity in treatment programs, a key legislative issue.

This activity is expected to provide HIV testing to 27,500 pregnant women, and identify 8,000 HIV positive women, and provide PMTCT ARV prophylaxis to 8,000 women and infants. All pregnant women will be provided with information for their partners on PMTCT, CT and fatherhood to encourage them to support their partner, access CT and reduce risk behaviors. Negative women will also be provided with information about how to stay negative.

ACTIVITY 2 (Post-partum CT):
Two thirds of births (20,000) in Soweto occur at Chris Hani Baragwanath Hospital. Around 3,500 women giving birth present with an unknown HIV status. Post-partum CT (PPCT) is offered to these women and for those testing positive a post-exposure prophylactic dose of Nevirapine syrup is provided for their infants to reduce the risk of transmission. Approximately 2,500 women are offered PPCT, of which 2,000 accept and receive their results, and around 30% of these women are positive. Over 98% of these women accept Nevirapine for their infant. The uptake of the program is improving and now operates seven days a week to ensure access for all women giving birth. In addition, women who tested negative early in pregnancy will be offered a follow-up test. Positive women are provided with support post partum through support groups running in the maternity ward.

This activity is expected to test 2,500 post-partum women not previously HIV tested while pregnant and provide a does of Nevirapine syrup to infants of mothers testing positive to prevent MTCT.

ACTIVITY 3 (Supporting PMTCT in Limpopo):
The PMTCT service in Limpopo Province is run by the DOH. The PHRU, through Tintswalo Hospital and RADAR, supports this program by mentoring the counselors, assisting with referrals and providing education. Approximately 4,000 women deliver at Tintswalo Hospital in Limpopo Province per annum of whom it is estimated that one quarter are HIV infected. RADAR will undertake to liaise with counselors, monitoring both their quality and quantity of CT services to ensure increased uptake of acceptance of HIV counseling and testing. One hundred women attending antenatal care will be offered CT of whom 80% will agree to be HIV tested every month. Nevirapine will be provided to all those who test positive.

By providing a complete course of ARV prophylaxis to 8,000 women in Soweto, these activities will directly contribute to the Emergency Plan goal of averting seven million infections. These activities also support the USG/South Africa Five Year Strategy by assisting Limpopo province to improve PMTCT services through capacity building activities.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	15	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	8,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	5	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	27,500	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3111
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to activities in Basic Health Care & Support (#3109), TB/HIV (#3110), Counseling and Testing (#3114) and ARV Services (#3108).

SUMMARY:
Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will assist 120 DOH facilities in 4 provinces to improve the uptake and quality of PMTCT and follow-up services. Major emphasis areas for this activity are training and quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems, IEC and needs assessment. The activity targets public health workers, NGOs, HIV-positive pregnant women and their newborns, and HIV-affected families.

BACKGROUND:
With FY05 funds, URC/QAP has been supporting DOH in 120 facilities in 4 provinces (KwaZulu-Natal, Mpumalanga, Limopopo and Eastern Cape) to reduce mother-to-child transmission of HIV. A collaborative model has been used to rapidly expand access to PMTCT services in a large number of ANC facilities. URC/QAP will continue to assist health facilities to expand access to quality PMTCT services by integrating PMTCT with ANC services. URC/QAP will also work with targeted facilities to improve postnatal follow-up of HIV-positive mothers and their children. Currently, this is a major area of concern, as most children of HIV-positive mothers do not receive any follow-up care after delivery. URC/QAP will assist healthcare facilities in integrating follow-up strategies into postnatal and well-baby services. Appropriate changes will be made to implement the national guidelines in the 120 DOH facilities in the four provinces. URC/QAP coordinators will facilitate training in specific integrated clinical practices. Counseling on infant feeding will also be improved. URC/QAP will provide support to selected CBOs/FBOs linked to QAP assisted health facilities to improve the quality of their home-based program targeting HIV-positive mothers and their babies. In particular, the support will focus on improving infant feeding practices, postnatal care and follow-up care of newborns. URC/QAP staff will work with district supervisors to ensure that they provide ongoing support and mentoring to facility level staff.

ACTIVITIES AND EXPECTED RESULTS:
Specifically, URC/QAP will carry out the following activities in FY06:

Establish facility-level quality improvement teams: URC/QAP will work with each facility to identify a core team representing ANC, counseling and testing (CT), postnatal, pediatrics, pharmacy, laboratory, counseling, etc. The facility teams, with support from URC/QAP coordinators and district staff, will be responsible for developing facility-based plans for increasing the uptake of PMTCT and follow-up services for HIV-positive mothers and their babies.

Baseline assessments: Each facility team along with URC/QAP will conduct a rapid baseline assessment to identify quality gaps. The assessment will be done using QA tools (chart audits, observations, knowledge quiz, and interviews).

Interventions: URC/QAP will assist each facility team in developing a strategic plan for improving the uptake of PMTCT and follow-up services. The interventions will include: training of 150 health workers in clinical and counseling areas to improve provider knowledge and skills; job aids, algorithms, wall charts, and self-assessments to improve compliance; a referral system for ARV services and treatment of OIs; redesign of clinical processes to improve patient flow; changes in client records to

improve follow-up, etc. All of these interventions will reflect national policies and guidelines. URC/QAP will also train facility teams in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use trend lines to see if the interventions are having desired results on a monthly basis.

On-the-job mentoring: URC/QAP will visit each facility at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving clinical skills of staff as well as to ensure that the improvement plans are being implemented correctly. During these visits, URC/QAP will also review program performance data.

Compliance audits: URC/QAP will conduct quarterly assessments in each facility to assess whether the facility staff is in compliance with the national guidelines. At least once a year, sample-based surveys will be done in a small number of QAP to assess compliance and other performance indicators.

Strengthening QA and supervision system: URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of PMTCT and follow-up services.

EXPECTED RESULTS:
• URC/QAP will increase the number of healthcare providers who are in full compliance with the national PMTCT clinical and interpersonal counseling guidelines by providing training and ongoing mentoring to 150 facility staff in the next twenty four months.
• URC/QAP will increase the uptake of CT and ARV prophylaxis among HIV-positive pregnant women and their infants by providing continuous mentoring and supervision to facility staff. URC/QAP assisted facilities will provide PMTCT services to 25,000 pregnant women.
• URC/QAP will increase the number of HIV-positive mothers and their newborns who receive follow-up care, including screening, referrals and treatment for OIs and ARV services through integration of HIV care and support services with postnatal and pediatric services.

URC/QAP will assist the Emergency Plan in reaching the vision outlined in the South Africa Five Year Strategy by increasing access to PMTCT services, improving the quality of PMTCT services and increasing the awareness and demand for PMTCT services. In addition, URC/QAP will integrate PMTCT service components into routine MCH services to ensure broader use and availability of PMTCT services and will contribute substantially towards meeting the 2-7-10 prevention, treatment and care goals of the Emergency Plan.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	120	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	7,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	150	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	25,000	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.01: Activities by Funding Mechanism

Mechanism: LINKAGES
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3285
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In FY05, AED/LINKAGES received Emergency Plan funding to carry out nutrition-related activities in Other Prevention (#3306) and Strategic Information (#3307). Activities in those two program areas were completed in FY05. In FY06 AED will continue activities in the PMTCT program area, described below.

SUMMARY:

AED/LINKAGES will use Emergency Plan funding to support integration of maternal nutrition and Infant and Young Child Feeding (IYCF) in the context of HIV into health care and community services through three components: training of health care providers and community health workers from all nine provinces; assistance for implementation of integrated model in two districts of KwaZulu-Natal and one district in North West, Mpumalanga and Eastern Cape, and provision of support to enhance public awareness on the importance of maternal nutrition, IYCF in PMTCT. The major emphasis area is training. Populations targeted include infants and adults, HIV-affected families and HIV-positive pregnant women, community and religious leaders, program managers and policy-makers, health care workers, and CBOs, FBOs and NGOs.

BACKGROUND:

This is an ongoing AED/LINKAGES project initiated in 2004 with Emergency Plan Funding. The first activity was the development of guidelines on nutrition for pregnant and lactating women and IYCF in the context of HIV and AIDS. AED/LINKAGES has been working in collaboration with the NDOH and local NGOs to build health workers' capacity to integrate these nutrition guidelines into existing health care and community services and enhance public awareness of the importance of improved nutrition for HIV-positive women in general and pregnant and lactating women in particular and IYCF counseling as an important aspect in PMTCT.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Building on the development of Maternal Nutrition Guidelines by AED/LINKAGES in collaboration with the NDOH, further technical assistance will be provided to National, Provincial and District Departments of Health and selected NGOs and FBOs to increase capacity to integrate counseling on maternal nutrition, and IYCF in the context of HIV into existing health care and community services. In addition, furthering last year's successful involvement of 30 teachers from universities and schools of nursing in the integrated model, AED/LINKAGES will provide technical assistance to develop capacity to include the integrated program into existing professional development curricula of nurses and dieticians. Sixty more trainers from these institutions from nine provinces will be trained at the national level. Furthermore, 27 trainers from Gauteng, Limpopo, Northern Cape, Western Cape and Free State will be trained as trainers and 30 health care providers from each of the five target provinces will be trained to provide direct integrated services to clients in their respective districts. Policy and guidelines on pregnant and lactating mothers and IYCF in the context of HIV will continue to be disseminated and implemented. In addition, technical assistance will be provided to three provinces to conduct needs assessments at clinics and community services in three sub-districts and will be followed by mentorship and supervision in view of implementing integrated PMTCT and nutrition for pregnant and lactating women and IYCF into 23 service outlets in addition to the 60 where AED is currently working. Program managers working with women and children (IMCI, PMTCT, VCT, MCWH and Health Promotion) will be mobilized on the promotion of the Baby Friendly Community Initiative (BFCI) in the

context of HIV.

ACTIVITY 2:
AED/LINKAGES will provide technical assistance for the integration of safe-practices in PMTCT into antenatal, labour and delivery practices as well as post natal care. Quality assurance and supervision will be provided by using the trained Baby Friendly Hospital Initiative (BFHI) assessors to conduct internal and external assessments.

ACTIVITY 3:
Technical assistance will be provided to three sub-districts to implement the "Family Centered Community Care" approach, with a clear follow-up and referral system for mothers and infants. AED/LINKAGES will also provide technical assistance in community mobilization and include Community and Religious Leaders. Technical assistance will be provided to address stigma and discrimination (key legislative issue). In addition, 30 community members/leaders will be trained to organize behavior change communication activities on male involvement and PLWHA in each of the three target sites (key legislative issue).

These activities will directly contribute to the seven million infections averted component of the 2-7-10 objective of the Emergency plan by training an additional 387 health workers in the provision of comprehensive PMTCT services and expanding access to 83 sites. AED Linkages will contribute to the Emergency Plan's vision outlined in the five year strategy for South Africa by expanding access to PMTCT services and by improving PMTCT related counseling of mothers.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	83	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	387	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	3,652	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	16,000	☐

Indirect Targets

As a result of the training of health workers, it is estimated that 16,000 mothers will be reached with counseling, maternal nutrition and IYCF in the context of HIV. This based off of Provincial ANC data and HIV prevalence rates. This is one of many activities that stregthens overall provincial and national PMTCT programs. The USG/SA indirectly claims the national PMTCT number due to the number of implementing partners offering such support.

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Policy makers (Parent: Host country government workers)
Pregnant women
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3295
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) carries out a number of activities using both Track 1 and Track 2 funds. These include Track 2 activities in ARV Services (#2917), ARV Drugs (#3806) and Basic Care/Support (#3805) and Track 1 activities in ARV Services (#3296), ARV Drugs (#3297) and Basic Care/Support (#3808).

SUMMARY:
EGPAF will use FY06 Emergency Plan funds to continue PMTCT support for its existing partners as well as expanding its geographic coverage during FY06 to include direct support to provincial and district health departments. The key objective is to expand the coverage of PMTCT services, thus ensure provision of quality PMTCT services, and increase the uptake of PMTCT services. The primary emphasis areas are quality assurance and supportive supervision and training. Primary populations to be targeted include infants, men and women, both pregnant and not, PLWHA, and public and private health care providers.

BACKGROUND:
The long-term goal of the EGPAF's Call to Action (CTA) program in South Africa is to decrease transmission of HIV from mother to child. This is to be achieved through an intensive focus on increasing both: 1) the capacity of health facilities to deliver high quality PMTCT services in ANC (supply of PMTCT services) and 2) uptake of CT and appropriate ARV interventions (inferred demand for PMTCT services).

USG support for the program was initiated in 2003, and support through the Emergency Plan continued in FY05 sustaining the public-private partnership. McCord Hospital implements best practices for PMTCT: HAART for prevention/ treatment, AZT from 28 weeks and nevirapine in labor, nevirapine for pregnant women who first present in labor, as well as a stat dose of nevirapine and AZT seven days post delivery to the HIV exposed infant. This resulted in a vertical transmission of 4% in 2004. McCord Hospital uses a family centered approach for PMTCT. The Mothers to Mothers to Be Program (M2M2B) empowers women in the PMTCT program by providing psychosocial support, promoting women economic independence, and dealing with stigma and disclosure in families/ communities. The program is implemented in the ANC clinic that provides PMTCT services. New partnerships created at the end of FY05 include working directly with the North West Provincial Department of Health and the Free State Provincial Department of Health to improve quality of PMTCT services by providing technical support, staff and training to ensure early infant diagnosis (e.g. PCR) and strengthen linkages with care and treatment sites.

The EGPAF technical team has been and will be assisting the NDOH with provincial PMTCT training and technical assistance.

ACTIVITIES AND EXPECTED RESULTS:

Priority activities for the CTA/South Africa program include (1) follow-up of HIV exposed infants and referrals to Care and Treatment for HIV-positive infants; (2) explore strategies for fast-tracking pregnant women to treatment services (better integration between PMTCT-ART); (3) improve partner (i.e. couple) testing and increasing male involvement in the PMTCT program (key legislative issue); (4) work directly with Government sites; (5) strengthen M&E activities; (6) encourage routine (opt-out) testing; and (7) reduce costs-per-patient-reached.

Activities undertaken in order to achieve the program's objectives include:

- Site assessments, quality assurance and supportive supervision (provision of technical assistance to enhance PMTCT services);
- Training of health care workers and development of training materials;
- Capacity building at sites for implementation and management of program;
- M&E support including a focus on data management systems;
- Early infant diagnosis, development of linkages and referral systems between PMTCT and ART services;
- Support in service provision (CT, ARV prophylaxis);
- TB screening, identification of eligible pregnant women for HAART, staging and referral to care and treatment sites;
- Integrating PMTCT into existing into MCH and family planning services; and
- Support to national PMTCT training efforts and participation in national pediatric AIDS working group.

ACTIVITY 1 (McCord Hospital):
McCord PMTCT program uses a family-centered model encouraging couple counseling, providing partner testing and testing of other siblings, and uses the "Opt out" approach in the CT program. PCR testing is provided at six weeks for early infant diagnosis and thus improves HIV exposed infant testing and follow-up. The referral system between PMTCT and the wellness clinic or care and treatment services will be strengthened. This is achieved by offering routine CD4 testing to HIV-positive pregnant women and HIV infected infants to identify those eligible for HAART. In addition, TB screening for HIV-positive pregnant women will be provided; complex ARV regimens depending on the clinical and immunological (CD4) staging will be offered; HIV/AIDS training will be given to local community groups (churches, youth organizations) to raise community awareness; and cotrimoxazole prophylaxis will be given to mothers and children.

ACTIVITY 2 (Mothers To Mothers To Be (M2M2B)):
A cadre of mentor mothers (HIV-positive mothers) will be created to support the program activities and support pregnant women who have just learned their status with issues of stigma and disclosure (key legislative issue). These mentor mothers will provide PMTCT-related group education and will assist in increasing uptake of testing and Nevirapine or referral for HAART for eligible pregnant mothers and HIV infected infants. Mentor mothers will also educate and encourage mothers to select the most appropriate feeding method and family planning methods. The mentor mothers will assist and support women in their choice to disclose their status, and they will assist in the post partum follow up care of mothers and babies. Mentor mothers will ensure that patients are followed up at six weeks post delivery to receive PCR testing, cotrimoxazole prophylaxis and nutritional education. Lastly, mentor mothers will provide supplemental training as required to health care staff.

ACTIVITY 3 (Free State and North West Provincial Departments of Health):
Needs and site assessments will be carried out to identify gaps and be able to address needs such as human resources, infrastructure, training of HCW, technical support, M&E and commodities, and to strengthen PMTCT services. Training in early infant diagnosis (PCR) will be given to improve follow-up of HIV exposed infants. CD4 testing of HIV-positive pregnant women and HIV infected infants in the PMTCT program will be done, thus fast-tracking those eligible to care and treatment sites or wellness clinics. Lastly, comprehensive referral systems to care and treatment sites will be developed and mobile clinical teams will be established to provide ongoing clinical support and training at PHC facilities providing PMTCT services.

These activities will directly contribute to the 2-7-10 goal of seven million infections prevented, and support the USG/South Africa Five Year Strategy for prevention and PMTCT, by increasing access to PMTCT services; improving quality of PMTCT programs; and integrating PMTCT service components into routine MCH services and other HIV services.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	42	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	6,247	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	50	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	33,054	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Adults

Country coordinating mechanisms

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Free State

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism: KZN-DOH
Prime Partner: KwaZulu-Natal Department of Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3315
Planned Funds:
Activity Narrative: SUMMARY:

The University of KwaZulu-Natal (UKZN) will use Emergency Plan funds to support the KwaZulu-Natal Department of Health (KZNDOH) in its effort to improve the follow-up and continuum of care of women (HIV-infected and uninfected) and children in the PMTCT program. To this end, UKZN will foster a partnership between Health and Social Services in KwaZulu-Natal. This project will serve as a demonstration site for a holistic PMTCT program that focuses on enrolling women into PMTCT services, PMTCT service delivery, and linking women and their infants to social welfare programs, treatment, care and support. The major emphasis area will be the development of network/linkage/referral systems, with minor emphasis placed on human resources, linkages with other sectors and initiatives, needs assessments, and SI. The target population will include infants, children and youth who are infected with HIV and those who are not infected; women, including HIV-positive and uninfected pregnant women; community leaders and program managers; SAG policy makers and other NDOH staff; and public sector doctors and nurses.

BACKGROUND:

In June 2001, a pilot program on the prevention of mother to child transmission of HIV was initiated in KwaZulu-Natal at 11 sites in Durban, Pietermaritzburg and Umzinyathi. It was then scaled up, in phases, from May 2002 and has since been rolled out and is accessible at all maternity hospitals (some which also host the ART program) and in over 90% of primary health care clinics. Numerous lessons from these pilot sites were learned and used in formulating a provincial rollout plan and ensuring better implementation at expanded sites. Many challenges were identified, including issues around quality of service, monitoring and evaluation and sustainability. Other specific challenges included poor follow-up of the mother-baby pairs; poor HIV testing rates for infants >12 months; difficulty in monitoring and ensuring that mothers adhere to a safe infant feeding practice; and monitoring survival outcomes in women and children affected by HIV. Addressing these challenges are the key priority areas for the KZN PMTCT program. Efforts are also on-going to establish the roles of community health workers, improve patient information monitoring systems, improve community mobilization activities (by encouraging communities to develop new and meaningful promotional messages), and train health workers to ensure continued counseling on the importance of regular antenatal and postnatal clinic visits. There are several reasons for low uptake of PMTCT, including poor follow-up and the availability of quality care for women and children in poor-income countries. Other reasons include poor health seeking behavior, poverty, limited access to good quality health care, and limited or no financial or social support. Communities are also largely unaware of the availability of different health/HIV related services such CT, PMTCT, IMCI, ART, and Home Based Care offered in the Health Sector. This mix of reasons for poor uptake and follow-up has highlighted the need for developing a holistic model of health and socio-economic support to encourage regular and prescribed visits to a health facility. The model will encourage dialogue and interdepartmental collaboration between the relevant stakeholders, namely the Departments of Health, Social Welfare and Home Affairs. The model will aim to improve maternal and child health by improving access to child-support and disability grants for women and children.

ACTIVITIES

ACTIVITY 1 (Situational Analysis and Needs Assessment):

A baseline assessment of PMTCT follow up, pediatric immunization, maternal postnatal follow up and linkages to ART programs will serve as a benchmark of existing health-seeking behavior at the seven health facilities geographically

distributed in three districts, namely Ugu, Ethekwini and Umgungundlovu. Through a survey, reasons for the health-seeking behavior will also be established. An assessment of current social services systems these communities will assist in the identification and networking of relevant stakeholders in the Departments of Health, Home Affairs and Social Development.

ACTIVITY 2 (Intervention):
1.) Develop a strategy of facilitating rapid access to identity documents (increasing women's legal rights, key legislative issue) and social grants for women (Increasing women's access to income & productive resources, key legislative issue) and children (HIV-infected and uninfected). This will be done in consultation with the role-players in Departments of Health, Home Affairs and Social Development. 2.) Develop a strategy to identify women needing PMTCT, provide them with ARV prophylaxis and link them to treatment, care and support programs (increasing gender equity in HIV/AIDS programs, key legislative issue).

In addition, women and their infants will be supported post delivery with assistance on feeding practices, and early clinical identification of signs and symptoms of disease progression. Four appropriately qualified social workers (two in Umgungundlovu, one in Ugu and one in Ethekwini) and 14 Community Health Workers (two per facility) will be recruited for a period of two years to ensure support services for women and their infants. All role-players from the three departments representing provincial and district levels, staff from facilities and project staff will be oriented in the newly developed strategy. Project staff will receive further training on the implementation of the strategy. All women accessing the antenatal and post natal services (both HIV-positive women as well as those not infected) will be targeted for this project in an effort to reduce stigma and eliminate discrimination (key legislative issue).

ACTIVITY 3 (Monitoring and Evaluation):
The project will be monitored monthly through site visits and patient audit meetings with project staff and evaluated at six monthly intervals through audits of patient records, facility registers, program registers and client exit interviews.

KZN DOH expects that increased uptake for CT and PMTCT services; improvements in maternal and infant follow-up; and better ART and medical adherence rates will result in a reduction in maternal and child morbidity and mortality. Likewise, these activities will result in improvements in health awareness among the target population and improved service delivery.

By blocking vertical transmission of HIV and linking women and infants to treatment programs, the University of KwaZulu-Natal and the KwaZulu-Natal DOH will prevent new HIV infections and prolong the lives of infected women and infants in KwaZulu-Natal Province. These accomplishments will contribute to the realization of the Emergency Plan's goals of preventing seven million new infections and support the goal of providing treatment to two million HIV infected people. These activities will also support the prevention and treatment objectives outlined in the USG Five Year Strategy for South Africa by improving PMTCT services and enhancing linkages to treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	7	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	2,520	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	18	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	6,330	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3336
Planned Funds:	
Activity Narrative:	*This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan* funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the International Training and Education Center on HIV (I-TECH) for PMTCT in the FY05 COP support 4 activities: (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 Eastern Cape Regional Training Center to develop and implement a strategic *information system to measure the training impact of the PMTCT program.*

In FY06 I-TECH will continue to provide support to the Eastern Cape Health Department and the Eastern Cape Regional Training Center through model preceptorship training, and activity 4 is included in the FY06 OHPS entry for I-TECH (#3335). However, based on a request from the Eastern Cape Department of Health, FY06 activities will focus on strengthening the provision of antiretroviral treatment services, rather than PMTCT.

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	PMTCT Community Health Worker Strategy
Prime Partner:	Leonie Selvan
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	3338
Planned Funds:	
Activity Narrative:	SUMMARY:

Leonie Selvan Communications will develop training materials and an implementation strategy to improve community caregiver support in the PMTCT program. The primary emphasis area for the activity is training, with secondary emphasis on community mobilization/participation, development of network/linkages/referral systems, IEC, needs assessment, quality assurance and supportive supervision. Target audiences for the activities include South African government workers, public health nurses and other health care workers, CBOs and NGOs.

BACKGROUND:
Leonie Selvan Communications has been working in collaboration with the NDoH and CDC to compile the training curriculum and counseling tools for nurses in the PMTCT program. Currently, the VCT component of PMTCT is conducted by community caregivers. These community caregivers do not form part of the formal facility staff, but are employed through NGOs and placed within health care facilities to assist with pre- and post-test HIV counseling, infant feeding counseling and running of support groups. In addition, if provided with adequate skills, these community caregivers can play a role in working directly with communities to increase uptake for PMTCT, address issues of stigma, and follow-up of infants. However, since the community caregivers are from NGOs, issues around supervision, training and roles and responsibilities vary greatly. In order to address these issues, this project will put together a training strategy (incorporating all existing materials), and lay counselor strategy to facilitate better use of community caregivers within the health system. This strategy will also address many of the issues surrounding integration of the various ANC interventions.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Leonie Selvan Communications will review all existing community caregiver curricula and videos and develop one uniform curriculum and a single training plan to roll out training to all NGOs who place community caregivers in antenatal care facilities and child health services. These standardized materials will replace the multiple training curricula currently used to train community caregivers around PMTCT. Materials will include a community caregiver guide (to be developed using this funding) and the community caregiver information video that was developed to provide community caregivers with some basic information around PMTCT, counseling cards (already developed for nurses during FY05), and other tools that may be needed. In addition, the strategy will focus on the role of the community caregivers within communities and ensure that community caregiver activities are not only focused within health facilities. Prior to finalization of the PMTCT community caregiver guide, the materials will be piloted. Once the standardized curriculum has been finalized, Leonie Selvan will work with NGOs to build capacity to implement the training. It is anticipated that 2 community caregivers from each of 50 NGOs around the country will be trained during FY06. Scale up of the training will continue in FY07. A standardized community caregiver strategy will improve uptake for PMTCT, and is expected to result in an increase in the number of HIV positive pregnant women undergoing VCT and being supported in follow-up care and infant feeding practices.

ACTIVITY 2:
Leonie Selvan will develop tools or materials to improve the integration of community care givers into the health care system and define the roles and responsibilities of community caregivers. Currently community caregivers are not well integrated into the health care system. A strategy aimed at working with nurses and community

caregivers will be developed to strengthen the interpersonal relationships between the two, to define roles and responsibilities of community caregivers within the health service and to help both nurses and community caregivers to collaborate to ensure quality service delivery. During FY06 tools will be developed, piloted and finalized. Rollout of tools will take place during FY07. This strategy will improve functioning of the health care system and address some of the human resources issues that challenge service delivery.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	100	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	150,000	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	500,000	☐

Indirect Targets

These activities contribute to the indirect PMTCT targets through the development of training materials and an implementation strategy to improve community caregiver support in the PMTCT program.

Target Populations:

Community-based organizations

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Male Involvement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3353
Planned Funds:
Activity Narrative: SUMMARY:

Male Involvement in PMTCT aims to increase uptake of PMTCT services through the development of a grassroots PMTCT campaign targeting community-based men's groups. These activities will benefit infants, pregnant women, family planning clients, people living with HIV/AIDS, public health workers, CBOs, NGOs and FBOs. The primary emphasis area for these activities is community mobilization/participation, and secondary areas are IEC and Training.

BACKGROUND:

Low uptake for PMTCT services remains a challenge to successful implementation of PMTCT in South Africa. Fear of violence from male partners as a result of HIV disclosure is often cited as one of the reasons why women choose not to be tested during antenatal care. In addition, cultural perceptions around being a good mother and wife are linked to breastfeeding. Many HIV-positive mothers report breastfeeding in front of their husbands, but formula feeding when their husbands are absent. Furthermore, anecdotal evidence from PMTCT suggests that many men are afraid to undergo HIV testing and are using their wives' HIV test results as a proxy for determining their negative status. However, when their wives test positive, they do not assume they are positive. Based on this, there is a need to develop a PMTCT male involvement campaign targeting grassroots men's groups. The campaign will work with NGOs, CBOs, sports clubs and other men's groups at the community level to ensure they receive information about PMTCT, and to address gender (key legislative issue), stigma (key legislative issue), and masculinity (key legislative issue) in the context of culture and how it relates to PMTCT. Partners of women attending antenatal care will also be targeted by the campaign. The idea behind the campaign is to sensitize men to issues relating to PMTCT to create a platform to address cultural/gender issues impeding uptake of PMTCT services. At the conclusion of the workshop, each group will be asked to develop a community-based activity or action to improve uptake of PMTCT services. These will then be implemented by the men's groups. CDC will identify the partner to conduct these activities by developing a program announcement and competing it to award a cooperative agreement.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The project will use assessments conducted and materials developed by other South African PEPFAR funded organizations (Population Council, Engender Health, Men as Partners) to develop a creative workshop targeting community-based men's groups, partners of women who choose to undergo VCT during antenatal care, sport clubs, etc. After the development of the workshop methodology, men from these groups, as well as key men in the community, will be identified and trained as workshop facilitators (n = 50).

ACTIVITY 2:

Trained workshop facilitators will be responsible for conducting workshops with five different men's groups in their community (n = 250 workshops/men's groups). In each workshop, the men will be asked to collectively develop one community-based action or activity illustrating male support for PMTCT. With monitoring and ongoing support from the workshop facilitators, the men will implement the activity in their communities.

EXPECTED RESULTS (Activities 1 and 2):

Targeting men and having them identify and implement community-based activities in support of PMTCT will improve community-wide support for PMTCT services. In

addition, it will begin a process by which men begin to understand PMTCT. Increased male involvement and community support for PMTCT will improve uptake of PMTCT service delivery, contributing to the PEPFAR target of averting seven million new infections.

ACTIVITY 3:
Provincial integrated communication strategies were developed during FY04 and implemented during FY05 with PEPFAR funding. During FY05, the newly developed integrated PMTCT communication strategies were adopted by provincial task teams in eight provinces. In order to ensure continued implementation of these strategies, Emergency Plan funds will be used to provide monitoring and support of the provincial strategies. The integrated PMTCT communication strategies aim to increase access to quality PMTCT services and improve uptake of PMTCT services, again contributing to the PEPFAR target of averting seven million new infections.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT	150,000	☐
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results	500,000	☐

Indirect Targets

These activities contribute to the indirect PMTCT targets by increasing uptake of PMTCT services through the development of a grassroots PMTCT campaign targeting community-based men's groups.

Target Populations:

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional birth attendants *(Parent: Public health care workers)*

Traditional healers (Parent: Public health care workers)

Infants

Non-governmental organizations/private voluntary organizations

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Monitoring PMTCT
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3550
Planned Funds:
Activity Narrative: SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to implement a review of PMTCT training materials followed by implementation of PMTCT training design to improve the quality of services provided at eight facilities. The major emphasis area for this activity is training, with minor emphasis on quality assurance/supportive supervision. Target populations for this program area include pregnant women and infants, public health care clinicians and NDOH staff.

BACKGROUND:
This project builds on the Emergency Plan-funded Good Start Cohort Study. The results of the cohort study have highlighted the need for interventions to improve the quality of PMTCT services. A consortium of organizations will be implementing this project including the Medical Research Council, Health Systems Trust, University of the Western Cape and CADRE.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The first activity in this program area will involve orientation of health workers to training materials developed in FY05 and implementation of on-site training courses. These courses will be undertaken at eight health facilities in three districts in South Africa (Umlazi, Paarl and Umzimkulu). It is estimated that 80 health workers will complete the training course, including doctors, nurses and lay health workers. The training will focus on improving the knowledge and skills of health workers to implement a comprehensive package of PMTCT care. Funding for this activity will be used to support qualified trainers and for the costs of running on-site training courses. Previous research by this team has found that centralized training has less impact that on-site training. This training will therefore be held on site to avoid disruptions to services and to allow application of the training to the clinical setting.

ACTIVITY 2:
The second activity will involve quality assurance and supportive supervision of the clinic managers in the eight facilities where PMTCT training will occur. This will be undertaken to ensure that the benefits of training are applied in the clinical setting and that managers are able to follow up and support staff after the training to ensure long-term gains from the training. Previous evaluations undertaken by this project team have found that the impact of training is lost without ongoing supervision and support. It is envisaged that the training will result in improvements in the quality of care provided to antenatal clients and HIV-positive women and children, particularly relating to PMTCT counselling. Funding for this activity will be used to support a facility supervisor who will provide support to facility managers with regard to quality improvement and staff supervision.

The expected results from these two activities are completion of training of 80 health workers in PMTCT and infant feeding and completion of training of clinic and hospital managers to ensure ongoing quality assurance. These results contribute to the PEPFAR 2-7-10 goals mainly through the prevention focus. Improvement in the quality of PMTCT services will result in increased numbers of women accessing CT, Nevirapine and infant feeding counseling which should result in a reduction (infections averted) in mother to child transmission of HIV.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	8	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,000	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	80	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5,000	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Infants
Pregnant women
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Western Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: HSRC

Prime Partner: Human Science Research Council of South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 3553

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to PMTCT activities, HSRC also implements activities described in the Other Prevention (#3552) and SI (#3343) program areas.

SUMMARY:

The Social Aspects of HIV/AIDS and Health Research Programme (SAHA) of the Human Sciences Research Council (HSRC), proposes using Emergency Plan funds to expand public PMTCT services to 15 clinks in Region E (Qaukeni District) of the Eastern Cape Province, an underserved region of South Africa. The HIV prevalence among pregnant women in region E was 24.0% in 2000 and 30.0% in 2004. This increasing infection rate among women who receive ANC services signals the likelihood of an increased rate of pediatric HIV from mother-to-child transmission. The HSRC continues to assist the Government of the Eastern Cape to maximize the knowledge gained so far in the implementation of pilot programs to raise the participation of women in the extended PMTCT program and to improve its effectiveness. Emphasis areas for this program include: Community mobilization and participation, the development of networks/linkages/referral systems, and SI. The target population for this program will include women of childbearing age and their families and sex partners; public health workers; traditional healers and birth attendants; community, religious and business leaders; and representatives of the local and national governments, with a particular emphasis on policy makers.

BACKGROUND:

Mother-to-child transmission is one of the main routes of HIV infection in Sub-Saharan Africa. Worldwide, many countries have achieved reductions in mother-to-child transmission rates through the use of ARV drugs (AZT and Nevirapine) in the context of PMTCT programs. However, these benefits have yet to be fully realized in Africa, including in South Africa. While the South African government PMTCT program is making strides in urban areas, there have been problems implementing the program in poor, rural provinces such as the Eastern Cape. Some of the barriers to implementation include: Restricted access to telecommunications; inadequate transportation to facilitate clinic visits, especially after hours; insufficient staffing and training; cultural influences, such as the power assigned to male partners (key legislative issue) and traditional birth practices, which limit women's decision-making ability; and stigma against people with HIV and AIDS (key legislative issue). For PMTCT to operate effectively, patients must have access to the following services and supplies: Counseling and testing; Nevirapine and other ARVs for peri- and post-natal therapy; and formula milk for breast milk replacement feeding. Clinics must also have an adequate record-keeping system for patient follow-up. In Region E of the Eastern Cape Province, where health services are under-funded due to structural limitations, meeting these needs has been a major challenge.

ACTIVITIES AND EXPECTED RESULTS:

HSRC will use Emergency Plan funds to improve and expand PMTCT services from five Ford Foundation-funded clinics in the province (Nkozo, Bala, Flagstaff, Mkhambati and Holy Cross Gateway) to 20 clinics. These 15 ANC clinics will allow HSRC to provide PMTCT to the entire region (increasing gender equity in HIV/AIDS programs, key legislative issue). Emergency Plan funds will be used to improve CT uptake and mobilize community leaders through volunteers, FBOs, CBOs, NGOs, local HIV/AIDS district councils, and traditional healers and leaders. Funds will also be used to raise the awareness of home-based caregivers to the availability of PMTCT services; identify and train traditional birth attendants (TBAs) on PMTCT-related issues and Nevirapine administration after delivery; and train community health workers on infant feeding with appropriate breast milk substitutes (formula), weaning and the

treatment of breast infections.

All of the women at the 15 new sites will be encouraged to participate in PMTCT services. Of the pregnant women who are estimated to participate, all will be counseled and tested for HIV by the provincial health system. Based on an estimated HIV prevalence in this area, 30% of the HIV-positive women will be expected to benefit from PMTCT services. These women will be evaluated using the WHO staging system. Those found to have CD4 counts <200 will be referred to accredited ARV treatment sites. A 50% uptake rate is expected for women receiving a complete course of Nevirapine prophylaxis. All children <18 months whose mothers participated in the PMTCT project will be tested using PCR to determine infection status. Infected children needing follow-up will be referred. Emergency Plan funds will be used to hire three field coordinators for Flagstaff (covering nine clinics), Lusikisiki (six clinics) and Bizana (five clinics). Fifteen retired nurses and six counselors will be hired to complement those already working in the provincial health services. Eighty mothers-to-be will be recruited (increasing women's access to income and productive resources, key legislative issue) to provide psychosocial support to men and women living with HIV/AIDS (male norms and behaviors, key legislative issue) and to conduct home visits to distribute Nevirapine packs to enrollees. These counselors will also encourage mothers to come for follow-up care and infant vaccinations. Emergency Plan funds will also be used to appoint and train 40 lay volunteers to be based in all 40 clinics, and one project administrator, based in HSRC's Cape Town office, to handle project management and logistics. Emergency Plan resources will also be used to facilitate clinic committees at every site, and work with the DOH and Médecins Sans Frontières to train TBAs and PMTCT adherence counselors in Nevirapine administration. As a cost effective means to conduct private counseling sessions, funds will be use to purchase a prefabricated structure in Flagstaff. Lastly, HSRC will use Emergency Plan funds to assist the DOH to automate its monitoring and evaluation system to ensure that data are available for reporting and program improvement. Two data operators and a supervisor will be hired to assist the DOH and support data analysis and reporting.

By providing care to HIV-positive women and PMTCT prophylaxis to 50% of them, the HSRC program will contribute substantially to the Emergency Plan goals of caring for 10 million PLWHA and preventing seven million infections. These activities are also supportive of with USG objectives for HIV/AIDS CT and care and treatment as described in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	15	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,250	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	225	☐
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,333	☐
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Infants

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Public health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Traditional birth attendants (Parent: Private health care workers)

Traditional healers (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

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 Areas

Eastern Cape

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CDC Support
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 3564
Planned Funds: [redacted]
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is in support of the NDOH. CDC carries out additional activities in support of NDOH, including activities in the PMTCT (#3047), TB/HIV (#3045), CT (#3046), SI (#3044) and Other Prevention (#3043) program areas. Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:
Emergency Plan funding will support the NDOH in the implementation of an Infant Feeding Meeting, which will bring together key stakeholders in PMTCT for a PMTCT Infant Feeding Policy Review. The major emphasis area for this activity is policy/guidelines, with additional emphasis on community mobilization/participation, development of network/linkages/referral systems, and IEC. The activity targets NDOH officials, policy makers, and other NDOH staff, and HIV-exposed infants are the primary beneficiaries.

BACKGROUND:
The South African Guidelines of infant feeding options for HIV positive mothers state that "HIV positive women should be able to make an informed choice about infant feeding options. The two options available to HIV positive mothers are: - exclusive breastfeeding and stopping early (4-6 months) or replacement feeding (using commercial infant formula)." The national PMTCT protocol ensures that mothers who choose to formula feed their infants are given a six-month supply of free infant formula. Women who have chosen to exclusively breastfeed can be given a six month supply of infant formula when they stop breastfeeding. Although the primary component of the policy is around 'informed choice', infant feeding remains one of the challenges to reducing vertical transmission. We know that in South Africa, mixed feeding is the norm and very few mothers are able to exclusively feed their infants. In addition, for mothers who have chosen replacement feeding, clinic supplies often run out and it takes more than three months for supplies to be replenished. This results in women being forced to mix feed. Furthermore, there is considerable stigma associated with "PELOGON" (the brand of free formula given to HIV positive mothers), and women fear being labeled as HIV positive because of the tin given to them at the clinic. Free formula also accounts for more than 50% of the National PMTCT budget. In order to address this challenge, NDOH would like to call a Key stakeholders meeting to review the existing infant feeding policy, and adapt or change the policy as necessary. In addition, at this two-day stakeholders meeting, strategies for improving exclusive feeding will also be addressed. Recent evidence from Zimbabwe (ZITAMBO Study) and from a seven year cohort study conducted in KZN (to be released in January) will provide useful insight to the policy review.

ACTIVITIES AND EXPECTED RESULTS:
Emergency Plan funding will be used to convene a PMTCT stakeholders meeting to discuss the infant feeding policy and develop strategies to improve exclusive feeding in HIV positive mothers. The aim of the meeting is to strengthen the infant feeding component of the PMTCT program. In strengthening the infant feeding component of the PMTCT program, this project will contribute to the PEPFAR goal of averting seven million new infections by developing strategies aimed at lowering vertical transmission occurring between six weeks and nine months as a result of infant feeding practices.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Indirect Number of service outlets		☑
Indirect number of women provided with a complete package of PMTCT services		☑
Indirect number of women provided ARV prophylaxis for PMTCT		☑
Indirect number of people trained for PMTCT services		☑
Number of infants born to HIV positive mothers that receive a complete course of cotramoxizole (from 6 weeks - 1 year)		☑
Indirect number of infants born to HIV positive mothers that receive a complete course of contramoxizole (from 6 weeks - 1 year)		☑
Number of mother-baby pairs followed up over 12 month period		☑
Indirect number of mother-baby pairs followed up over 12 month period		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Indirect number of pregnant women who received HIV counseling and testing fo PMTCT and received their results		☑

Indirect Targets

These activities contribute to the indirect PMTCT targets by supporting the NDOH in the implementation of an Infant Feeding Meeting, which will bring together key stakeholders in PMTCT for a PMTCT Infant Feeding Policy Review.

Target Populations:

Infants

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

HIV positive infants (0-5 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: PMTCT-NHLS
Prime Partner: National Health Laboratory Service, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4425
Planned Funds:
Activity Narrative: SUMMARY:

The National Health Laboratory Service (NHLS) will use Emergency Plan funds to implement a pilot/demonstration project aimed at increasing access to early HIV diagnosis for infants, and develop guidelines for rollout of the project on a national level. This project was specifically requested by the Gauteng Province DOH, with strong support from NDOH and its PMTCT Early Diagnosis Committee. Policy and guidelines will be the major emphasis area for this program, with minor emphasis given to commodity procurement, the development of network/linkage/referral systems (especially between immunization clinics, early infant diagnosis and treatment, care and support), and logistics. The target population will include infants (birth to five years old) who are HIV-positive and those who are not infected. SAG policy makers will also be targeted.

BACKGROUND:

South Africa's public ARV program is a little more than a year old. About five million people in the country are HIV infected and it is estimated that about 500,000 of these, which include 60,000 children, are in urgent need of antiretroviral therapy. By early 2005 fewer than 3,000 children were receiving ARV while the total number of people on treatment nationally was almost 30 000. One frequently cited reason for so few children accessing treatment is the fact that mechanisms to diagnose infants early are not in place. Although NDOH Guidelines have recently made provisions for early diagnosis with HIV DNA PCR, in most places this has not yet replaced the previous protocol of using HIV ELISA tests at 12-months of age. In reality infants are not followed up and either die before accessing care or only present once they are already ill with their first HIV-related illness. Lack of early diagnosis for exposed infants and the integration of PMTCT services with services providing ARVs, have been identified as keys to improving access to care for HIV-affected children and their families, and thereby increasing the number of HIV-infected people receiving treatment.

The use of dry blood spots (DBS) on filter paper for viral detection by HIV DNA PCR at six-weeks of age has been shown to be highly accurate when done in a research setting. Heel prick blood collected on DBS is particularly appealing in resource-poor, primary health care (PHC) settings where personnel are not trained to venisect young infants but do perform heel pricks for other investigations, e.g. bilirubin. However, implementation and the challenges this might pose when done routinely on a large scale needs to be assessed at both the PHC clinic and laboratory level. This project aims to assess the implementation challenges and develop guidelines for the scale-up of early infant diagnosis for infants born in PMTCT programs. This project was specifically requested by the Gauteng Province DOH, with strong support from NDOH and its PMTCT Early Diagnosis Committee.

ACTIVITIES AND EXPECTED RESULTS:

Using Emergency Plan funding the following activities will be carried out:

ACTIVITY 1 (Demonstration Project):

NHLS will implement a demonstration project at three Gauteng Province PHC clinics affiliated with PMTCT programs in resource poor settings. The project anticipates that it will test approximately 450 infants, of which 200 will be tested at scheduled immunization visits at six weeks, and 250 at scheduled immunization visits at nine months. Infants testing positive will be referred for assessment and treatment to the Wits Pediatric HIV Unit. NHLS will monitor the number of HIV DNA PCR tests performed monthly by participating pediatric/immunization clinics (from the NHLS

computer system) and the number of HIV-infected children referred between these clinics and the Wits Pediatric HIV Unit as objective indicators of the project's success.

ACTIVITY 2 (Guidelines and Advocacy):
Based on the results of the demonstration project, NHLS will develop evidence-based, practical guidelines for providing an accurate infant diagnostic service, *realistic for the local PHC clinic setting and laboratory infrastructure in Gauteng Province, South Africa. Project findings will be reported to the Gauteng* Province DOH and the NDOH to inform the rollout of early infant diagnosis programs throughout South Africa, and to advocate for the integration of AIDS care services in low resource settings. These guidelines will include:
• Recommendations on alternative HIV test options for settings where PCR is unavailable;
• Requirements for validating new HIV tests that will become available in the future;
• *Report on experience (e.g., successes and failures, requirements, pitfalls) using the* PHC Expanded Program for Immunization (EPI) service as an entry level for access to HIV care for infants (and their families), and for referral systems to facilitate comprehensive HIV care between PHC and hospital facilities.

The NHLS early infant diagnosis demonstration project will increase the number of infants accessing treatment in Gauteng Province, and serve as a platform for expansion of early infant diagnosis programs throughout the country. These activities support the Emergency Plan Five Year Strategy for South Africa by supporting government efforts to improve quality of and access to care and treatment for HIV-infected children.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Logistics	10 - 50
Policy and Guidelines	51 - 100

Target Populations:

Infants

Policy makers (Parent: Host country government workers)

HIV positive infants (0-5 years)

Coverage Areas

Gauteng

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4743
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This PMTCT activity will be linked to program activities carried out in the Counseling and Testing (#3279) program area.

SUMMARY:
The CDC's Division of Sexually Transmitted Disease Prevention will use Emergency Plan funds to evaluate existing program data to understand the barriers to the effective implementation of the national maternal syphilis screening and treatment policy in existing PMTCT and antenatal care (ANC) programs in South Africa. This work will also seek to understand the links, if any, between syphilis and HIV screening. The major emphasis area for this program will be needs assessments, with minor emphasis given to IEC and SI. The target population will include infants, pregnant women and public sector health workers.

BACKGROUND:
Preliminary data from southern Africa support the observation that HIV mother-to-child (MTC) transmission is higher among women co-infected with syphilis than among women without syphilis, even in the presence of effective ARV prophylaxis for neonates. Thus, untreated maternal syphilis appears to lead not only to congenital syphilis, but also to increased HIV infection for infants. The fact that inexpensive, easy-to-use syphilis screening tests exist, and that effective treatment (intramuscular penicillin) is inexpensive (often single dose) and universally available on national essential drug formularies, suggest that this HIV prevention strategy could be improved if the systems and other barriers to effective syphilis screening and treatment were understood and, when possible, modified. In South Africa, national guidelines have recommended universal syphilis testing as part of routine care for ANC attendees for many years. However, a 2002 survey of ANC clinics in South Africa found only four (29%) of 14 clinics had a functioning testing system for syphilis. Patient transportation was the single most important obstacle to testing. The most recent (2004) national survey among ANC attendees found syphilis prevalence still high (1.0 – 7.0%), but declining in some but not all provinces. The 2004 survey also found 15.4 – 40.7% HIV prevalence among the same ANC attendees, highlighting the potential HIV prevention benefits that syphilis screening could provide to ANC clients in South Africa. Barriers to syphilis screening, and links between syphilis and HIV screening in ANC and PMTCT clinics, are not clearly understood.

ACTIVITIES AND EXPECTED RESULTS:
This activity proposes to use existing data to identify key program outputs such as: (1) The number and proportion of women with access to ANC services, and who access ANC early in pregnancy (before 20th week); (2) The number and proportion of ANC clients who have an HIV test and/or a syphilis test recorded; (3) The number and proportion of those with positive HIV and/or syphilis tests who receive their test results; (4) The number and proportion with syphilis and/or HIV who receive treatment; and (5) The program data review will also look for the types of syphilis and HIV tests done (e.g., rapid) and the screening approach used, the timing of receipt of test results, the adequacy of available treatment for HIV and/or syphilis, and local policies on re-screening at delivery.

At three-to-five different ANC or PMTCT sites with particularly high or low syphilis screening rates, nurses will make site visits and talk with health care and laboratory providers and administrative staff to understand possible systems-level barriers or facilitators to screening (for syphilis and HIV). The results of this assessment will be disseminated to enhance program efforts in FY07. The promotion of ANC syphilis screening is a national policy and needs assessments such as this have been

conducted in some but not all provinces. Whether barriers to syphilis and HIV screening are linked is not understood. This activity has not previously been funded with Emergency Plan funds.

Specific activities for which Emergency Plan funding will be used will include:
• A meeting of local/national and other donors involved in ANC and PMTCT HIV and syphilis screening to coordinate efforts and information.
• Two nurses will be hired to review program data from selected existing PMTCT and ANC programs, visit selected sites, and discuss system barriers and facilitators.
• One person will be hired to conduct data entry and simple analyses of chart review data.
• A report will be developed outlining needs assessment results and recommending next steps.

EXPECTED RESULTS:
• Existing records will be reviewed to characterize system barriers and possible solutions to enhance syphilis case detection and treatment among ANC and PMTCT clinic attendees and to understand links to HIV and syphilis testing.
• This activity will enhance prevention of mother-to-child HIV transmission by improving ANC-based systems for HIV and syphilis screening.

By collecting and analyzing data on syphilis screening in antenatal clinics, the Division of STD Prevention will help South Africa gain a better understanding of the barriers to syphilis screening and the links between syphilis infection and the transmission of HIV from an infected mother to her infant. Based on the findings of the needs assessment described above, changes may be made to current screening and testing protocols. These changes may, in turn, lead to an increase in the number of pregnant women co-infected with syphilis and HIV receiving PMTCT services, including prophylactic antiretroviral therapy before and after birth. This accomplishment will contribute to the realization of the Emergency Plan's goal of preventing seven million new infections. It is also in-line with prevention objectives outlined in the USG Five Year Plan for South Africa.

Emphasis Areas	**% Of Effort**
Infrastructure	10 - 50
Needs Assessment	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Infants
Pregnant women
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

UNCLASSIFIED

Table 3.3.01: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4775

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

This activity was presented as an individual entry in the FY05 COP. In FY06, the activity will be continued, under the same Cooperative Agreement with the NDOH, as part of the PMTCT program area activities of the Eastern Cape Regional Training Center and are fully described in Activity #3042.

UNCLASSIFIED

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area:

Program Area Context:

HIV prevention remains a major challenge in South Africa. Despite almost universal awareness of AIDS, the changes in behavior needed to reduce new infections remain elusive. HIV rates continue to rise, increasing to 29.5% among pregnant women.

To slow transmission, it is essential to increase risk avoidance -- both abstinence for youth, and fidelity and partner reduction for adults, especially men. Young women, with higher infection rates than young men, are a prevention priority. Infection rates peak among women in their twenties; 16% of pregnant girls under age 20 are already HIV-positive. High levels of sexual violence may contribute to the epidemic.

The USG strategy calls for a broad-based prevention program including school-based, community and media interventions to delay sexual activity among youth, promote fidelity and partner reduction among sexually-active adults, and increase community involvement in prevention. The strategy supports the SAG goals of promoting safe and healthy sexual behavior, and involving all sectors of society in HIV prevention. Consistent with the SAG, the USG seeks to integrate AB activities within more comprehensive programs.

By March 2005, USG-supported programs had reached 4.2 million people face-to-face with AB messages, and over 25,000 youth with abstinence-specific messages. With FY06 funds, the USG will expand and intensify outreach through CBO and FBO networks, which are best equipped to reach local communities and influence values and norms. The emphasis will be on person-to-person communication, such as Humana's door-to-door, individually-tailored counseling on risk assessment and behavior change. One innovative activity will utilize Zulu traditional healers to deliver prevention messages that reinforce traditional values. The USG will also provide support to the SAG's Life-Skills program for in-school youth which encourages abstinence and delaying sexual activity until marriage.

USG partners will target traditional youth audiences for abstinence education through schools and church youth groups, and address prevention needs among girls and OVC. Partners will also target less conventional audiences such as university students, teachers' unions, the military and traditional leaders, with emphasis on fidelity and partner reduction messages.

USG-funded programs will address male attitudes, norms and behaviors that contribute to the epidemic. The Men as Partners (MAP) program will train other NGOs in strategies for increasing male responsibility for HIV prevention. A program with traditional leaders will mobilize communities to challenge norms of masculinity that contribute to high-risk behavior.

USG-supported media programs reached 18.7 million people with AB messages by March 2005. An evaluation of the award-winning Tsha Tsha series found viewers are more likely than non-viewers to change behaviors and discuss episodes with others. Future media activities will focus on personal risk perception, male norms and community action to support healthy behaviors. Support for the NDOH's national Khomanani campaign will address common misconceptions relating to risk. MAP will support media activities that target men with messages about fidelity and sexual responsibility. The Soul Buddyz program for children will link to community-based clubs, while Tsha Tsha episodes will be repackaged for use by community discussion groups.

USG assistance complements general population and youth prevention efforts supported by other donors, including support from DFID for Soul City and FBOs, and from the Finnish and Irish governments, and Gates and Kaiser Foundations, for prevention programs for youth. The USG assumed funding for Soul City, previously supported by the Global Fund, and some Emergency Plan partners collaborate with the Global Fund-supported Western Cape DOH project (Harvard) and the loveLife program (Hope Worldwide).

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	13,480,130
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	994,397
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	34,257

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Africare
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	2911
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

The AB activities of the project form one component of a comprehensive approach to HIV/AIDS treatment, care and support described in Basic Care and Support (#2909), TB/HIV (#3752), CT (#2910) and ARV Services (#2908) sections of the COP.

SUMMARY:
Africare's Hewu Comprehensive HIV/AIDS Project provides HIV/AIDS, care and support to the Whittlesea community surrounding the Hewu hospital in the Eastern Cape. Activities proposed here are carried out to consolidate the existing AB activities and support the expansion to a wider coverage area to include eight new clinic catchment areas. The major emphasis area for the activity is community mobilization/participation, with additional emphasis in training, human resources, IEC, quality assurance/supportive supervision and SI. Several populations are targeted for AB activities, described below in the background information on this project.

BACKGROUND:
Initiated in September 2004, the Hewu Project is part of a comprehensive prevention, treatment, and care and support project that includes community mobilization, step-down and palliative care, and prevention activities. Activities targeted at in and out-of school youth, teachers, clients at health facilities, religious institutions, traditional healers, and traditional leaders began in FY05 with Emergency Plan funding. Two new target groups (prisoners and transactional sex workers) and new activities for all target groups will be initiated in FY06. Activities targeted at in-school youth, teachers, prisoners, transactional sex workers, traditional healers, and traditional leaders, will be implemented directly by Africare, while activities targeted at out-of-school youths, and churches will be implemented in partnership with yet-to-be determined sub-partners.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1 (Peer Education):
Currently the project has identified supervisors in-charge of peer education activities for in- and out-of-school youth, teachers, traditional leaders/healers, CBOs and faith-based groups. Peer educators and advocates from these target groups have been trained; workplans on peer-education activities and community mobilization events developed, and in some cases are operational. Under the guidance of trained supervisors, this activity will strengthen and monitor the peer education and community mobilization activities carried out by all target groups. This will include awareness campaigns at high impact calendar events that will promote AB messages and denounce cultural practices that may contribute to the further spread of HIV. In-service training and workshops will also be conducted. Peer education campaigns conducted through CBOs, youth groups, taverns, shebeens, youth forums and FBOs targeting out-of-school youth will be mobilized to discuss issues of gender-based violence and rape (key legislative issues), transactional sex, stigma and discrimination (key legislative issue), denial, and other related issues, to address female empowerment and/or reinforce positive sexual behaviors. Additionally, the program will identify peer-educators and advocates from populations of prisoners and at-risk youth and women engaging in transactional sex, and train them through workshops and information sessions on life skills and other activities that promote behavior change. As the project expands to include 3 new clinic catchment areas within Frontier hospital, peer educators and advocates will be identified and trained. The project will partner with the government's accredited service provider in the area to expand the existing Department of Education HIV/AIDS peer-education based

curriculum and activities in primary and secondary schools in the 3 new areas that have not been reached. The project supervisors in-charge will coordinate these activities. Thereafter peer-to-peer activities and mobilization activities like school debates, film shows, dramas and other activities promoting the project's objectives will begin. More culturally appropriate BCC and IEC materials will be adapted, developed and disseminated through the above mentioned structures. The project IEC Specialist will oversee this component. The funding for this activity will support the salaries of the peer educator supervisors, production of IEC materials to cover the new project area, community mobilization and peer education activities, and all the training needs as identified above. This activity will build on FY05 successes (3,000 people reached and 149 people trained in the 17 catchment areas) by providing support to train 930 individuals on HIV/AIDS prevention and reaching an estimated 53,900 individuals.

ACTIVITY 2 (Prevention Outreach by Community Caregivers):
The aim is to strengthen and support ongoing work and expand the activities of the project's network of service corps volunteers (SCV) and community caregivers that provide door-to-door HIV/AIDS education to family members during weekly visits to clients (PLWHA). As the home-based care program expands, more community caregivers will be trained to deliver culturally sensitive messages that promote behavior change. This funding will support training of 25 SCV and an estimated 200 caregivers in HIV/AIDS messaging, and sponsor public speaking opportunities at outreach events, increasing educational access of HIV infected and affected individuals (key legislative issue).

ACTIVITY 3 (Prevention Campaigns in Health Facilities):
The final activity is to strengthen and establish HIV/AIDS prevention campaigns, as part of an integrated counseling program provided at the project's clinics (including antenatal and TB clinics) and hospitals. The project will train health facility staff, CT counselors, and SCV at the health facilities through workshops and educational lectures. Training will stress the delivery of culturally appropriate messages that reinforce behavior change. Further, the program will procure equipment (television, VCR) to continuously play tapes at the health facilities. By doing so, clients waiting will be reached with prevention and behavior change messages. This activity will reach an estimated 2,000 individuals, mostly women, thereby ensuring that an equitable number of women are reached with abstinence and faithfulness prevention messages (key legislative issue).

Africare's activities strongly support the vision outlined in the USG/South Africa's Five Year Strategy by expanding culturally appropriate prevention information to targeted populations and increasing access to services. These activities contribute to the Emergency Plan goal of infections averted.

Emphasis Areas	% Of Effort
Training	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	42,600	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	14,400	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,260	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Brothel owners
Commercial sex workers (Parent: Most at risk populations)
Community leaders
Community-based organizations
Faith-based organizations
Family planning clients
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Prisoners (Parent: Most at risk populations)
Teachers (Parent: Host country government workers)
Volunteers
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Religious leaders
Nurses (Parent: Private health care workers)
Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Education

Coverage Areas

Eastern Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2919
Planned Funds: [redacted]
Activity Narrative: *INTEGRATED ACTIVITY FLAG:*

EngenderHealth will collaborate with several Emergency Plan grantees in training described in Activity 1, below. In addition, EngenderHealth will work with JHU/Mindset (#2988) on a project described in Activity 3.

SUMMARY:

By challenging the gender related beliefs and attitudes that encourage men to equate masculinity with dominance over women, the pursuit of multiple partners and other risk-taking behaviours, the Men as Partners (MAP) program uses a range of strategies -- workshops, community education, media advocacy and public policy -- to encourage young and adult men to remain abstinent, to be faithful and to decrease their number of sexual partners, thereby reducing the risk-taking behaviour that puts themselves and their partners at risk. The primary emphasis area is training. Populations to be targeted include children and adults, people affected by HIV/AIDS, community members, health care providers, and special populations.

BACKGROUND:

EngenderHealth has received USG funding since 1998 to support FBOs, NGOs and government to implement MAP programs in South Africa. EngenderHealth has used workshops, community education, IEC materials, media advocacy and policy development to promote abstinence, faithfulness, reduction of sexual partners and to increase men's use of HIV services. In FY06 EngenderHealth will work with government and civil society partners to assist them to incorporate MAP programs and activities into their existing programs and strategies.

EngenderHealth has provided focused training and technical assistance to over 30 public sector and civil society organizations over the last 12 months, each of which has in turn trained other organizations. Building on these successes, EngenderHealth has assisted national and provincial governments to develop male involvement policies and programs, including the development of a National Task Force on Men and Gender Equality housed within the Presidency. Through its workshops, community education, IEC materials and frequent visibility in national print and television media, the MAP program has reached men across the country with messages that encourage men to reduce risk-taking behavior and to pursue health-seeking behavior. Featured regularly in international media, MAP has been singled out in Ambassador Tobias's speeches as an innovative and effective program. In addition, Emergency Plan funding has been key in leveraging other donor funds, including UNAIDS, Ford Foundation and Canadian SIDA.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

EngenderHealth will provide in-depth training on the implementation of MAP to two sets of partner organizations: 1) Emergency Plan grantees and 2) the Western Cape Department of Social Development's HIV/AIDS Family Strengthening Initiative in collaboration with its NGO partners -- the Western Cape Network Against Violence Against Women, Resources for the Prevention of Child Abuse and Neglect (RAPCAN), the Parent Centre and the South African Media and Gender Institute.

Using the MAP and Gender Equality Community Manual, EngenderHealth will build the skills and commitment of these partner organizations to implement MAP workshops at the community level that focus on abstinence, faithfulness, the reduction of sexual partners, the need for men to respect women's right to negotiate sex and the need for men to play a more engaged role in meeting the needs of orphans and vulnerable

children (male norms, key legislative issue).

Using MAP workshops for community mobilization, EngenderHealth will utilize the MAP Community Action Team Manual to train partner organizations to use community mobilization strategies to reach greater numbers of young and adult men with risk reduction messages that promote AB and that challenge gender based violence and promote gender equality.

EngenderHealth will also train partner organizations in the use of MAP IEC materials and strategies including videos, posters, murals and cartoons. In addition, drawing on EngenderHealth's recent successes in working with the Presidency to establish a national task force on men and gender equality, EngenderHealth will train partners in the use of policy analysis and systems strengthening approaches that increase the capacity of government to promote constructive male involvement (governance, key legislative issue).

ACTIVITY 2:
In FY06 EngenderHealth will continue to work with the City of Johannesburg and with FBO, NGO and CBO partners listed above to build the capacity of local government and civil society to implement MAP programs that 1) increase men's commitment to abstaining, being faithful and the reduction of sexual partners; 2) prevent men's violence against women (key legislative issue) and promote women's rights (key legislative issue); 3) increase men's utilization of HIV services (key legislative issue) -- especially HIV testing and ARV uptake and adherence-and their support for their partners participation in these services -- especially PMTCT; and 4) improve the quality and availability of male friendly HIV services.

To achieve these goals, EngenderHealth will use the Men's Reproductive Health Curriculum in conjunction with a stigma reduction manual (key legislative issue). With support from EngenderHealth, partner organizations will strengthen outreach approaches, implement new programs and mobilize key stakeholders to support greater participation of young and adult men in sexual and reproductive health and in the prevention of gender-based violence.

ACTIVITY 3:
EngenderHealth will partner with JHU/Mindset to screen existing MAP video materials in clinics and in schools to assure that Mindset materials include AB messages directed to men.

This activity will contribute to the overall Emergency Plan objectives of 2-7-10 by increasing the number of men accessing HIV services including treatment; increasing the number of young and adult men choosing to abstain or be faithful/reduce their number of sexual partners; reducing women's vulnerability to HIV/AIDS by preventing gender-based violence; and increasing the number of men caring for the ill. EngenderHealth will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by increasing the effectiveness of NGO activities in the area of being faithful.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Information, Education and Communication	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	150,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Country coordinating mechanisms

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

International counterpart organizations

Mobile populations (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Program managers

USG in-country staff

USG headquarters staff

Volunteers

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Transgender individuals (Parent: Most at risk populations)

Religious leaders

Host country government workers

Public health care workers

Other health care workers (Parent: Public health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Democracy & Government

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	IMPACT RHAP
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	2923
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information to the reviewers. No FY06 funding is requested for this activity, since this activity is ending.

Emergency Plan funds supported 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 supported the network's leadership to produce quarterly newsletters to promote HIV prevention messages and provide examples of how church leaders can effectively deliver messages to their faith communities through sermons and individual and family-based counseling. FHI supported 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 attended each retreat. In addition, FHI's activities involved 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 included 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 expanded across the region with reach greater than the activities described here.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CTR
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2926
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity, since this activity is ending.

FY05 Emergency Plan funds are supporting FHI (CTR) in the design, test and scale up of effective interventions that 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. FHI is working 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. This activity, approved in FY05, will not be continued in FY06 because of funding adjustments to allocate money to meet legislative budgetary requirements, particularly in the area of ARV treatment.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Deliver 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2942
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

JSI's AB activities are linked to activities described in the Other Prevention program area (#2944). In addition, JSI carries out an unrelated activity described in ARV Services (#2943).

SUMMARY:

John Snow, Inc. (JSI) will continue to leverage its unique positioning and physical location within the Chief Directorate: HIV/AIDS & TB of the NDOH which provides a seamless working relationship between the two partners, to develop and implement a national Abstinence and Being Faithful campaign. JSI works collaboratively with the SAG "Khomanani" (Caring Together) information, education and communication (IEC) campaign to ensure the SAG has a balanced ABC prevention program not only for youth 15 and above and/or sexually active youth, but also for youth aged 14 and younger focusing on abstinence messaging that is appropriate for their age. The emphasis areas for the activity are IEC and local organization capacity development; the target populations are children and youth, adults and family planning clients.

BACKGROUND:

JSI has provided technical assistance to the NDOH since 2000 and was instrumental in establishing the SAG's STI & HIV/AIDS Prevention Unit. In FY03/FY04 JSI worked closely with the Khomanani implementers and the national AIDS Consortium Team in designing and launching the government's new public sector condom, launched by the Minister of Health. Building on the successful collaboration with the SAG structures, the NDOH has requested JSI/Emergency Plan support to develop and implement the long-term Abstinence/Being Faithful components for the SAG ABC prevention program. What is needed now is a communications effort that directly contributes to behavior change by enabling vulnerable populations to more realistically assess their individual risk of HIV/AIDS and empower them to choose abstinence and being faithful as the most effective prevention strategies. This Emergency Plan funding will leverage district level reach in all nine provinces (a total 27 districts), thus maximizing the effectiveness of these modest resources within the national prevention program.

ACTIVITIES AND EXPECTED RESULTS:

All activities are planned in the context of moving beyond HIV/AIDS awareness by focusing on specific perceptions that hamper effective behavior change to reduce risk. Reducing risky behavior begins with increasing individual ability to recognize and assess individual risk. For example, in South Africa there is a common perception that if a couple have had a sexual relationship for three to four weeks without any HIV-related problems developing, that the relationship is "safe" and that each partner can "trust" the other and therefore HIV is not a risk. JSI will work with the SAG's Khomanani team in identifying these common misperceptions surrounding risk as a basis for understanding the barriers to behavior change. This process will inform the team on how best to develop messaging that will focus on realistic risk assessment and encourage behavior change options in terms of abstinence and faithfulness that will best reduce risk of HIV/AIDS.

Specifically, JSI has been requested by the NDOH to assist in the establishment and training of Community Action Teams in three rural and difficult to reach districts per province (a total of 27 districts), with a special focus on 10-15 sub-district locations in each of these districts where HIV prevalence is known to be particularly high. The core district teams of four to five members will receive intensive training on how to develop effective AB messaging in the local context. It is anticipated that this understanding of the local culture and local needs relating to HIV/AIDS will result in

more appropriate and therefore more effective messaging. The core teams will work closely with community level FBOs in training them in the local messaging and developing strategies to deliver the messaging through effective modalities. It is anticipated that at least five FBO staff per sub-district location will be trained. A key focus of these efforts will be door-to-door campaigns that will include the handing out of pamphlets in local languages to reinforce the verbal messaging. FBOs will also provide messaging at community gatherings to broaden the population base of the messaging recipients. Community level campaign messaging will focus on youth and adults to encourage delayed sexual debut and secondary abstinence, and a reduction in the number of concurrent sexual partners. Expected results are behavior change with respect to increased primary and secondary abstinence and concurrent partner reduction among campaign recipients. This activity will also contribute to increasing gender equity in the South African HIV/AIDS program, improving male norms and behaviors in regard to HIV transmission, and reducing violence and coercion – all key legislative issues. Messaging for children under the age of fourteen will focus specifically on increasing abstinence until marriage, delaying first sex, and secondary abstinence (the return to abstinence) among sexually experienced youth. An estimated four million youth and adults will be reached through this AB activity.

JSI will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by working with the NDOH and its communications Khomanani partners to develop an effective AB campaign focusing on youth that targets underserved rural communities. Specifically, this activity will assist in achieving the Emergency Plan goal of averting seven million infections by supporting the training of at least 243 individuals, including the Community Action Teams and FBO staff, in the 27 districts and sub-districts to promote HIV/AIDS prevention through abstinence and/or being faithful and reaching at least four million individuals.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	243	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Family planning clients

Children and youth (non-OVC)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Nelson Mandela Children's Fund, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	2960
Planned Funds:	
Activity Narrative:	This activity with the Nelson Mandela Children's Fund (NMCF) was to be funded with FY05 Emergency Plan funds, and this entry is included in the FY06 COP to provide information for reviewers. No FY06 funding is requested for this activity.

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, FY05 Emergency Plan funds were to be used to reach out to people in eight communities in KwaZulu-Natal, Mpumalanga, and Limpopo provinces. The project had planned to mobilize 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. However, this activity with NMCF will not be implemented using FY05 funds. NMCF has undergone a refocusing exercise and will focus solely on OVC programs.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Horizons
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	2963
Planned Funds:	
Activity Narrative:	SUMMARY:

Population Council/Horizons will undertake activities to promote and strengthen HIV prevention through abstinence and being faithful, working with FBOs in community settings in 4 provinces. The major emphasis areas for the activity is local organization capacity building, supported by work in training, development of network/linkages/referral systems and community mobilization. Primary target populations for the activity are community and religious leaders, program managers, FBOs, children, youth and adults.

BACKGROUND:
Horizons will undertake an activity to strengthen the capacity of FBOs to implement HIV prevention activities for both adults and youth. FBOs in South Africa have largely focused on HIV care and support, yet they are also well-situated to provide greatly needed prevention programs, particularly via strategies that focus on AB (abstinence and mutual monogamy) promotion, as part of a balanced ABC approach. FBOs reach large numbers of people from diverse backgrounds and ages, both men and women. They are also well-respected and trusted in the community. The South African Council of Churches (SACC), Eastern Cape Council of Churches (ECCC), and Horizons are currently working together to pilot and test the ability of FBOs to deliver mutual monogamy services to couples through churches. The proposed activity will build on this ongoing work, which was supported by the Emergency Plan under the FY05 COP. Successful elements from the couple-focused pilot will be scaled-up by SACC/ECCC FBO affiliates and churches. The proposed program will also expand to include activities for in and out of school youth in community and church settings. Youth 15 and older and/or sexually active individuals will be targeted with a balanced ABC approach. Youth 14 and under who are not sexually active will be targeted with abstinence activities. Particular attention will be paid to the needs of girls and young women, including interventions to change social norms associated with sexual violence (key legislative issue).

ACTIVITIES AND EXPECTED RESULTS:
Working with the SACC and provincial church council leaders, Horizons/Population Council will conduct sensitization workshops and will mobilize FBO affiliates in eight districts in four provinces (Gauteng, Limpopo, KwaZulu Natal, and Eastern Cape). Activities will include assessments of current FBO prevention programs, discussions on monogamy issues, and the recruitment of program participants (i.e. mentors, trainers, and church congregations). This activity builds on broad consultations with organizations working on AB coordinated by Horizons, as well as the ongoing pilot program in the Eastern Cape. Using the curriculum developed by Horizons with FY05 Emergency Plan funding, FBO providers and leaders will be trained on the promotion of mutual monogamy and abstinence, as part of a balanced ABC approach; negative gender norms (key legislative issue) will also be addressed. A total of 20 FBO trainers will be trained. In turn, these trainers will conduct training activities for 60 FBO service providers, 60 church leaders, and 60 youth mentors – reaching 250-300 churches. Intervention activities will include informal marital counseling (both pre- and post-marital), peer support for monogamy - particularly among men - and abstinence among non-sexually active youth, skills-building sessions for women to negotiate monogamy and abstinence, and coordination of networks for referral and support. Drawing on the monitoring tools developed for the pilot activities, organizations will also be trained to collect and utilize data and to document lessons learned. The program will be evaluated in two provinces in two districts, using both baseline and end line surveys. In addition, ongoing technical assistance will be provided to FBOs.

By developing and training staff and community members to use an AB-focused

intervention package for FBOs and churches, and creating community-based network for AB promotion, these activities will contribute substantially to the Emergency Plan goal of averting seven million infections. In addition, the activities support the USG Five Year Strategy for South Africa by increasing effective FBO activities and creating support for positive gender norms.

Emphasis Areas	% Of Effort
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Community leaders

Faith-based organizations

Program managers

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Masibambisane 1

Prime Partner: South African Military Health Service

USG Agency: Department of Defense

Funding Source: GAC (GHAI account)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 2977

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:
AB activities form one component of Masibambisane's comprehensive approach to HIV/AIDS prevention, care and support described in Other Prevention (#2978) Basic Care and Support (#2979), OVC (#2980), CT (#2982), Strategic Information (#2981) and ARV Services (#3339) sections of the COP.

SUMMARY:
Masibambisane will use FY06 Emergency Plan funds to continue its successful work training military chaplains, unit commanders and peer educators in the values and ethics based program, carrying out mass awareness and targeted intervention programs, and developing IEC materials and campaigns that stress AB. Emphasis areas for these activities include community mobilization/participation, IEC, SI, training and workplace programs. The program targets several military populations: PLWHA, HIV/AIDS affected families and their caregivers, and public health workers and FBOs.

BACKGROUND:
The AB component of the Masibambisane program was developed by the Chaplaincy of the Department of Defence in order to ensure more focused prevention messages about abstinence and/or faithfulness. The program was developed with FY04 funding with the aim to expose all members of the DOD to the training. In order to achieve this objective all regular force chaplains as well as a number of reserve force chaplains were trained. The training was reviewed and redesigned into a three day training. This training will continue in order to reach the optimal number of Defence Force members.

All chaplains will be trained in the Pastoral, Care and Support program to enable them to render the appropriate care and support services to HIV infected and affected individuals and families, and to promote AB secondary prevention messages while doing so. Both these programs are ongoing since 2004 through PEPFAR funding, and will continue to be implemented by the chaplaincy of the DOD.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Masibambisane will provide training to DOD chaplains in the values and ethics based intervention program to train others in prevention through abstinence and faithfulness. Materials for this program will be adapted from existing training materials. The chaplaincy will also involve reserve force chaplains and liaise with the broader religious community to market the training programs to the broader non-military community in an effort to mobilize FBOs. If space is available, this training will also be opened to regional military chaplaincy.

ACTIVITY 2:
Masibambisane will provide training within the DOD as part of unit workplace programs to members of the DOD in the values and ethics based program.
This will be complemented with other workplace program interventions such as workshops with commanders and targeted abstinence and faithfulness interventions within units as well as to address stigma and discrimination (key legislative issue) in the units.

ACTIVITY 3:
Masibambisane will provide pastoral care and counseling to HIV-infected and affected individuals and families within the DOD with the secondary aim to prevent HIV

infection by HIV-positive individuals through interventions that focus on abstinence and faithfulness. This activity will further seek to establish support for PLWHA in units and also to provide caregiver support to other health caregivers.

ACTIVITY 4:
Activity 4 will be a mass awareness component addressing abstinence and faithfulness through mass activities and IEC.

All activities are included in the M & E plan for Masibambisane with focused program evaluation of the training courses. These activities will contribute to prevention of infections as well as to individuals receiving care in the DOD, in full support of USG/South Africa's Five Year Strategy and the Emergency Plan's goal to prevent seven million infections.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	40	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Faith-based organizations

HIV/AIDS-affected families

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2988
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG: The AB activities described here are part of an *integrated program also described in the Other Prevention (#2989), CT (#2991),* ARV Services (#3274) and OVC (#2990) program areas.

SUMMARY:
John Hopkins University's Health Communication Partnership (HCP) and South African partners will implement AB prevention programs through capacity building, innovative use of communication technology and community mobilization. The target populations for this activity are children and youth, adults, PLWHA, out-of school youth, religious leaders, teachers, health care providers, community and FBOs, NGOs and incarcerated persons. The major emphasis areas for the activity are community mobilization and participation, and IEC, with additional emphasis on training.

BACKGROUND:
HCP and its partners are applying the proven methodology of reaching intended audiences with similar messages but through a variety of communication channels and through credible sources. HCP will utilize the capacity of its partners to enhance both their reach and the effectiveness of their messaging, particularly AB messages. HCP's AB initiatives enter their third year in FY06. HCP continues to work with a wide range of partners including: Mindset; South African Broadcasting Corporation (SABC) Education; The Valley Trust (TVT); Centre for AIDS Development, Research and Education (CADRE); DramAidE; Community Health and Media Trust (CHMT); and ABC Ulwazi. Peer Africa became a partner in FY05 and works in three sites. The Department of Correctional Services (DCS) will join for FY06 and prisoners will become a new target audience with an emphasis on changing male norms and behavior towards gender equity.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and Health Care Workers (HCW) with technical and training information. Mindset offers a unique opportunity to use modern communication technologies to reach HCWs on site with on-demand capabilities. Mindset Health will strengthen and develop new prevention messages to be aired on its two satellite channels, particularly AB messages. HCW will reinforce prevention messages that clients will be exposed to while viewing the patient channel in waiting rooms. The prevention messages will reach approximately 1,500,000 clients at health care facilities as well as approximately 6,000 health care workers through distance learning.

ACTIVITY 2:
Communication Technology has proven to be a highly effective means to communicate educational messages, and using communication technology tools within a training context provides added benefit by facilitating more personal communication. An estimated 1,000,000 people will be reached through these innovative uses of media products.
• Prevention messages will be broadcast in public health facilities through the South African Broadcasting Corporation (SABC) funded and produced "Siyanqoba: Beat It" TV series. The series highlights the experiences of HIV-positive people and will include episodes with specific AB messages.
• CHMT will work with community volunteers at the Mindset clinic sites and train them on how to facilitate group and individual discussions on the series topics with patients in the waiting rooms. This activity will utilize the synergy of video materials,

primarily produced and funded with SABC funds, with active facilitation by members of the local communities.

• 78 episodes of the popular Tsha Tsha drama series will have been produced by SABC with PEPFAR support. Mindset has an agreement with SABC to use these materials on the patient channel. In addition through HCP and its partner CADRE, individual storylines on AB, stigma and discrimination (key legislative issue), CT, and gender violence (key legislative issue) that have been broadcast will be summarized into 15-20 minute programs that are both educational and dramatic. The community facilitators will also be trained to use these materials and given facilitator's guides specifically made for each condensed program.

• A new TV series will be produced with SABC Education to focus on local responses to HIV/AIDS and other development challenges. The show will focus on South African success stories, and highlight individuals and organizations that can serve as models for replication in other communities. The show will provide special emphasis on AB programs for young people. It will be broadcast free by SABC and SABC will contribute to production and development. It is anticipated that the program will reach an estimated 700,000 each week for 13 weeks, and be used in the community mobilization activities of other HCP partners as a stimulus for discussion and action.

ACTIVITY 3:

Several other community mobilization interventions will utilize the Beat It and Tsha Tsha materials:

• DramAidE Health Promoters (HPs), operating in 26 tertiary institutions (universities) and all living openly with HIV, focus on prevention, stigma and discrimination (key legislative issue) and gender issues. This project uses local media and workshops, accessing the Beat It and Tsha Tsha materials. The HPs will spread AB messages to schools and youth in the communities as part of community outreach.

• Paralleling the activities described above, the Department of Correctional Services will expand the use of these materials in their correctional facilities to reach prisoners with AB messages, with a particular emphasis on changing male norms and behaviors (key legislative issue). DCS will work with DramAidE in training facilitators in the use of the materials and reach an estimated 50,000 prisoners.

• TVT youth interventions use peer educators, teachers and positive voices to build community AB dialogue through workshops and community events. Abstinence only activities will be conducted with younger learners.

• Peer Africa will work with FBOs and teachers in three sites to disseminate AB messages to youth in and out of school and also utilize the Beat It and Tsha Tsha materials.

• Also focusing on youth will be selected NGOs/CBOs that utilize the Sports for Life concept. This entails setting up soccer camps that promote healthy lifestyles and impart AB messages to young people. This combination of interventions will reach an estimated 100,000 young people and capacitate 1,000 adults to impart AB messages.

• A new radio series, similar to "Body, Mind and Soul", will be developed with FY06 funding. It will be distributed to 60 community Radio stations where 20 new listeners' clubs will be created. This activity will build on the existing 40 Listeners clubs created in FY04 and FY05 with a contribution from the Emergency Plan.

HCP will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by building the capacity of young people to enable them to abstain from engaging in sexual activities and remain faithful to their partners through the innovative use of communication technology and community mobilization activities. This activity will also contribute to reaching the Emergency Plan 2-7-10 goals by training approximately 9,000 individuals to promote HIV/AIDS prevention and reaching an estimated 3,000,000 individuals by 2007.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	9,000	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach *HIV/AIDS prevention programs that promote abstinence (subset of AB)*		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Public health care workers

Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salvation Army
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 2992
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to AB activities, The Salvation Army carries out activities in the Basic Care and Support (#2993) and OVC (#2994) program areas, though the programs operate independently.

SUMMARY:
The Salvation Army promotes the AB message through two interventions: (1) Youth Mentors are equipped and resourced to deliver a values-based AB curriculum to youth in a school context or as part of a peer education group; and (2) Pastors are equipped to effectively promote AB to their congregations through integrating the message into standard church activities (sermons, women's/men's/youth groups, etc.). Target populations to be reached include children and adults, religious leaders and volunteers. Community mobilization and IEC are the major emphasis areas for the activities.

BACKGROUND:
The Salvation Army is an international Christian denomination with specific community programs related to HIV/AIDS response, encompassing all aspects of HIV/AIDS community-based care and prevention programming: home-based care, work with OVC psychosocial support work, one-on-one pre- and post-test counseling, clinical care of opportunistic infection, community counseling, and youth mobilization. The Salvation Army Matsoho A Thuso project is a holistic care and prevention model that began in November 2004 with Emergency Plan funding. The activities described above form the backbone of the project's prevention methodology. The curriculum used by the Youth Mentors was developed by Campus Crusade, and the materials for the Pastors' Training workshops were developed by World Vision South Africa. The Salvation Army projects are managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1:
Activity 1 promotes abstinence before marriage and faithfulness within marriage to youth in a school or peer group setting, using the curriculum "Life at the Crossroads." This curriculum contains 30 lesson plans complete with student activities that assist youth in building the skills they need to pursue abstinence before marriage. The curriculum also challenges misperceptions about male norms and behaviors (key legislative issue). The Salvation Army will engage the services of South African Volunteer Youth Mentors trained for this activity, and provide service to high schools and upper primary schools throughout the country. Salvation Army is currently working with 66 schools on the AB program and 84 school programs are planned for FY06. The Youth Mentors are equipped to assist in the facilitation of Life Orientation lessons, to conduct school assemblies, or to lead a peer support group for youth who wish to commit to a lifestyle of abstinence before marriage. The backbone of this activity is the dissemination of values-based information and education. Other program components include a needs assessment to be conducted by October 2005 to ascertain youth attitudes before our intervention, the engagement of the community through the community conversation process, ongoing supportive supervision and the implementation of a Monitoring and Evaluation plan. Building on last year's successes in which 98 Youth Mentors reached a total of 29,442 youth with the abstinence message from November 2004 to May 2005, Salvation Army will train additional youth mentors to engage with 15 new schools, assisting them in reaching close to 30,000 youth with abstinence and faithfulness messages.

ACTIVITY 2:
Mobilizing church leadership (Pastors) to effectively engage their congregations on issues of abstinence and faithfulness is the second intervention. Salvation Army will assist Pastors to find positive language that extols the benefits of abstaining before marriage and being faithful within marriage, and to assist them in providing their congregations with tools that reinforce the message. Pastors are equipped to promote abstinence and faithfulness and related topics of character building through sermons, Bible Studies, youth/men's/women's groups, etc. The curriculum used in the Pastor's Training was developed by World Vision. The backbone of this activity is the dissemination of values-based information and education. Other program components include a needs assessment to be conducted by October 2005 to ascertain youth attitudes before our intervention, the engagement of the community through the community conversation process, ongoing supportive supervision and the implementation of a Monitoring and Evaluation plan. Building on last year's activities where 30 Pastors were trained, Salvation Army will train an additional 45 new Pastors to reach more than 20,000 congregants with the abstinence and faithfulness message.

These activities significantly contribute to the Emergency Plan goal of seven million infections averted by helping youth to practice behaviors that do not put them at risk for HIV infection. This activity supports the USG/South Africa's Five Year Strategy by improving AB preventive behaviors among youth and increasing effective FBO activities.

Emphasis Areas	% Of Effort
Training	10 - 50
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	56,850	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	132	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Volunteers

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Center for International Labor Solidarity
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3004
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated prevention education, care and treatment program for the South African labor movement. It includes activities described in the Other Prevention (#3322), CT (#3003), ARV Drugs (#3001), ARV Services (#3314), and Policy Analysis/Systems Strengthening (#3546) program areas.

SUMMARY:

The American Center for International Labor Solidarity (ACILS) will use Emergency Plan funds to support the implementation of a peer education prevention program for South African educators, workers in the textile and clothing industry and young workers (ages 20-34) in small to medium enterprises (SMEs) in five targeted provinces. The major emphasis area for this program is the development of a workplace program, with minor emphasis given to community mobilization/ participation, IEC, linkages with other sectors and initiatives, SI, and training. The target population will include adults (men and women of reproductive age), factory workers, host country government workers, teachers and public health workers.

BACKGROUND:

For the past three years, the ACILS has provided financial and technical assistance to the HIV/AIDS prevention education efforts of trade unions as they work to reduce the level of HIV transmission among their members, respond effectively to HIV-related issues in the workplace and public areas, and contribute to HIV prevention and care efforts in workers' communities. Emergency Plan funds will provide continued support to the prevention education program of the Southern African Clothing and Textile Workers' Union (SACTWU). Funds will also be used to support the Young Workers' Campaign, a lifeskills based education and leadership development program for young workers aged 20-34.

In June FY05, ACILS, in collaboration with the four South African teacher unions, the American Federation of Teachers Educational Foundation (AFTEF), the Tshepang Trust and the Academy for Educational Development (AED) initiated a comprehensive HIV and AIDS prevention education, care and treatment program for educators living with and affected by HIV and AIDS. The South African Teachers Union (SADTU), with assistance from AFTEF and Education International, introduced the program in 2003 with the training of Master Trainers. Full implementation of the program for all teacher unions, as well as a comprehensive monitoring and evaluation component, are possible with support from the Emergency Plan.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (SACTWU):

SACTWU is South Africa's largest trade union organizing textile and clothing workers. The union has approximately 110,000 members nationally, with women representing 66% of the membership (increasing gender equity in HIV/AIDS programs, key legislative issue). The HIV/AIDS program of SACTWU was launched in August 1999 with funding from the SACTWU Investment Group. The National head office is based in Western Cape with regional and provincial offices in KwaZulu-Natal, Gauteng, Free State and Eastern Cape. The program is implemented and coordinated through SACTWU's regional Primary Health Care Centers. A National Steering Committee, comprised of education officers, representatives of the social welfare program from the regions, union representatives and employer representatives, was established to assist in the development, implementation and evaluation of the project.

The National Steering Committee also includes representation from the Deputy General Secretary of SACTWU and the National Director of the Project. Policy decisions are fed into the Union structures for approval. With funding from the Emergency Plan, SACTWU's workplace program has conducted training sessions for senior union leadership and employers on HIV/AIDS transmission, prevention and the impact of HIV/AIDS on the industry, with an emphasis on AB. Shop stewards and workers in the clothing and textile factories will receive on-going training on peer counseling, peer education and home based care in the five geographical areas.

ACTIVITY 2 (Young Workers' Campaign):
ACILS will conduct an HIV/AIDS risk reduction and prevention program targeted at young workers, aged 20-34, through the Young Workers' Campaign. ACILS will reach young workers within union structures and at the workplace (SMEs) through a year-long life skills based education and leadership development program (education, key legislative issue) with an emphasis on AB. The program will be implemented in four regions: Gauteng, Western Cape, Eastern Cape and KwaZulu-Natal. The program will help to build self-esteem and confidence among young workers to adopt and sustain risk reduction practices (male norms and behaviors, key legislative issues). Young people living with HIV/AIDS and young workers living with HIV/AIDS will be actively engaged throughout the life skills based education program as facilitators to reinforce educational efforts and to battle stigma and discrimination (key legislative issues). The life skills manual was field tested with 60 young CT lay counselors in Umkhanyakude Health District and 30 workers from GlaxoSmithKline in FY05. Emergency Plan funds will be used to reach 120 young workers with a year-long life skills education and leadership development program with an emphasis on AB, and complete the development of the leadership manual.

ACTIVITY 3 (Prevention, Care and Treatment Access (PCTA) for SA Educators):
This program activity will be carried out in collaboration with four teacher's unions whose 7,500 trained school representatives will facilitate weekly discussion groups among teachers in the school workplace over a six-12 month period. The first phase will involve the training of 57 Master Trainers in HIV and AIDS prevention, care and treatment. The emphasis of the training will be to provide Master Trainers with skills to train peer educators (school representatives) in the provision of peer education about prevention (with a focus on AB), PMTCT, stigma and discrimination, counseling and testing, palliative care, and access to treatment. The second component will involve the training of 7,500 school representatives in FY06 by master trainers on HIV and AIDS prevention (especially abstinence and being faithful), HIV stigma and discrimination, HIV counseling and testing, palliative care, HIV and AIDS treatment in order to provide peer education in schools. The third program component will involve the trained school representatives providing peer education on HIV and AIDS prevention (especially AB), HIV stigma and discrimination, HIV counseling and testing, palliative care, HIV and AIDS treatment to 35,000 educators in FY06. The total number of educators reached through this process will increase to 75,000 by September 2007. The goal of the peer education is to increase teachers' knowledge about HIV and AID prevention, care and treatment with the purpose of changing their attitudes and practices and modifying behavior to prevent HIV infections (reducing violence and coercion, key legislative issue).

By providing education and life skills training that promotes AB, ACILS will directly contribute Emergency's Plan's goal of preventing seven million new infections. These activities support the USG Five Year Strategy for South Africa by expanding and improving quality AB prevention programs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	*51 - 100*

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	95,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	7,800	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

Teachers (Parent: Host country government workers)

Host country government workers

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Education

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Fresh Ministries
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3013
Planned Funds: [redacted]
Activity Narrative: SUMMARY:

SIYAFUNDISA, a project of the faith-based organization Fresh Ministries, is a five-year program to reduce HIV/AIDS by promoting abstinence and being faithful. This Track 1 project targets children, youth (ages 10-24), families and communities throughout the nine provinces of South Africa. The major emphasis area for the AB program area is training. Activities target community and religious leaders, CBOs, FBOs and NGOs.

BACKGROUND:
The Anglican Church in South Africa is already providing a range of services related to HIV/AIDS including prevention education, care of the sick, care and education of orphans, counseling and testing, education, and vocational training for those impacted by the disease. About a thousand parishioners participated in strategic planning that resulted in an HIV/AIDS strategy for each of the dioceses within South Africa. The Church adopted a five-fold strategy for risk reduction (see list in the Activities section below) that the proposed SIYAFUNDISA abstinence program builds upon. The SIYAFUNDISA program will be managed by the Anglican Church's AIDS Office and implemented through the local parishes in all nine provinces. Each parish will target children, youth and families with messages promoting positive and healthy lifestyles for young people. The goal of this program is to decrease the incidence of HIV/AIDS through increasing abstinence until marriage, increasing fidelity within marriage, and the avoidance of unhealthy behaviors affecting youth. Prevention strategies will promote age-appropriate, culturally sensitive educational programming for comprehensive HIV/AIDS, reproductive and sexual health and life skills in churches and the communities they serve.

ACTIVITIES AND EXPECTED RESULTS:
During the first year, the program will be implemented in 100 parishes and serve 317,500 youth and adults. This will be achieved through training workshop in parishes, community centers, outdoor gathering centers, Sunday school, youth activities, and confirmation classes. About 160 individuals will be trained as trainers to promote HIV/AIDS prevention, after which they will facilitate training workshops. The 160 trainers will train peer educators throughout the 19 Dioceses in the nine provinces of South Africa, reaching specific target groups including religious leaders, selected youth educators (ages 15-18), Sunday school and confirmation teachers, and Adults (parents, counselors, teachers, caregivers and community members). Emphasis of the trainings will be on:

• Abstinence and faithfulness - Delayed sexual activities until marriage;
• Secondary abstinence among youth and young adults who have previously initiated sexual activity but are not yet married;
• Consequences of early sexual activity and behaviors such as violence (key legislative issue);
• Importance of knowing your HIV sero-status; and
• Empowerment with messages to reduce stigma of people living with HIV/AIDS (key legislative issue).

The program will also establish and strengthen linkages with other faith- and community-based organizations as well as government agencies and private sector organizations, bringing them together in order to provide education and training services and to reduce stigma surrounding HIV/AIDS. The linkages will be used to focus on strengthening existing programs and services while exploring best practices, enhancements to current programs, and other abstinence programs that have proven effective in delaying the onset of sexual activity and partner reduction.

With FY06 Emergency Plan funding, individuals will be trained as peer educators to promote within their communities abstinence and fidelity messages, the importance of knowing one's HIV status, and the importance of reducing stigma and discrimination associated with HIV/AIDS. Through these peer educators and other local church leaders, the program will reach an estimated 317,500 individuals (youth and adults), empowering them with information and skills on HIV/AIDS prevention through abstinence and being faithful. The Emergency Plan funded activities will contribute to a restoration of abstinence-based behavior in these 100 parishes, which will result in decreased incidence of infection among young people.

These activities will assist towards achievement of the Church's vision of a generation without AIDS, and contribute to the Emergency Plan 2-7-10 goal of 7 million infections prevented. Activities directly support the USG/SA Five Year Strategy by improving AB preventive behaviors among youth, increasing the use of effective broad communication strategies, and increasing capacity of FBOs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	317,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	180,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	160	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Religious leaders

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Northern Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Policy Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3014
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its AB activities, The POLICY Project will also carry out activities in Basic Care and Support (#3015), Strategic Information (#3017) and Policy Analysis and Systems Strengthening (#3016).

SUMMARY:

The POLICY Project and/or its follow-on project, Policy Development and Implementation (PDI), will ensure the expanded delivery of AB prevention messages to faith-based organizations, Traditional Leaders and community-based organizations. The target populations are adult men, people affected by HIV/AIDS, community and religious leaders and community-based and faith-based organizations. The emphasis areas for the activities are community mobilization and participation and training.

BACKGROUND:

The total population of South Africa is over 40 million people and it is estimated that over 16 million live in rural areas that are under the jurisdiction of Traditional Leaders. These Traditional Leaders command huge respect and have significant influence in the day-to-day running of many rural/peri-urban communities. They are also key players in the governance structures of South Africa, particularly at local level, and are therefore well placed to facilitate service delivery. In 2001, a partnership between the NDOH and the Nelson Mandela Foundation yielded the formation of the National Traditional Leaders HIV/AIDS Forum and the development of a National Strategy by Traditional Leaders to address challenges of HIV/AIDS. POLICY recognizes that it is essential to empower Traditional Leaders to address HIV and AIDS in their communities and develop AB prevention programs. POLICY designed and initiated the first phase of the Traditional Leaders' capacity building project in 2003. The second phase was implemented in 2004/05 with Emergency Plan funding and was extremely successful, training 520 Traditional Leaders, initiating 1,005 AB programs and reaching 3,365,560 people. The proposed project is a continuation of the work accomplished to date.

South Africa is a multi-faith country. It is recognized that faith organizations are in a strong position to mobilize communities to address the challenges of HIV/AIDS as many are rooted in community structures and as a result are among the first to be called upon to respond to HIV/AIDS through promoting behavioral change and attending to the basic needs of people infected or affected by HIV/AIDS. POLICY has worked with faith-based organizations since 2002, and as a result has acquired significant experience and technical expertise in assisting them to respond to the HIV/AIDS epidemic. In 2002/3, POLICY provided technical assistance (TA) to the NDOH in initiating the development of a multi-faith network, Faith-Based Organizations in HIV/AIDS Partnership (FOHAP). In 2004/5, POLICY has continued to provide TA to individual faith groups to design and implement AB prevention programs with financial support from the Emergency Plan.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Traditional Leaders):

This project seeks to address male norms and behaviors (key legislative issue), by mobilizing communities to challenge high risk behavior in terms of masculinity and multiple sexual partners for boys. POLICY will implement a program comprised of three master trainer workshops that will train a total of 120 Traditional Leaders in three provinces. The Traditional Leaders will be provided with skills to implement AB prevention programs in their respective local communities especially targeting initiates (young men) at local initiation schools. The three provinces will be selected on the

basis that they have Traditional Leader Structures and that they have areas prioritized as "poverty nodal areas". Following the master training, each Traditional Leader is expected to conduct five one-day workshops, to be attended by at least 50 people. The POLICY Project and/or its follow-on project, Policy Development and Implementation (PDI), will provide limited financial support to Traditional Leaders to assist in the implementation of their AB programs. This funding will be channeled through the respective Provincial AIDS Councils. The total number of people to be reached as a result of these activities is close to 3,000,000. The proposed project will contribute towards ensuring a balanced ABC prevention approach for youth 15 and above, thereby reducing HIV infections.

ACTIVITY 2 (Faith-based organizations):
This project seeks to mobilize communities to address gender norms and behaviors that lead to increased risk of HIV infection, as well as address and mitigate stigma and discrimination (key legislative issue) in communities.

• National Baptist Church of South Africa (NBCSA): POLICY has an established relationship with the NBCSA. In 2004/5, POLICY provided capacity support to assist them to plan and implement HIV/AIDS prevention programs. In 2006, POLICY/PDI will provide additional support to the NBCSA, through facilitating a national training program aimed at strengthening the rollout of their AB prevention programs. POLICY/PDI will facilitate three cluster provincial workshops for 45 people. Through implementation of the AB prevention program, over 500,000 people will be reached.

• Crossroads Baptist Church: POLICY/PDI will provide technical and financial support to the Baptist Church based in Crossroads, Cape Town, to assist them to implement an AB prevention program. This is a new partnership and will reach the church membership of 300 people.

• Southern African Catholic Bishops Conference (SACBC): In partnership with SACBC, POLICY/PDI will continue to implement a national AB prevention program. POLICY will facilitate five workshops. The 40 participants in each of these workshops will be members of HIV/AIDS committees of the Catholic Church and will be drawn from the 29 dioceses in South Africa. As a result of this AB prevention program, up to 250,000 Catholics will be reached.

This project will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by mobilizing and training faith-based and traditional leaders and equipping them with skills to promote abstinence and behavior change in their communities and churches. It will also contribute to reaching the 2-7-10 goals by building on FY05 successes (3,365,560 people reached and 622 people trained) and providing support to train an estimated 7,730 individuals on HIV/AIDS prevention, reaching an estimated 3,750,300 individuals.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,750,300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention *through abstinence and/or being faithful*	7,730	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Humana People to People in South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3020
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
Humana's AB activities are related to activities described in the counseling and testing program area (#3021).

SUMMARY:
Humana People to People's (HPP-SA) program Total Control of the Epidemic (TCE) mobilizes local communities to take control of the epidemic and strengthens their capacity to deal with the psychosocial consequences of HIV/AIDS. The program routinely visits blocks of households of up to 100,000 people spreading prevention, care and treatment messages. There is a strong focus on identifying appropriate household members to receive abstinence and fidelity messages. The primary target populations are all adults, youth and children in households. This will include OVC, people affected by HIV/AIDS, and some special populations. The primary emphasis area for the activity is community mobilization and participation.

BACKGROUND:
TCE was first launched by Humana People to People in 2000 in Zimbabwe. TCE works in areas of 100,000 people and is being implemented in five countries reaching a population of three million people. HPP-SA/TCE received FY05 Emergency Plan funding in July 2005, to cover the start-up of four new TCE areas in rural Limpopo (Bohlabela, which straddles Limpopo and Mpumalanga provinces), and contributing to one TCE area in Waterberg, Limpopo. Humana's project is managed under an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Person-to-Person Campaign):
The program will use a person-to-person campaign methodology to reach every single household (increasing gender equity, key legislative issue) within the targeted areas with information about HIV/AIDS prevention, care and treatment. A special emphasis is the promotion of abstinence and fidelity for appropriate household members in every household. Households are visited repeatedly over a one-year period and will receive targeted IEC messages (see Activity 2). The campaign will be carried out by 250 TCE Field Officers, members of local communities who have been recruited and trained as peer educators and counselors. Field Officers 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 CT, CD4 testing, HIV clinical staging, and treatment of opportunistic infections as needed. Some of the referral sites are supported by HIVSA or BroadReach. The campaign will reach 350,000 individuals by September 2007. Field Officers, as a part of their work during the person-to-person campaign, mobilize, train and organize individuals in the community to become Passionates (community volunteers) who eventually run many of TCE's activities.

In FY06, 5 TCE areas (programs) will be implemented, and a total of 350,000 people will be reached in one-on-one counseling sessions with HIV/AIDS information, emphasizing abstinence and faithfulness (A/B) with the objective of changing community sexual norms.

ACTIVITY 2 (Information, Education, and Communication (IEC)):
Each TCE Field Officer will reach about 2,000 people (approximately 350 households) with HIV/AIDS information, emphasizing abstinence and faithfulness, reduction of gender-based violence (key legislative issue), positive changes to male norms regarding women and sexuality (key legislative issue), and promotion of CT and

PMTCT. HPP-SA will utilize and disseminate already existing IEC materials and will develop new materials to fill AB gaps.

Further, the program will have a series of targeted interventions, such as training sessions, IEC campaigns, and one-on-one counseling services, to reach schools, workplaces, and youth. TCE will organize workshops for key players in the community, such as local leaders, religious leaders, traditional healers and community-based organizations to promote HIV awareness and prevention with a strong emphasis on abstinence and being faithful. TCE addresses stigma and discrimination (key legislative issue) by starting an open dialogue about HIV and AIDS in the community, through the one-to-one counseling, campaigns and events, and through addressing special focus groups (see above).

ACTIVITY 3 (Training):
The Field Officers will receive training on an on-going basis through weekly meetings, where they receive lessons in HIV/AIDS and related issues, communication skills, etc. After six months they will be educated as lay-counselors, and during the second and third year they will receive training as educators. In FY06, 200 Field Officers will be trained as lay-counselors, and 50 Field Officers as Educators.

ACTIVITY 4 (Monitoring and Evaluation):
HPP-SA uses weekly reports from the Field Officers from their household visits, and from special focus groups. TCE Management processes and evaluates the reports and provides quarterly feedback. TCE has developed a tool called Perpendicular Estimate System (PES), which measures the percentage of people in the area being "TCE compliant", which means living up to a range of prescribed knowledge and attitude standards set by TCE. In order to be TCE compliant, people interact on an individual basis with their TCE Field Officer. TCE also develops and carries out internal impact assessments, by developing special designed surveys that measure the impact of the program on an annual basis. TCE will comply with all Emergency Plan reporting requirements.

Humana People to People supports the vision of the USG/South Africa Five Year Strategy by improving AB preventive behaviors among youth. By reaching 350,000 individuals with one-on-one counseling sessions that emphasize AB, these activities contribute to the Emergency Plan goal of averting seven million infections.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	350,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	250	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Disabled populations
Faith-based organizations
Traditional healers (Parent: Public health care workers)
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Other health care workers (Parent: Public health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Living Hope
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3024
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to activities in Basic Health Care & Support (#3025). 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.

SUMMARY:

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 and other organizations and institutions to undertake HIV/AIDS prevention. Primary target populations to be reached include children and youth, adults, PLWHA, community and faith-based organizations, and community and religious leaders. The major emphasis area for the project is information, education, and communication.

BACKGROUND:

Living Hope Community Center is an indigenous South African FBO formed in 1999 in direct response to the HIV/AIDS epidemic. Activities described here are ongoing and are a continuation of some of the first programs conducted by Living Hope – an after school life skills program and physiotherapy sessions held in the clinic in Masiphumelele. FY05 Emergency Plan funding for this activity began in July 2005. The Living Hope project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

Living Hope will carry out two specific activities in this program area.

ACTIVITY 1:

The first activity is to provide comprehensive health related courses with an emphasis on HIV/AIDS on awareness (12 week program). This activity is specifically designed to create awareness and knowledge of HIV/AIDS through education about the disease, with an emphasis on abstinence and being faithful as the best means of preventing transmission. Utilizing Life-Skill educators and teachers, Living Hope will provide education specifically on health related topics with emphasis on HIV/AIDS. This will take place in the clinics run by Living Hope (e.g., Wound Dressing Clinic in Masiphumelele) and the local district hospital.

As Living Hope continues to build relationships with community and religious Leaders, it will conduct HIV/AIDS Awareness courses at Living Hope facilities, churches, schools, and other locations such as community centers. This past year a group of Traditional Healers came to Living Hope and completed a course, and it is hoped that there will be more opportunities to also reach this group. Formal HIV/AIDS awareness workshop activities are intended to prevent adults from becoming HIV positive by (1) increasing understanding about the nature of the disease and how it is transmitted; (2) increasing understanding about how HIV can be prevented through abstinence and being faithful; (3) increasing overall awareness about HIV/AIDS; and (4) reducing stigmatization and discrimination against PLWHA (key legislative issue). Adults and youth will be encouraged to participate in HIV testing, and direct referrals to counseling and testing programs at the Masiphumelele Clinic and False Bay Hospital will be made. If an adult/youth knows their status to be HIV negative, they will likely be more empowered to protect that status through abstinence/being faithful.

ACTIVITY 2:

The second activity is to provide in-depth education and training for children and

youth in health related topics but with emphasis on life-skills and HIV. This activity is specifically designed to change behaviors and attitudes in order to prevent HIV/AIDS (key legislative issue). 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 teens' 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. Women will be empowered through these workshops to say no to premarital, extramarital, and unprotected sex. There are OVCs who attend this program.

Funding for these activities will primarily go towards human resources and Information, Education and Communication, specifically to meet workforce needs to implement and carry out the prevention programs including the hiring and training of 2 teachers and 5 life-skill educators. It will also be used for the acquisition of curriculum and other informational material appropriate for the communities served and the various age and gender of the groups and workshops. The funding will also go to support the development of relationships with religious and community leaders in order to have greater opportunities to assist in supporting HIV/AIDS prevention activities and for Living Hope to become a resource to them. This activity will enable living hope to reach a total of 900 youth and adults with abstinence and faithfulness messages.

Living Hope will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by improving AB preventive behaviors among youth and adults, thus contributing to the Emergency Plan goal of averting seven million infections. Activities also contribute indirectly to care and treatment targets by increasing knowledge of care and treatment availability and options in the Western Cape.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	900	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	450	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	7	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Traditional healers (Parent: Public health care workers)

Orphans and vulnerable children

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Health, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	*Abstinence and Be Faithful Programs*
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3034
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038). The implementation of this AB activity will be linked to Activity #3043 (local hire CDC youth specialist) and Activity #3835 (Harvard School of Public Health AB activities).

SUMMARY:
Emergency Plan funds will support Abstinence/Be faithful prevention activities targeted to young people in South Africa. These activities will be implemented through a cooperative agreement with the NDOH. The major emphasis area of this program will be community mobilization and participation, with minor emphasis placed on IEC and local organization capacity development. The target population will include children and youth (non-OVC) and FBOs.

BACKGROUND:
The cooperative agreement has been in place since 2003. Specific support for AB prevention activities began in FY04, when Emergency Plan funding was provided to the NDOH to support the three FBOs with which NDOH had an existing relationship (Muslim AIDS Project, Youth for Christ, and Scripture Union). FY05 Emergency Plan funding enabled these FBOs to continue their successful AB activities. These activities include life-skills-based HIV education, the promotion of healthy norms and behaviors, and reinforcing the role of parents in young people's discussions about HIV and sexuality. These FY06 funds will be used to build infrastructure within the NDOH and expand activities focused on youth.

ACTIVITIES AND EXPECTED RESULTS:
These funds will build infrastructure within the NDOH and expand the department's current Abstinence/Be faithful activities. It is anticipated that additional NGOs that are currently funded by NDOH (not necessarily limited to FBOs), and are experienced in providing Abstinence/Be faithful prevention activities, will work with churches in rural areas to develop radio messages and train peer educators to reinforce the radio messages. Activities will be coordinated by the newly hired youth specialist at CDC and implemented in conjunction with Harvard School of Public Health peer education efforts.

Peer education training will use the "Rutanang" training materials produced by Harvard. Rutanang peer education AB activities and materials explicitly and intensively address the following key legislative issues: male norms and behaviors; sexual violence and coercion; stigma reduction; and maintaining infected and affected children in school; and participation of youth in school and organizational governance. This program aims to reach an estimated 50,000 children and young people with Abstinence and/or Be faithful messages.

By educating 50,000 children and young people with Abstinence and/or Be faithful prevention messages, these activities are designed to contribute to a reduction in the number of new HIV infections in this population. Channeling these activities through FBOs will also allow the messages to spread beyond the target population, to parents and others involved with the organization. These accomplishments will support the Emergency Plan's goal of preventing seven million new infections worldwide. These activities also support the HIV prevention goals outlined in the

USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	30,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Faith-based organizations

Children and youth (non-OVC)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Health Laboratory Service, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3050
Planned Funds: [redacted]
Activity Narrative: SUMMARY:

Lesedi-Lechabile Primary Care, an organization working with the National Health Laboratory Service (NHLS) will implement an HIV/AIDS Prevention Program targeted at youth both in and out of schools with prevention messages focusing on abstinence and mutual faithfulness. The target populations for this activity are youth in primary and secondary schools, out-of school youth, street youth, community and religious leaders, and teachers; the emphasis areas are community mobilization and participation, and information, education and communication.

BACKGROUND:

Lesedi-Lechabile Primary Care is a community intervention that targets women at high risk around mining communities in the Free State with HIV/AIDS prevention strategies including offering treatment for curable sexually transmitted infections (STIs). The program utilizes peer health educators (PHEs) to disseminate information, education and communication (IEC) materials and behavior change communication (BCC) messages. These messages include consistent condom use, combined with recruitment for the monthly clinic visits.

Research conducted in 1996/7 showed that there is a high prevalence of STI and HIV/AIDS in the mining communities of the Free State. It also showed that the employment of migrants in the mining industry further complicates the sex and STI dynamics within the peri-mine communities. These immigrants who are away from their primary communities socialize sexually within the host communities. Youth form a large part of the host communities and are not exempted from the problems affecting the general population. Almost half of the 7,770 women that have been reached by trained outreach workers with IEC and BCC messages are youth. If the future of these host communities lies with the youth, it is imperative to implement programs that target the behaviors that place them at high risk for HIV. In line with religious principles, socio-cultural norms and the SAG's moral regeneration efforts, this youth component of Lesedi-Lechabile Primary Care's work comes at the right time as an endeavor to help youth protect themselves.

ACTIVITIES:

A Youth Centre will be established in an existing meeting space. A needs assessment will be conducted to identify training needs with regard to promoting abstinence and delay of first sexual encounter among youth. Youth Peer Educators will be trained in behavior change communication that will empower youth with life skills, assisting them to understand their sexuality, handling peer pressure and alerting them about the consequences of sex before marriage. Life Skills components will specifically address the roles of violence and coercion and male norms and behaviors in increasing risk for HIV (key legislative issue). Communities will be mobilized through liaising with local schools, church youth groups and local youth organizations. Networks and linkages with existing resources, such as adopting a youth pastor who will facilitate religious and moral regeneration programs for the youth, will be developed. The centre will network with existing local resources such as Primary Health Care clinics, LifeLine, and other programs working in the area, to establish referral linkages for youth who present with problems. IEC will be conducted in a youth-friendly way through drama, song, poetry and role-playing with the aim of promoting abstinence before marriage through the slogan "True love waits." Youth that are already sexually active will be provided supportive counseling on the benefits of secondary abstinence.

This project will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by expanding abstinence and be faithful

messages to youth. It will also contribute to reaching the Emergency Plan goal of averting seven million infections by reaching approximately 4,000 individuals with AB messages and training approximately 120 individuals to promote AB messages.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	120	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders
Street youth (Parent: Most at risk populations)
Teachers (Parent: Host country government workers)
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Free State

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Salesian Mission
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3053
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

In addition to AB activities, the Salesian Mission also carries out a related activity described in the CT program area (#5240).

SUMMARY:

The Salesian Mission LIFE CHOICES Program will facilitate a sustainable peer education/life skills approach to an impoverished youth population, equipping selected adolescent opinion formers as agents of the AB message in their Cape Town communities. The approach ensures that emotional and psychological support, life skills and education are given to this at-risk group, despite a lack of traditional structures or adult role models in their lives. The primary emphasis area of this activity is community mobilization and participation, and the major target populations to be reached are children and youth (in school and out), adults, people affected by HIV/AIDS, community and religious leaders, and teachers.

BACKGROUND:

The Salesian Society is a worldwide institution in the field of education and technical training for impoverished youth, active in 135 countries. The Salesian Society has been active in many countries impacted by HIV/AIDS, focusing on training youth to take responsibility for their health through AB messages, while at-risk youth also receive information about condoms. The LIFE CHOICES program is Emergency Plan Track One funded and was awarded in 2005 with funding in three different countries (South Africa, Kenya and Tanzania).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Training of Trainers):

Fourteen trainers (seven females and seven males) will be trained by GoLD (Generation of Leaders Discovered) to conduct the Western Cape Department of Education (DOE) school program. Components of the training will include planning; data collection; reporting; monitoring and evaluation activities; counseling; youth guidance and peer-to-peer support activities. This activity will build on last year's successful trainers' recruitment and initial training (three weeks, 105 hours) by providing weekly training sessions.

ACTIVITY 2 (BCC Materials Development):

Region-specific materials will be developed within the first four months of 2006. The development teams will consist of the local project director, an experienced trainer/curriculum consultant, public health professionals, social workers, and existing staff members. Each team will come up with recommendations for tailoring a set of audio-visual materials. It is expected that the materials to be developed will include local terminology, cultural beliefs, gender, violence, drugs and alcohol abuse, and stigma reduction messages, among others. The program materials will consist of guides for program sessions with youth and parents information meetings. The educational materials will be field tested during the initial implementation of LIFE CHOICES program sessions. In the previous year, the Trainer's Manual was developed and used with different program activities.

ACTIVITY 3 (Delivery of the Program to Salesian Based Centers):

The LIFE CHOICES Program will be implemented in Salesian projects, Girls In Vanguard, street children programs and parishes. The trainers will introduce the AB life skills curriculum to youth at these centers in group meetings during and after school. Trainers will share the LIFE CHOICES curriculum based on the Peace Corps, Red Cross and the SAG life skills program (Rutanang) with youth between the ages

of 10-19 years. The Life Skills curriculum directly addresses stigma and discrimination (key legislative issue), male norms (key legislative issue), and violence and coercion (key legislative issue). Trainers will deliver 12-hour programs, reaching 30 youth per course, 15 times per year, reaching 450 youth during FY06.

In addition, trainers will facilitate quarterly workshops, providing a forum for caregivers/parents and religious leaders to share the LIFE CHOICES approach and to discuss ways they can assist youth to "promote healthy behaviors", reaching a total of 400 people per year. Annually, youth pairs from three Cape Town metropolitan communities will be identified to serve as youth leaders. Thirty youth leaders will receive training to reinforce and enhance their status as role models to their peers and to ensure that they are well informed and to reinforce the AB message through a moral and committed example. After training in community outreach and how to impart the LIFE CHOICES curriculum, youth leaders will draw up a work plan and be supported in establishing the LIFE CHOICES program in their communities. Each youth leader will reach 100 peers with AB messages during the year, reaching 3,000 youth.

ACTIVITY 4 (School-based Program):
An efficient way of reaching a large number of youth is through schools, offering a receptive audience and a setting conducive to sustainability. Three-year peer education programs will be implemented in 10 schools, in conjunction with the DOE. The GoLD model and research indicates that when individuals perceive positive behavior, they will be more likely to emulate. Each school will have 30-35 students trained as peer-educators. The idea would be to see Peer Educators' personal transformations lead to group transformation, which could potentially lead to community transformation. In FY06, 300 youth will be trained as peer educators in their schools, reaching 12,000 youth with AB messages.

The LIFE CHOICES Program will work with educators to ensure their support and to empower them to become active advocates of the AB message. Quarterly Workshops will reach 150 Teachers.

This activity contributes to the Emergency Plan goal of seven million infections averted by helping adults and youth to practice behaviors that do not put them at risk of HIV infection. The activity also supports the USG Five Year Strategy for South Africa by working to improve AB preventive behaviors among youth and to increase effective FBO activities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,780	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	4,800	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	374	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Soul City
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3055
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This AB activity is linked to Soul City's activities described in the ARV services program area (#3056), and to a much broader intervention which is funded by a number of other donors. Soul City is the largest public broadcast vehicle for HIV and AIDS awareness in South Africa.

SUMMARY:
Soul City proposes using Emergency Plan funds to conduct four media activities to promote integrated HIV/AIDS prevention, care and treatment programs in South Africa. The major emphasis area for this program is community mobilization and participation, with minor emphasis placed on IEC and training. The target population will include children and youth (non-OVC), adults, PLWHA, and members of the most at-risk populations. The business/private sector, teachers and public and private healthcare workers, as well as CBOs, NGOs and FBOs will also be targeted.

BACKGROUND:
These activities are ongoing. The Soul City and Soul Buddyz media platforms (both complemented by community outreach activities) are multiyear initiatives focused on HIV/AIDS education. Soul City has been operational since 1994; Soul Buddyz since 2001. Both programs have promoted abstinence and being faithful principles since inception. The Soul Buddyz Club, a Soul Buddyz intervention, has been operational for three years. Soul City's community based training has been operational for four years. Soul City conducts regular independent assessments of its activities and their impact. All activities were funded by Emergency Plan funding in FY05; funding was received in June 2005, and therefore no specific Emergency Plan-funded achievements are reported.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Soul City Series 8 comprises 26 half hour TV episodes aimed at a family audience and broadcast during prime time. It also includes 60 fifteen-minute radio episodes in nine languages, as well as a 36 page color booklet for adults printed in nine languages. Two million copies of the latter are distributed through newspapers, health facilities, NGOs and community organizations. Issues to be covered include HIV/AIDS and all aspects of treatment, ongoing messages about prevention and stigma (key legislative issue), including the promotion of abstinence, faithfulness, treatment literacy and CT. The series will also cover masculinity and gender (male norms and behaviors, key legislative issue) with particular reference to HIV/AIDS. Marketing will promote and link the above materials. Emergency Plan funding will be used to support approximately 30% of this activity.

ACTIVITY 2:
Soul Buddyz 4 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 broadcast of an existing drama called "Buddyz on the Move"; (3) the development and production of 26 half hour radio episodes in nine languages; (4) the development, printing and distribution of one million copies of a 42-page color parenting book in four languages; (5) the development of a 116 page grade seven life skills book that will be distributed to pupils; and (6) marketing to promote and link these materials.

The topics for Soul Buddyz series 4 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 and absenteeism of teachers and children. The series will continue to include prevention messages, in particular the promotion of abstinence and faithfulness. It also educates children about treatment. Emergency Plan funding will be used to support approximately 30% of this activity.

Both the following activities depend on the previous media activities for their credibility and impact at a community level. Without the supportive environment created by the media interventions, the community based interventions described below would not have the access or acceptance that they enjoy at community level. In addition as people have already been exposed to the media messaging, the community based interventions are able to deal in depth with issues in a way that would be difficult had they not already been introduced.

ACTIVITY 3:
Based on the Soul Buddyz intervention, Soul Buddyz Club is a community mobilization intervention aimed at children, based mainly in schools and facilitated voluntarily by teachers. Children in the clubs learn about life skills covered in the Soul Buddyz series (in which AB messages are stressed) and are encouraged to do outreach work in their schools, families and communities (education, key legislative issue). Twenty-one hundred (2100) clubs already exist nationwide, and in FY06 Soul City will establish a further 400 clubs, undertake 80 training sessions for facilitators (25 people per session); develop, print and distribute 4,500 annual club guides; hold two 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. Emergency Plan funding will be used to support approximately 40% of this activity.

ACTIVITY 4:
This activity relates to information and training materials for use in facilitated learning settings, as well as the general public. Soul City develops flexible training materials in five local languages. These deal with all aspects of the epidemic, in particular prevention stressing AB as well as ARV support and support for home-based care and OVC. These materials are used by 15 partner NGOs using a cascade training model. Two hundred and forty training sessions will be conducted in FY06. Emergency Plan funding will be used to support approximately 40% of this activity.

By providing clear and relevant prevention messages to children, youth and adults, Soul City's activities will have a direct and measurable impact on efforts to prevent new HIV infections in South Africa. These achievements will contribute to the realization of the Emergency Plan's goal of preventing seven million new infections. They also support the prevention goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	338,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	96	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Most at risk populations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Public health care workers

Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Traditional Healers Project
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3067
Planned Funds: [redacted]
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities described here are part of a comprehensive initiative with traditional healers, and includes activities described in the AB (#3067), Basic Care and Support (#3069), Counseling and Testing (#3070), and Other Prevention (#3068) program areas.

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) will use Emergency Plan funds to work closely with the KwaZulu-Natal (KZN) and Ethekwini Traditional Healer Councils to tease out, refine and outline culturally appropriate and effective behavior change messages focused on preventing the spread of HIV through abstinence and being faithful in relationships. The major emphasis area will be IEC, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, human resources, quality assurance and supportive supervision, and SI. The target population will include public and private sector traditional healers (members of the KZN and Ethekwini Traditional Healer Councils).

BACKGROUND:

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. Healers ascribe to and uphold traditional African cultural values, including conservative attitudes toward sexual practices and abstinence that make them natural partners in this effort. These values are a set of social and community norms that support delaying sex until marriage and that denounce forced sexual activity (key legislative issue) among unmarried individuals. Up until now this perspective has not been reinforced or included in public AB campaigns in KZN. 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 AB message.

These activities were begun in August 2005 with the arrival of FY05 Emergency Plan funding. NMSM will implement the project in collaboration with the KZN and Ethekwini Traditional Healer Councils.

ACTIVITIES:

It is widely acknowledged among health professionals in KZN that the ABC messages are not having enough effect in this local cultural context. This project will train and mobilize traditional healers in KZN so that they will be effective promoters of HIV prevention messages and strategies, including AB-focused behavior change messages.

NMSM will adapt Abstinence/Be Faithful messages to the cultural and healing contexts in KZN. Traditional healers uphold traditional African cultural values that support delaying sex until marriage, strongly advocate monogamy, and denounce forced sexual activity (male norms and behaviors, key legislative issue). NMSM will inform and communicate effective behavior change ideas to the community through traditional healers and fellow healthcare workers. To this end, NMSM is developing prevention messages together with the healers and incorporating these messages into training workshops on an ongoing basis. These messages are developed in Zulu and English. These activities will be monitored through regular site visits. Closely following the development and implementation of prevention messages includes ensuring that NMSM can keep track of the numbers of people who receive these messages and whether the messages are having any effect.

EXPECTED RESULTS:
• Develop, implement and refine a Zulu-culture-specific message of Abstinence/Be Faithful that works with the patients, as well as their families and associates, who visit traditional healers.
• Train 250 traditional healers in AB prevention messages in will in turn provide AB messages to 150,000 patients.
• Remove the misperception by Zulus that Westernized healthcare messages that include what biomedical people think of as the essential and critical facts are inaccurate, deceptive and misleading.
• Clarification in the minds of the general populace in the Zulu communities of the real source of HIV and the real causes for AIDS as well as real and effective methods of prevention. This project will increase uptake of HIV/AIDS prevention messages from the healers, working with gender equity and behavioral norms of men and women (key legislative issue).

Formally integrating traditional healers into the public healthcare system is a stated objective of the NDOH, and the prevention objectives in the South African Strategic Plan for HIV/AIDS. By expanding access to culturally and scientifically appropriate prevention messages, the Nelson Mandela School of Medicine will directly contribute to the Emergency Plan's goal of preventing seven million new infections. These activities also support the prevention objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that *promotes HIV/AIDS prevention through abstinence and/or being* faithful	150,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	37,500	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	250	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Traditional healers (Parent: Public health care workers)

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

KwaZulu-Natal

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Regional HIV/AIDS Project
Prime Partner: *Population Services International*
USG Agency: U.S. Agency for International Development
Funding Source: *GAC (GHAI account)*
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3097
Planned Funds: [ ]
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity, since this activity is ending.

FY05 Emergency Plan funds supported Population Services International's (PSI) 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 worked closely with local community based organizations (CBO) in each project area and partnered with other NGOs that receive funding under the Regional HIV/AIDS Program for Southern Africa, Corridors of Hope (COH) Program umbrella. SFH's activities resulted in a total of 32 visits, reaching 8436 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 conducted activities to promote abstinence and delayed debut of *sexual activity among in- and out-of-school youth and trained* CBO volunteers to design educational messages and activities that promote adoption of HIV preventive behaviors among youth.

SFH performed quarterly school visits and engaged students through music and entertainment, blended with HIV/AIDS prevention messages that emphasized abstinence and delayed debut (edutainment). Other SFH activities for in-school *youth included 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 were reached through edutainment events as well as activities and games at the SHARP Resource Center. Youth events included 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 were incorporated into these matches and tournaments in* order to provide abstinence and delayed debut information and social support.

Society for Family Health/Population Services International was funded to carry out this activity in FY04 and FY05. CDC's cooperative agreement with PSI has ended and a new program announcement has been issued for this activity (see activity #3095). CDC anticipates awarding the new contract by October 2005 to continue this important project. Targets and activities may slightly change once the Cooperative Agreement is awarded.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	30	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Table 3.3.02: Activities by Funding Mechanism

Mechanism: *Small Grants Fund*
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3116
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Because comparatively few applicants requested small grants funding for prevention programs in FY05, South Africa does not plan to provide small grants in the AB area in FY06. South Africa does plan to continue its successful small grants program in the OVC (#3118) and Basic Care and Support (#3117) program areas.

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	50	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	CompreCare
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3292
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Comprecare's AB prevention activities are linked to Comprecare's activities described in the OVC program area (#3294).

SUMMARY:
CompreCare will introduce a value-based, abstinence and faithfulness prevention program via faith-based and community networks in Mamelodi (a township in Tshwane), as well as other parts of the Tshwane metropolitan area, supported by a media (radio & print) program. Primary target populations to be reached include children and youth, orphans and vulnerable children, people living with HIV/AIDS, caregivers of people living with HIV/AIDS, community leaders, and volunteers. The key emphasis area for these activities is community mobilization/participation.

BACKGROUND:
The HIV/AIDS epidemic has reached catastrophic dimensions in the City of Tshwane (Pretoria). More than 14% or 336,000 of the 2.4 million inhabitants of the City are already HIV positive and the number continues to grow. According to estimates, more than 100,000 inhabitants of the city are living with AIDS while an estimated 20,000 children have been orphaned by AIDS. CompreCare is a South African non-governmental organization (NGO), undertaking HIV/AIDS prevention and care activities under a multi-partner initiative called CHAMPS – Coordinated HIV/AIDS Management Programs. CompreCare's partner in abstinence and being faithful program is Hospivision, which is a network of FBOs involved in the prevention of HIV/AIDS by involving churches in the Tshwane metropolitan area.

The prevention program will strengthen value-based abstinence and faithfulness messages in faith-based and community networks, with the goal of changing individual, social and community norms and behaviors to avoid and reduce risk and strengthen stable family relationships. The CompreCare project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Development of a value-based AB training program):
Comprecare will develop a value-based AB training program for leaders of FBOs/churches, which will meet the requirements of the South African Qualifications Authority (SAQA) and the Health and Welfare Sector, and Education and Training Authority. The program will consist of five days of training and the completion of a portfolio of evidence. A certificate which accounts for 25% of the credits necessary for a Diploma in Theology will be issued by University of South Africa (UNISA). The overall theme of the program is "HIV & AIDS: Seeking the truth in love – Towards a spiritual and ethical approach." There will be a particular emphasis on the role of FBOs in reducing stigma (by creating a safe and accepting environment for PLWHA, key legislative issue), addressing gender issues (e.g. the values that determine responsible male behavior, key legislative issue) and empowering youth and unmarried people to make an abstinence and faithfulness choice, and couples to make a fidelity choice, based on values and supported by life skills.

ACTIVITY 2 (Training):
Twenty-four master trainers will be trained. They will in turn train 432 FBO leaders and community facilitators in nine workshops. The existing network of fraternal organizations will be reached and enhanced via Transforming Tshwane (an ecumenical multi-faith network). Leaders will be trained to present various value-based AB activities to their constituencies. With FY05 funding, leaders

represented at least 180 different churches/FBOs with an average membership of 180 people. The program thus reached about 27,000 community members. With FY06 funding, these leaders will continue their programs doubling the reach of the program to 54,000. There will be a particular focus on youth. Other prevention activities will be implemented using several modalities in cooperation with South African National Civics Organization (SANCO). Prevention communication will be implemented via a network of 15 trained community facilitators who spread the message within their designated areas at the grassroots level in target communities.

ACTIVITY 3 (Quality assurance and supportive supervision through a mentoring program):
Twenty four mentors will be trained to provide support for project implementation over an eight month period (15 hours of mentoring per participant). Mentoring will take place individually or through group work. The 12 mentors will be equipped with the skills necessary to promote AB programs in communities.

ACTIVITY 4 (Information, education and communication):
A media program (Radio Pulpit, a national Christian radio station) will be used to support the program as well as raise awareness of the importance of value-based AB choices. The program will consist of 12 half-hour programs over a three month period, after which the programs will be available on CD. A publication and a series of leaflets on the value-based AB approach targeting pastors and leaders of FBOs will be made available via the Christian Literature Fund. The media program will reach an estimated 500,000 people in Tshwane.

ACTIVITY 5 (Advocacy):
Comprecare will develop comprehensive workplace policies and programs that will introduce the value-based prevention approach in the workplace. Comprecare will assist the chamber of commerce to facilitate programs to develop and implement comprehensive workplace policies that promote prevention of HIV/AIDS through abstinence and fidelity.

By helping adults and youth to practice behaviors that do not put them at risk of HIV infection, this activity contributes to the Emergency Plan goal of seven million infections averted. CompreCare will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by improving AB preventive behaviors among youth and increasing effective mass media approaches and CBO/FBO activities.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	54,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	432	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Gauteng

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3300
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its Track 1 AB activities, Hope Worldwide also implements OVC programs (#3301). Hope Worldwide also implements country-funded programs in AB (#3302), basic care and support (#3303), orphans and vulnerable children (#3304) and counseling and testing (#3305).

SUMMARY:

Hope Worldwide will contribute to the establishment of national coverage with abstinence-based programs for youth not yet sexually active, while promoting social norms that support mutual faithfulness and partner reduction among sexually active adults. Primary target populations reached include children and youth, adults, and community members. Major emphasis areas for the project are community mobilization and information, education and communication.

BACKGROUND:

The activities proposed are part of a multi-country Emergency Plan initiative to be implemented by HOPE Worldwide pending approval from USAID Washington. The activities will begin in 2005 and end in 2009. All activities will be implemented by HOPE worldwide with no sub-partners, and will focus on mentoring of schools, faith-based organizations and other groups. The work described will serve to scale up the Abstinence program of HOPE Worldwide locally funded by the Emergency Plan in FY05. The sites for this centrally funded Abstinence program will be different from the sites currently funded by the South Africa Mission.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

HOPE will complete a literature review and situational analysis on abstinence to identify baseline information and provide recommendations for program implementation or progress.

ACTIVITY 2:

Young people will be consulted during five focus group discussions about the best IEC material to appeal to young people. Culturally, linguistically and age-appropriate training and workshop curricula, posters and brochures supporting Emergency Plan goals will be developed and disseminated. Radio spots will be pursued to enhance reach with Abstinence, Faithfulness and Healthy Choices messages. The funding will also be used to produce T-shirts, pamphlets, refrigerator magnets, banners and other materials to help spread and sustain the messages.

ACTIVITY 3:

Skills, Knowledge and Attitudes will be imparted during consultation with government, religious, school and community leaders to create community commitment and involvement in achieving Emergency Plan goals. Orientation sessions will be arranged with these leaders and parents to sensitize, consult and agree on appropriate approaches. Age-appropriate messages will then be designed for delivery through community structures.

ACTIVITY 4:

Consultation with other ABY practitioners will provide linkages and coordination, increasing efficiency and eliminating duplication. HOPE worldwide in South Africa has had a limited partnership with LoveLife program, a youth program funded by the Global Fund and the Kaiser Foundation, and this partnership will be explored to identify areas of synergy. During the recent ABY awardees meeting in Washington,

HOPE worldwide also discussed with the Salesian Missions and Anglican Church possibilities of working together in complementary programs in South Africa.

ACTIVITY 5:
Knowledge, skills and attitudes will be imparted to 30 staff members to enhance their ability to provide quality HIV/AIDS services that are responsive to youth aged 10-24 years. The training will also include reviewing Abstinence Curriculum, Quality Assurance, Monitoring and Evaluation, Presentation Skills and Approaches. One hundred and twenty Peer Educators will be trained within 120 schools, 60 faith-based institutions and community structures to help facilitate national workshops reaching 93,000 people. Five Community Action Teams (CATs) will be formed nationally, with five CAT meetings conducted to sustain messages and promote support for healthy choices by youth.

Community Mobilization and participation will be enhanced through three community events promoting mutual faithfulness and improved communication. One CT Campaign will be arranged to encourage knowledge of status, reaching 1,000 people with CT messages. Six hundred and forty young people and parents will be recruited from churches, schools and communities for workshops dealing with issues contributing to violence, changing those norms (key legislative issue) related to coercive sex (key legislative issue), cross generational sex and/or transactional sex. Twenty workshops, with a total attendance of 320, will be conducted during this financial year. A media campaign will reach 418,000 people via radio spots and programming.

By reaching over 550,000 youth with community-based AB messages, 400,000 with mass media AB messages, and training approximately 200 individuals in AB promotion, these prevention activities contribute to the Emergency Plan goal of averting seven million infections, and support the USG/South Africa's Five Year Strategy

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	563,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	374,297	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	200	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3302
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This AB activity relates to other activities implemented by Hope Worldwide South Africa in basic care and support (#3303), orphans and vulnerable children (#3304) and counseling and testing (#3305).

SUMMARY:
Hope Worldwide South Africa (HWSA) will continue activities in this area to support the expansion of a comprehensive HIV prevention program through a skills-based gender program for young boys and men, and the promotion of Abstinence, Be Faithful messages for young people within communities. The activity targets children and youth (both in- and out-of-school), adults, teachers and religious and community leaders, mobile populations and NGOs. Major emphasis areas for the project are community mobilization and information, education and communication.

BACKGROUND:
The activities described below are part of an ongoing HIV prevention program of HWSA, funded by the Emergency Plan in FY05. All activities will be implemented by HWSA. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
HWSA will continue its programs in Soweto, Cato Manor, Mthatha and Khayalitsha (Gauteng, Kwazulu-Natal, Western Cape and Eastern Cape provinces, respectively) to promote and strengthen abstinence and faithfulness prevention messages within its community outreach efforts that include communities of faith. The first part of the activity will contribute to establishing a national abstinence-based program for youth 14 and under who have not initiated sexual activity. With Emergency Plan funding HWSA will support awareness information sessions and workshops, learning materials and other logistics involved with this prevention education intervention. This Abstinence program will also focus on creating spaces for discussion and peer education by youth.

The second part of the activity will be targeted at the 15-24 year old age group and will contribute to establishing an abstinence and being faithful-based approach (AB) for youth 15 and above and/or sexually active youth. The activity attempts to access youth through multiple venues including school programs, faith-based organizations, recreational activities, parents, health care services, and the workplace, nationally. The program also includes a component that targets community-based and outreach-based programming to reach out-of-school youth through youth clubs, community-based organizations and sports groups (e.g. soccer clubs, etc.). HWSA will continue to use its extensive network of clinics and community groups to promote AB. HWSA activities will also include mobile populations as it works through informal settlements to promote the reduction of concurrent sexual partners and promote faithfulness. The proposed activities will address the prevention needs of girls and young women, promote social norms supporting mutual faithfulness and partner reduction among sexually active adults, and attempt to change social norms related to coercive sex (key legislative issue), cross-generational sex, and/or transactional sex. The activity will build on FY05's successes (289,515 individuals reached with A, AB and ABC messages through 32 FBOs and 73 Schools and other community-based awareness campaigns from 26 clinics and hospitals). In all, 360,000 individuals will be reached with A and AB messages. Five local organizations will receive training in Organizational Capacity Development.

ACTIVITY 2 (Men as Partners):
This activity will create community commitment and involvement in reduction of Violence against Women and Children (key legislative issue), supporting counseling, peer education and community interventions with messages to challenge norms about masculinity (key legislative issue), acceptance of early sexual activity and multiple sexual partners for boys and men, and transactional sex. The activity will also support school-based violence prevention programs, skills training for peer educators to promote PMTCT/CT, as well as support activities and policies to strengthen sanctions against sexual and physical violence. HWSA will also work with government and other NGOs to eliminate gender inequalities (key legislative issue) within communities and bring the discussion out into the open public arena. The activity will specifically target young men aged 15-34 years and their communities. The funding will be used to maintain current staff of three coordinators, and 18 peer educators This activity will build on last year's achievements (reached 12,320 men by expanding to 16 new sites, training 15 new peer educators) and will recruit 23,000 men, conduct 642 workshops, 16 campaigns reaching 9,000 people and 15 community events reaching a further 8,000 people. In total, 40,000 people will be reached with a gender-focused AB messages.

These activities contribute to the Emergency Plan objectives of averting seven million infections, and support the USG Five Year Strategy for South Africa by improving AB preventive behaviors among youth.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	400,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	165,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	110	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Factory workers (Parent: Business community/private sector)
Faith-based organizations
Mobile populations (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
Teachers (Parent: Host country government workers)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Childrens AIDS Fund - Expected Track One
Prime Partner:	Children's AIDS Fund
USG Agency:	U.S. Agency for International Development
Funding Source:	N/A
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	3549
Planned Funds:	
Activity Narrative:	Children's AIDS Fund 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.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3797
Planned Funds: [redacted]
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to AB, Peace Corps Volunteers work in projects to develop indigenous organizational and human capacity in the following program areas: Basic Health Care and Support (#3106), OVC (#3107) and CT (#3798).

SUMMARY:
Peace Corps Volunteers will work with local organizations (NGOs, CBOs and peer educator groups), schools and communities to deliver Abstinence/Be Faithful messages primarily through life skills camps for youth and community events organized by youth groups. Activities in this program area will be targeted at young people – in and out of school – and enhance their abilities to adopt health-seeking behaviors and make informed choices about their bodies and their lives. Other populations targeted by the activities include community leaders, volunteers, teachers and CBOs. Community mobilization/participation and IEC comprise the major emphasis areas for these activities.

BACKGROUND:
The proposed activities build on the accomplishments of Volunteers already in the field in FY05. During the current financial year, 1 life skills camp has been conducted, during which 12 counselors were trained as trainers and mentors and 40 young women from remote rural areas of the Northwest province participated as campers. Post-camp activities have resulted in the spread of AB messages to over 1,000 people.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
In FY06, Peace Corps Volunteers (key legislative issue) will work with community counterparts to adopt Peace Corps' Life Skills Manual to local conditions and needs, and will deliver life skills sessions in schools, with peer educators and in camps. The life skills camps will focus on building skills in communication, decision-making, thinking, managing emotions, assertiveness, self-esteem building, resisting peer pressure and building relationships. Camp counselors and participants will also learn about HIV/AIDS, and how they can protect themselves from infection, with a focus on age-appropriate abstinence messages. Male norms and behaviors (key legislative issue), reducing violence and coercion (key legislative issue) and stigma/discrimination (key legislative issue) are directly addressed in the life skills training program. Camp counselors will be drawn from out of school youth and secondary school youth, while educators in selected schools and other community leaders will be trained and supported as "champions" for post- camp follow-up activities. Camps and other activities will be conducted in the Limpopo, Northwest and Mpumalanga provinces.

EXPECTED RESULTS:
Many post-camp activities are on-going, such as the formation of a local Girls Guide groups of 25 young women. Two additional camps are planned for early in FY06, with Emergency Plan support; funds from the FY06 COP will support three additional camps, as well as other community activities, which will provide direct training to 120 peer educators and 3,000 community members.

The work of Peace Corps contributes to the US Mission's Five Year Strategy by being closely aligned to the South African Government strategies in each of the provinces in which they work, and by strengthening the ability of partner organizations to contribute to the 2-7-10 goals.

Note: Peace Corps is relying on Emergency Plan funding in FY07 and FY08 in the amount of $928,405 to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	150	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	120	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders
Community-based organizations
Teachers (Parent: Host country government workers)
Volunteers
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Volunteers

Stigma and discrimination

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: *U.S. Agency for International Development*
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3804
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is primarily an evaluation of an Emergency Plan-funded intervention implemented by EngenderHealth (#2919) and Hope Worldwide (Men as Partners, # 3302 and #3300) in the Abstinence and Being Faithful program area.

SUMMARY:
Population Council/FRONTIERS is utilizing Emergency Plan funds to evaluate and inform the design of the Men as Partners (MAP) program in Soweto. It is becoming increasingly clear that a link exists between HIV and Gender Based Violence (GBV). The MAP program began implementation in 1998 to target men in reducing GBV (key legislative issue) and risky HIV behavior. This evaluation will provide strategic information to guide and assess the effectiveness of MAP program in: changing men's gender attitudes, norms and behaviors (key legislative issue); changing aspects of gender dynamics in relationships; reducing the prevalence of unwanted pregnancy risk behaviors at individual and community levels; and increasing male involvement in GBV and HIV prevention and in HIV care and support activities. Additional key legislative issues that will be addressed by this activity involve: increasing gender equity in HIV/AIDS programs, increasing women's legal rights and reducing stigma and discrimination. Specific target groups and emphasis areas are described in each activity, below.

BACKGROUND:
FRONTIERS is conducting this ongoing activity in partnership with Hope Worldwide and EngenderHealth. FRONTIERS is responsible for the evaluation of the program, offering technical support to the implementation and evaluation of the intervention as well as promoting dissemination and utilization of the findings and creating conditions for scale up. The evaluation will monitor changes in men exposed to MAP and their partners as well as those at community level. A formative/diagnostic study has already been conducted and it laid the foundation to inform the strengthened intervention. This was followed by a community baseline survey, which showed that few men (9%) participated in provision of support and care to those infected and affected by HIV/AIDS. Lack of male involvement in antenatal care (ANC) was also observed. While a high percentage of men (62%) encouraged their partners to access ANC during last pregnancy, only a few of them accompanied them for ANC visits (37%). With regard to HIV testing, it was disturbing to note that only a third of men (27%) had ever tested for HIV and that joint CT uptake was generally low for couples (14% for males and 17% for females). To date, dissemination of the preliminary findings has been conducted with key stakeholders and through radio talk shows.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
(Continued technical support to the implementing partners): FRONTIERS staff will take the lead in coordinating and monitoring the evaluation component as well as facilitating utilization of findings and ensuring that results inform the intervention. The activities will involve providing evidence-based technical support for the development of the monitoring tools and implementation of the intervention. Ongoing meetings/workshops and regular debriefing meetings will be held with the implementers to identify implementation issues and training will be organized where necessary. The Emergency Plan funds will be utilized for conducting feedback/debriefing meetings/workshops and training. The target population for this activity involves program managers of the two organizations implementing the project. The emphasis area for this activity is quality assurance and supportive

supervision, local organization capacity development, strategic information as well as training.

ACTIVITY 2:
(Design and implementation of the evaluation): The activities for this component of the study will involve design of data collection methodology and tools, collection of data, analysis and interpretation of evaluation data at individual and community level. FRONTIERS will continue to offer technical support to the implementers in this phase of the project. Emergency Plan funding will be used particularly for the implementation of the activities such as oversight to the evaluation process, training, costs involved in data entry and analysis and production of evaluation tools. The target population will include program implementers, researchers and data collectors. The emphasis areas for this activity include: strategic information, training and targeted evaluation.

ACTIVITY 3:
(Creating conditions for scaling up, dissemination and promoting utilization): Dissemination activities will be conducted regularly at the national level. Specific activities for this phase will include: dissemination workshops with key NDOH staff, Department of Justice, South African Human Rights Commission, Office of the Status of Women, Commission on Gender Equality and other key stakeholders to discuss the findings and their wider implications. FRONTIERS will be responsible for coordinating national dissemination and providing technical assistance to promote utilization of findings. Findings will inform the development of the NDOH national strategy on gender. Emergency Plan funding will be used to host dissemination workshops as well as the production of all the dissemination materials. The target populations for this activity will include community leaders, program managers, community members (men, women, youth), NDOH and other policy makers, peer facilitators and USG partners. The emphasis areas for this activity are: development of network/linkages/referral systems, strategic information as well as policy and guidelines.

By contributing to improved design and management of CBO/FBO/NGO activities in the area of being faithful, these activities support the vision outlined in the USG Five Year Strategy for South Africa, and contribute to the Emergency Plan goal of averting seven million infections.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

USG in-country staff

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Stigma and discrimination

Reducing violence and coercion

Addressing male norms and behaviors

Coverage Areas

Gauteng

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ASPH Cooperative Agreement
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 3835
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY NARRATIVE:

This activity relates to activities to be carried out by Harvard School of Public Health (HSPH) in Other Prevention (#2932) and Policy/System Strengthening (#2934). While no specific targets are set, the project also expects to reach significant numbers of OVC as a result of peer-based AB programs.

SUMMARY:
Through the South Africa Peer Education Support Institute (SAPESI) HSPH will continue to use Emergency Plan funds to support AB activities delivered through rigorous peer education programs in schools, FBOs and CBOs, clinics, and sport and recreation programs. Training is the major emphasis areas for the funded activities, but funds are also used for development of IEC materials, linkages with other sectors and initiatives, local organization capacity development, quality assurance / supportive supervision and strategic information. These activities target a wide range of audiences, including children/youth, OVC, HIV-affected families, community and religious leaders, program managers and teachers, policy makers and CBOs, FBOs and NGOs.

BACKGROUND:
This project is a continuation, expansion and institutionalization of an initiative started in 2001 and supported in FY05 with PEPFAR funding. SAPESI is a collaboration among HSPH, the Nelson Mandela Metropole University (NMMU), and the Higher Education HIV/AIDS Programme, each with its own source of support (the NMMU Trust and the EU, respectively). SAPESI builds on a four-year national consultative process developing consensus on goals, essential elements and standards of practice for peer education programs, and a suite of materials and tools in wide circulation (Rutanang). Work with national and provincial departments of Health and Education has been ongoing; work with FBOs began in FY05; and systematic work with DOH clinics and sport and recreation programs will begin in FY06.

ACTIVITIES AND EXPECTED RESULTS:
SAPESI will provide training and ongoing technical assistance; information, communication, and education materials and tools; policy guidelines; and assistance with linkages, community mobilization, and strategic information as part of its systemic capacity development for peer education programs addressing children and youth in a variety of settings. The Institute will prepare and coordinate certified trainers from a variety of sectors and geographic areas. Partners will use standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All SAPESI peer education AB activities and materials explicitly and intensively address the following key legislative issues: male norms and behaviors; sexual violence and coercion; stigma reduction; and maintaining infected and affected children in school; SAPESI AB activities which integrate these emphasis areas and areas of legislative interest will be conducted with the following partners:

- NDOH and Provincial DOH: AB for 60 clinical staff and provincial monitoring and supervisory personnel.

- National Department of Education (DOE): Building on current HSPH work with the Eastern Cape (EC) DOE, SAPESI will initiate a comparably systematic school-based AB peer education in Limpopo (LP); intensify support and M&E for 500 of the 1,000 schools currently targeted to conduct Rutanang-based peer education in EC; and extend the program to an additional 300 EC and 100 LP schools. In EC and LP, school-based AB peer education will reach an estimated 54,000 learners in grades 7-11 (900 schools x 60 learners/school, including 10 peer educators).

- Western Cape DOE: Building on its Rutanang-adapted GOLD model funded by the Global Fund, SAPESI will support the extension of peer education from the current 100 to a total of 350 high schools reaching 21,000 learners.

- Free State DOE: By strengthening RAD, the Free State DOE's adaptation of Rutanang, SAPESI will promote the integration of peer education into the scheduled curriculum, reaching approximately 80 high schools and 3,200 learners.

- Mpumalanga DOE began in 2005 to use the RAD adaptation, and HSPH training and technical assistance, to develop a province-wide peer education strategy. SAPESI will provide Training and TA to 50 MP DOE supervisory and M&E personnel, supporting rigorous peer education programs in 60 schools reaching 3,000 learners.

- FBOs: Building on an HSPH/NDOH workshop in May 2005 for 40 FBOs, SAPESI will work with the Anglican Church, the Catholic Institute for Education, the South African Council of Churches, and the Evangelical Association of South Africa. SAPESI will tailor Training and TA and materials to AB activities in churches, religious schools, and FBO community outreach projects. SAPESI trainers will support six master trainers/supervisors serving these associations. A total of 120 individuals will be trained to coordinate rigorous peer education programs through FBOs, and these programs will reach a total of 3,600 youth with strong AB learning.

- CBOs: In FY05, HSPH began to support peer education in Gauteng Province townships by ChildLine. Local government has also started to engage SAPESI support. SAPESI will provide Training and TA to 90 national, provincial, and local NGO and CBO personnel.

- Sport and Recreation: In FY05 HSPH began helping the National Department of Sport and Recreation articulate policy and develop training programs. SAPESI will develop a support system and materials enabling coaches to integrate peer-led AB activities. Approximately 1,000 youth will be exposed to small-group AB learning in FY06.

These activities support the vision outlined in the USG Five Year Strategy for South Africa by expanding access to AB prevention activities for appropriate audiences and building the capacity of a range of local and governmental organizations. These activities also contribute to the Emergency Plan's prevention goal of seven million infections averted through peer education training and reaching individuals with AB messages.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	84,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	28,400	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	580	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Community leaders

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Program managers

Teachers (Parent: Host country government workers)

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Religious leaders

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Correctional Services, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4524
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity. Due to the nature of the proposed Department of Corrections Services (DCS) activities, it was determined that such activities should be included in the Prevention/Other (#3029) program area. Activities involve the implementation of the DCS Peer Education program, which include the training of master trainers in peer education, with a focus on abstinence, proper condom use, be faithful, and other basic HIV information.

Table 3.3.02: Activities by Funding Mechanism

Mechanism: DoE

Prime Partner: National Department of Education

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4784

Planned Funds:

Activity Narrative: SUMMARY:

Abstinence and be faithful activities will be carried out by a local NGO to support the Department of Education (DOE) in HIV prevention, care and support for students, and promoting positive healthy behavior among school children, the primary target population. The program will also assist the national DOE, with non-Emergency Plan funds, to coordinate and provide clearly articulated peer education, care and support programs to the provincial DOEs, district offices and schools – laying the foundation for support of the peer education program for students. Primary areas of emphasis are community mobilization/participation and training.

BACKGROUND:

The responsibility to mitigate the impact of HIV/AIDS within the education sector is located in the Quality Promotion and Development branch in the DOE. This branch is also responsible for assuring the quality and consistency of AB messages. The DOE HIV/AIDS unit develops appropriate policies and legislative frameworks to respond to HIV/AIDS across all levels of the system; provides the required technical input into the planning for the education system in the context of HIV/AIDS at National and Provincial levels; facilitates research and collection of Education-specific data on HIV/AIDS in order to inform Departmental responses; and coordinates the Department's collaborative activities across other SAG departments and all sub sectors. The actual implementation of programs to mitigate the impact of HIV/AIDS in schools is the responsibility of each of the nine provincial education departments.

Currently there are various uncoordinated peer education programs offered in schools by several providers. HIV/AIDS and health education through the life skills programs, including age-appropriate AB messages, are an integral part of the school curriculum. However these programs have not started yielding results to counter the impact of the epidemic on the education system. The DOE's HIV/AIDS Peer Education, Care and Support Program will be a new national intervention program aimed at building a coherent uniform response, and protecting the quality of education and training. The program is targeted at primary and secondary public school students, ages 14-19 years who are enrolled for Grades 8-12. There are 11.9 million students, of which 4.1 million are enrolled in the targeted grades 8-12.

ACTIVITIES AND EXPECTED RESULTS:

Students will be encouraged to abstain from sexual activity as the best and only way to protect themselves from exposure to HIV and other sexually transmitted infections. Funds will be used to teach students skills for practicing abstinence and for encouraging delaying sexual activities until marriage. Young people will also receive skills to adopt social and community norms that support delaying sex until later in life and skills to deal with cross-generational sex, transactional sex, rape and other gender-based violence (key legislative issue).

Students attending schools located in the rural areas will be the key target group (education, key legislative issue). A recent study on rural education reported that while the majority of school-going children in South Africa live in rural areas, these students still lack access to well-equipped and financially resourced schools, nutritious food, health care education and support, physical education and entertainment resources and facilities. In addition, another study reported that teachers residing in rural areas teaching in rural schools had higher HIV prevalence than educators residing in urban areas and teaching in urban schools. This program will target the provinces with high infection rates, including KwaZulu-Natal (21.8%), Mpumalanga (19.1%), Free State (12.4%) and North West (10.4%).

Each school (total of 80) will select a group of peer educators (total of 160) from the Representative Council of Learners (RCLs), to be trained to work with their peers and establish clear roles for the RCLs to guide activity implementation. The RCLs will receive training to enable them to serve as peer educators in their schools, reaching approximately 2,400 students. RCLs will focus on encouraging dignity and self-worth, the importance of HIV counseling and testing, reduction of stigma and discrimination (key legislative issue), delivering education and training to promote responsible sexual behavior and the prevention of HIV/AIDS, as well as other health wellness factors. Both male and female RCLs will be recruited and encouraged to participate in the program, thereby providing students with opportunities to address issues of sexism, sexual harassment (male norms, key legislative issue), and power relations between men and women. This activity will build on the ongoing life skills training programs currently implemented in schools by the provincial education departments. Emergency Plan resources will also be used to develop and improve training materials suitable for the targeted student groups. In addition, this activity will build upon the *Africa Education Initiative, which is providing scholarships to bright vulnerable girls* who are orphans, handicapped, economically disadvantaged, or affected by HIV/AIDS.

Program implementation will also include the involvement of community-based school governing bodies (parent and teachers associations) and school management teams in planning and mobilization of targeted students.

The USAID Education Team, in consultation with national DOE, the USAID Health Team and the targeted provincial education department, will identify a suitable service provider to implement the project in the targeted schools. The service provider will be identified competitively through the USAID South Africa Education *Annual Program Statement due to be announced at the beginning of FY 2006. The* results of this activity will contribute to the Emergency Plan 2-7-10 goal of seven million infections prevented and will directly support the USG/South Africa Five Year Strategy in the area of abstinence and being faithful by improving AB preventive behaviors among youth.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,400	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	2,400	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	160	☐
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence (subset of AB)		☑
Indirect number of mass media HIV/AIDS prevention programs that promote abstinence		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful		☑

Target Populations:

Teachers (Parent: Host country government workers)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Education

Coverage Areas

Free State

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: [redacted]

Program Area 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 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.

In FY04, SANBS received a centrally funded Emergency Plan award of [redacted] This was later supplemented to a total of [redacted] to cover the period through March 2006. To date, Emergency Plan activities have centered on setting up project infrastructure, hiring a project manager, developing governance structures and working with the NDOH to define donor expansion approaches and revision to the risk model. A priority for SANBS entails expanding the donor base beyond the current group of middle-aged white males to a younger and more demographically representative group. Emergency Plan support in this domain took on added urgency in 2004 when the Minister of Health mandated that SANBS adopt a new risk profile model that removes race from the formula. After extensive analysis, SANBS has recently announced a revised donor screening methodology relying on frequency of donation.

Another aspect of the USG-supported SANBS program is coordination with the NDOH and DOE 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, Emergency Plan resources will strengthen SANBS IT systems and training of donor recruiters, HIV counselors, technicians, quality officers, and healthcare providers both in South Africa and other African countries.

SANBS's activities represent an integrated program which contributes to objectives delineated in the USG Five Year Strategy. The Emergency Plan will support incorporation of messages regarding prevention, treatment and care into blood donor programs, and blood safety issues will be addressed in HIV and AIDS communication programs.

No other major donors are working directly in blood safety at this time.

Program Area Target:

Number of service outlets/programs carrying out blood safety activities	2,597
Number of individuals trained in blood safety	1,598

Table 3.3.03: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: South Africa National Blood Service
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 3059
Planned Funds:
Activity Narrative: SUMMARY:

South African National Blood Service (SANBS) will use Emergency Plan funds to carry out activities that strengthen SANBS infrastructure to ensure an adequate supply of safe blood to patients. The four focus areas for the activities are: Donor Base expansion, Training, Logistics Management, and Information Systems. The major emphasis area for the activities is IEC, with additional emphasis on infrastructure, strategic information and training. Activities will target a range of population groups, including the business community/private sector; doctors, nurses and laboratory workers in both the public and private facilities; CBOs, FBOs and international counterpart organizations; and children, youth and adults.

BACKGROUND:

The SANBS operates in 27 branches in eight provinces, and has benefited from Emergency Plan funds since FY04. The activities proposed for FY06 aim to improve the quality of the blood service; ensure the availability of safe blood; strengthen the infrastructure for the collection, testing and distribution of safe blood; and improve the overall management structure of the blood service.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1: Donor Base Expansion

Efforts are focused on expanding the donor base beyond the current group of ageing donors to a younger and more demographically representative group. An important element is to coordinate activities with the Departments of Health and Education. The aim is to educate potential young donors to protect themselves from HIV infection, and in so doing becoming safe donors. A combination of perception survey outcomes (KAP study) and geodemographic segmentation analysis will define and identify effective recruitment strategies in geographic areas previously untargeted. Marketing, communication and education strategies will be developed and implemented to be culture and language-specific. Activities will be demand driven to ensure sufficient safe blood, and that 50% of donations are group O in FY06. The residual risk of 1:100,000 per unit transfused will be attained by procuring blood from more than 85% of total donor base. Approximately 50,000 prospective new (walk-in) donors will be exposed to the education and selection program. 54 previously neglected communities will be reached and educated. Three mobile clinics (buses) will be procured. At least 800 healthcare professionals will be educated and trained on the appropriate and safe use of blood. Approximately 50,000 scholars will be subjected to blood donation awareness education programs, and 25 donor recruiters and 7 donor educators appointed.

ACTIVITY 2: Training

Activities will focus on human resource development and addressing the skills shortage through training programs for technicians, technologists, and donor collection and recruitment staff. Appropriate training materials will be developed and continuous professional educational programs for specialist technical and donor staff will be implemented. Specifically, 40 medical technicians will be enrolled in a four year part-time training course at a tertiary institute to qualify as medical technologists. Eight laboratory technicians will be appointed and trained to fill in the duties of these trainees. Forty SANBS staff have received, and 40 more will receive specialist training in a one week blood transfusion workshop by a specialist lecturer. Training programs for the donor recruiters and educators have been developed, and training for 25 recruiters and seven educators are planned. HIV counselor training programs have been developed, and a minimum of 20 staff will undergo this training.

ACTIVITY 3: Logistic Management

SANBS provides blood products to 592 hospitals in eight provinces. SANBS will 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 patients. This cold chain management system will include the distribution of blood between processing centers and blood banks, and between regions, and will include all products. A program of blood issued on a returnable basis will be instituted. Two hundred-thirty refrigerators and freezers and 1,000 blood containers have been supplied to 230 hospitals. A software inventory management system will be implemented at the 230 hospitals, and on average three staff per hospital will be trained on the use of emergency blood. Forty refrigerators, 35 freezers, 600 small and 600 medium whole blood containers, 150 platelet containers, 400 frozen plasma containers and 8,000 eutectics will be supplied to the 89 SANBS blood banks. The infrastructure at the Processing Centre at Pretoria Academic Hospital will be strengthened to improve whole blood processing and component preparation with the procurement of four cold rooms, two blast freezers, two walk-in freezer rooms, eight equipment sealers, and appropriate IT equipment.

ACTIVITY 4: IT Systems

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. Supporting systems and infrastructure will be put in place to ensure accurate and timely data collection. These activities will allow the optimal management of blood donors and blood inventory, and provide management information that will be used to measure the outcome of programs, and the impact thereof on blood safety and the availability of safe blood products. Analysis of the disparate operational information systems of SANBS has been completed, and the system of choice selected. This system will be customized, and after staff training, be implemented throughout the service. The 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 programs to provide a safe blood supply.

These activities support the prevention aspects of the Emergency Plan's 2-7-10 goals by decreasing risk of transfusion-related HIV exposures and thereby contributing to infections averted. The activities also support the vision outlined in the USG Five Year Strategy for South Africa to support the HIV prevention efforts and priorities of the SAG.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Information, Education and Communication	51 - 100
Infrastructure	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets/programs carrying out blood safety activities	2,597	☐
Number of individuals trained in blood safety	15,980	☐
Indirect number of service outlets/programs carrying out blood safety activities	0	☐
Indirect number of individuals trained in blood safety	0	☐

Target Populations:

Adults

Business community/private sector

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

International counterpart organizations

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Laboratory workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area Context:

A recent report by the South Africa Human Sciences Research Council, using a combination of quantitative and qualitative methods, presented evidence on the potential for HIV transmission in dental, maternity and pediatric services in public health facilities. This report focused on risks to children two to nine years old and highlights the need for more emphasis on adequate policy and practice in the area of preventing medical transmission.

As part of the Making Medical Injections Safer (MMIS) project in South Africa, John Snow Research and Training Inc. has begun piloting interventions in three of the nine provinces. Focus areas include:

1. *Improving policies for Safe Injection practices.*
2. Improving medical waste management.
3. Enhanced training of health workers.
4. Communications to address safe medical practices.

Building on emerging global and local trends identifying a growing burden of nosocomial (and especially hospital) infections, and flowing from needs identified by the NDOH, in FY06 the project will expand its current base to form part of a national campaign aimed at improving safe injection practices as well as strengthening institutional capacity to develop and maintain safe injection and appropriate medical waste management.

Improving injection safety and proper waste disposal practices are vital systems-strengthening activities for the over-burdened health system, and these activities further the USG Five Year Strategy by supporting both an increase in health system capacity and quality of care.

No other major donors are working directly in injection safety at this time.

Program Area Target:

Number of individuals trained in injection safety	500

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Safe Medical Practices
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 2945
Planned Funds:
Activity Narrative: SUMMARY:

John Snow Research and Training Inc.'s Injection Safety activity is part of a Track 1 funded project. It is included in the COP to provide information for reviewers, but no approval is required.

This project aims to bring about an environment where patients, health care workers and the community are better protected from transmission of HIV and other blood-borne pathogens through medical injection practices. Emphasis areas include human resources, commodity procurement, policy/guidelines, and training. Specific target audiences include policy makers, health care workers, disabled populations and the general public who receive injections.

BACKGROUND:
As part of PEPFAR'S Making Medical Injections Safer (MMIS) project, John Snow Research and Training Inc. over the past year began piloting interventions aimed at reducing the risk of medical transmission of HIV through unsafe injections in 3 of the 9 provinces. Building on emerging global and local trends around a growing burden of nosocomial (and especially hospital) infections and flowing from needs identified by the NDOH, the project will now expand its current base to form part of a national campaign aimed at improving injection practices as well as strengthening institutional capacity through the development of injection safety policy norms and guidelines. These activities will support the implementation of the country's comprehensive plan for HIV and AIDS care, management and treatment.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
MMIS-South Africa has secured support from the DOH's National Health Information Systems (NHIS) Directorate to develop audio and visual material that will be used on South Africa's National Health Broadcasting Channel as part of a sustained national Behaviour Change Communication targeting clinical health care workers as well as support personnel. The channel currently serves 60 hospitals countrywide. The aim is for MMIS-South Africa to help the DOH extend the current reach to all hospitals providing comprehensive HIV and AIDS care, management and treatment as well as add an injection safety module to the current content broadcast by the channel. This technology will also allow on-line training with accredited sites. This activity will support what MMIS is to provide in the form of "classroom" training of trainers and cover at least one facility in all the 53 health districts in South Africa. In addition, the project is to link to the broadcasting channel some of the country's current telemedicine sites in order to provide further reach through tele-education to remote workers in rural and underserved facilities.

ACTIVITY 2:
MMIS will produce print material on Injection Safety targeting health care workers as part of the Government's National HIV and AIDS Information, Communication and Education Campaign. Such material will be made available to all public clinics (over 4,500) and hospitals (over 400) to support efforts described under Activity 1.

ACTIVITY 3:
As part of training efforts, MMIS-South Africa will provide content material on Injection Safety to the Democratic Nurses Organisation of South Africa (DENOSA). The project will further embark on training of trainers to build a critical mass of nurses as pillars of a capacity building process that will cascade across all provinces to the different echelons within the nursing profession. A similar training strategy will be

applied to the National Electricity Utility company (ESKOM), a large parastatal entity, to systematically impart knowledge and transfer skills to health personnel responsible for employee health services.

ACTIVITY 4:
MMIS will also support policy formulation and review in the area of human resources planning, development and management as well as overall health policy processes that promote and support safe injection practices.

ACTIVITY 5:
The activities described above will be accompanied by the development and implementation of norms and standards that ensure quality care and good waste management in public hospitals. This last activity will be supported by the procurement of appropriate commodities.

The Making Medical Injections Safer activity contributes to meeting the vision outlined in the USG Five Year Strategy for South Africa by strengthening the health *sector's capacity to provide safe medical injections and thereby represents an* important prevention activity.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	51 - 100
Policy and Guidelines	10 - 50
Commodity Procurement	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in injection safety	500	☐
Indirect number of individuals trained in injection safety		☑

Target Populations:

Adults
Disabled populations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Infants
Policy makers (Parent: Host country government workers)
Children and youth (non-OVC)
Public health care workers
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.04: Activities by Funding Mechanism

Mechanism:	Masibambisane 1
Prime Partner:	South African Military Health Service
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	4453
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity. The South Africa Military Health Services continues to use FY05 Emergency Plan funds to enhance the occupational health and safety conditions for health care workers in the military health care setting, focusing specifically on counseling and testing centers. In FY06, the training components of the program will continue without using FY06 Emergency Plan funds.

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Within South Africa's generalized epidemic, HIV prevalence varies greatly across regions and population sub-groups. HIV infection rates exceed 60% among sex workers and in some border towns and other "hot spots." An estimated 23% of the military is infected. Other uniformed services, migrant workers, miners, and incarcerated individuals, among others, appear at higher than average risk.

Sexual risk-taking also occurs in the general population. In a 2001 survey, only 45% of sexually-experienced high-school students reported ever using a condom, and only 29% reported consistent condom use. With high HIV infection rates, there is also a need to step up prevention for discordant couples and HIV-positive individuals. Thus, a comprehensive ABC approach is needed, including targeting messages about correct and consistent condom use to individuals engaging in high-risk behavior.

The USG strategy mirrors the SAG strategy in calling for other prevention programs to focus on high-transmission areas and most-at-risk populations, as well as to expand workplace prevention efforts. It also calls for multi-faceted communications approaches to raise risk perception and to promote preventive practices more broadly.

By March 2005, USG-funded programs had trained 6,730 people to deliver targeted prevention messages, reaching over 751,245 most-at-risk individuals. In FY06 and FY07, the USG/South Africa program will continue support for focused prevention efforts, emphasizing condom promotion and distribution in border areas in Limpopo and Free State, along transportation corridors, and in inner city areas. Through diverse partners, the Emergency Plan will support targeted outreach to the military, staff and inmates in correctional facilities, PLWHA support groups, sex workers and their clients, brothel owners, teachers, truckers, migrants and other mobile populations. Prevention programs for most-at-risk groups will incorporate links to counseling and testing, care and treatment. One innovative program will take a comprehensive approach to scaling up post-rape services including post-exposure HIV prophylaxis (PEP), through both policy development and training for health and social workers and police.

Working through public-private partnerships, the USG will help businesses to strengthen HIV/AIDS workplace policies and programs, and to integrate effective prevention into comprehensive AIDS services for employees. It will also work with trade unions and their leaders in the health and education sectors, including support for a "young worker" prevention campaign.

The USG will support integrated media campaigns that promote both condom and AB messages to a broader audience through the Tsha Tsha, Mindset, and Soul City mass and community media programs and related outreach. It will also assist the NDOH's Khomanani campaign, which encourages partner reduction, condom use and early detection and treatment of STIs. These media initiatives had reached 8.3 million people by March 2005.

The NDOH, which is strongly committed to increasing condom use, buys male condoms and distributes them free of charge. It is now expanding distribution of female condoms beyond initial pilot sites. The USG has assisted the NDOH in introducing a new condom brand, CHOICE, which has become popular with sexually-active young adults. USG-supported technical assistance also helped double distribution of male condoms from an average of 16.6 million a month in 2003/4 to 32 million a month in 2004/5; to increase outlets from 389 to 525; and to eliminate stock-outs at primary distribution sites. The USG will intensify capacity building in logistics management to enable the NDOH to assume full responsibility for condom procurement and distribution by September 2007.

USG programs complement condom research, social marketing and STI management supported by DFID, the only other major donor supporting targeted prevention efforts.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,903,944
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	8,680
Number of targeted condom service outlets	1,116

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 2920
Planned Funds: [redacted]
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds were set aside in FY05 to support EngenderHealth 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 diverse health, education and development agencies, and communications and the media. EngenderHealth provides technical assistance aimed at strengthening Emergency Plan grantees in commitment and ability to address 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. EngenderHealth will continue to work to promote constructive male involvement. This activity was included and approved in the FY05 COP under the Other Prevention program area. It is included in the Abstinence and Being Faithful program area for the FY06 COP as a result of technical guidance from OGAC (#2919).

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	100	☐
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	IMPACT RHAP
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	2924
Planned Funds:	
Activity Narrative:	*This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information to the reviewers. No FY06 funding is requested for this activity, since this activity is ending.*

Emergency Plan funds supported 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 developed a comprehensive BCC strategy including developing target group specific IEC materials that are linguistically and culturally appropriate. FHI implemented 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 were reached through community outreach and over 600,000 were reached through media activities. Activities included strengthening the skills of community volunteer peer educators to enable them to provide quality HIV/AIDS messages that included abstinence, faithfulness, and partner reduction for high risk target groups such as truckers and other mobile populations. This was 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 media campaign supported the BCC efforts. Community participation was a critical element contributing to the effectiveness of the peer education program. Involvement of the communities started from recruitment of the peer educators and continued 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 expanded across South Africa's border and across the region with impact greater than the activities and their intended South Africa results described here. Country programs were recently asked to take over these previously regionally funded activities, and thus this funding mechanism has been discontinued.

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	540,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	918,000	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	ASPH Cooperative Agreement
Prime Partner:	Association of Schools of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	2932
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity relates to activities to be carried out by the Harvard School of Public Health (HSPH) in AB (#2931) and Policy/System Strengthening (#2934). While no specific targets are set, the project also expects to enhance VCT participation through Other Prevention peer education activities in higher education, corrections, and workplace settings.

SUMMARY:
Through the South Africa Peer Education Support Institute (SAPESI) HSPH will continue to use Emergency Plan funds to support Other Prevention activities delivered through rigorous peer education programs in higher education institutions, correctional institutions, CBOs, clinics, and workplace programs in the public and private sectors. Training is the major emphasis area for the funded activities, but funds are also used for development of IEC materials, linkages with other sectors and initiatives, local organization capacity development, policy and guidelines, strategic information and workplace programs. These activities target a wide range of audiences, including children, youth and adults, students, HIV-affected families, community and religious leaders, program managers and teachers, policy makers, volunteers, business community/private sector, and CBOs, FBOs and NGOs.

BACKGROUND:
This project is a continuation, expansion and institutionalization of an initiative started in 2001 and supported in FY05 with Emergency Plan funding. SAPESI is a collaboration among HSPH, the Nelson Mandela Metropole University (NMMU), and the Higher Education HIV/AIDS Programme, each with its own source of support (the NMMU Trust and the EU, respectively). SAPESI builds on a four-year national cross-sector consultative process which led to consensus on the goals, essential elements and standards of practice for peer education programs, and a suite of materials and tools in wide circulation (Rutanang). Work with the higher education sector and national and provincial departments of Health has been ongoing since the project's inception in 2001. The first HSPH initiative in workplace Other Prevention activities was launched in FY05 with the South Africa Police Services.

ACTIVITIES AND EXPECTED RESULTS:
While SAPESI Other Prevention peer education focuses on teenagers and older youth, young adults, and families through worksite programs and faith-based organizations, it continues to emphasize the benefits and rewards of primary and secondary abstinence, delay of sexual onset, and fidelity. However, for many populations (inmates, out-of-school youth, some high school learners, university students, and adults) it is also necessary to address information, attitudes and skills concerning reduction in number of partners, condom use for those who are not abstinent, improved diagnosis and treatment of STIs, and promotion of CT. In all settings, a persistent reconsideration of male roles and behavior (key legislative issue), reductions in gender violence (key legislative issue) and discrimination (key legislative issue), and encouragement of participation in organizational governance are critical SAPESI peer education prevention strategies. Other Prevention peer education activities at public and private sector worksites also emphasize the roles audiences play as parents, grandparents and guardians, and prepare them to promote abstinence and sexual safety for their children.

In this program area as well, SAPESI will provide certified training and ongoing technical assistance; information, communication, and education materials and tools; policy guidelines; and assistance with linkages, community mobilization, and strategic information as part of its systemic capacity development for peer education programs

addressing Other Prevention in a variety of settings. Partners will use standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. SAPESI Other Prevention activities which integrate these emphasis areas and areas of legislative interest will be conducted with the following partners:

- South Africa Police Services (SAPS): Building on a situational analysis workshop conducted in FY05, SAPESI will develop materials and tools, provide ongoing training and technical assistance, and assist with monitoring and evaluation as SAPS reconsiders and revitalizes its original workplace program. A total of 60 peer educator supervisors and trainers from all nine provinces will be supported; each supervisor is responsible for an average of eight peer educators, and the number of SAPS personnel expected to be reached by these peer educators is 9,600.

- SA Department of Correctional Services (DCS): SAPESI will provide its full menu of support services to a national network of 50 DCS personnel and affiliated NGOs to provide peer education for young inmates and for correctional officers.

- SAPESI supports Other Prevention peer education activities conducted by NGOs, FBOs and CBOs in out-of-school and after-school settings. SAPESI will reach approximately 6,000 youth through these activities. In addition, it is estimated that a minimum of 10 learners/high school (in excess of the learner counts enumerated under AB) will require Other Prevention activities in addition to AB.

- Higher Education: Peer education is an essential part of the institutional response articulated by the HEAIDS program for postsecondary institutions. Peer education combines Other Prevention and CT functions in this setting. SAPESI will work with 56 education, counseling, and nursing staff from 14 institutions; peer educators working under their direction will reach more than 8,000 youth.

- Worksite programs: Building on SAPESI tools and techniques begun with SAPS in FY05, the Institute will provide planning, Training and TA, materials development, and M&E support to 4 public sector departments or corporate entities. We target 120 supervisors and trainers for this support; by conservative estimate, if each works with only 6 peer educators, and each of 360 peer educator teams conducts Other Prevention activities with 20 employees, 7,200 adults will be reached.

These activities support the vision outlined in USG Five Year Strategy for South Africa by expanding access to appropriate prevention messages and building the capacity of a range of local and governmental organizations. These activities also contribute to the Emergency Plan's prevention goal of infections averted.

Emphasis Areas	% Of Effort
Training	51 - 100
Policy and Guidelines	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Workplace Programs	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	29,200	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	346	☐
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
Street youth (Parent: Most at risk populations)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Policy makers (Parent: Host country government workers)
Prisoners (Parent: Most at risk populations)
Program managers
Teachers (Parent: Host country government workers)
Volunteers
Children and youth (non-OVC)
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Religious leaders
Host country government workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Deliver 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 2944
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

JSI's Other Prevention activities are linked to activities described in the AB program area (#2942). In addition, JSI carries out an unrelated activity described in ARV Services (#2943).

SUMMARY:

John Snow, Inc. (JSI) will continue to support the STI & HIV/AIDS Prevention Unit, within the NDOH and Provincial Departments of Health (PDOH), by providing logistics management technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of the national male and female condom programs, targeting underserved, vulnerable and most at risk populations. JSI will implement an intensified focus in logistics management capacity building within the NDOH, to enable the NDOH to sustain the national condom distribution program without JSI/USG support by September 2007. The key emphasis area for this activity is local organization capacity development; the target populations are youth (secondary school and university students), adults and family planning clients.

BACKGROUND:

In 2000 the NDOH requested USAID support in addressing two critical weaknesses in the government's prevention program relating to condom procurement and distribution: the poor quality of condoms that were distributed in South Africa and the frequent and prolonged shortages and stock outs in the provinces – both problems which chronically resulted in negative media towards, and an erosion of public confidence in, the SAG HIV prevention program. JSI, co-located within the NDOH, and in close collaboration with National and Provincial counterparts, has successfully developed and implemented a package of technical solutions to these two critical shortcomings. First JSI-supported systems have eliminated poor quality issues by ensuring compliance testing to WHO specifications and standards of all production batches of condoms regardless of local or overseas manufacture - thus guaranteeing that only very high quality public sector condoms are distributed in South Africa. Second, the JSI-developed Logistics Management Information System (LMIS) has enabled the NDOH to eliminate shortages and stock outs in the provinces by establishing and servicing 172 primary distribution sites across all provinces. These two achievements were crucial in empowering the SAG to sustain its HIV prevention focus in its response to the HIV/AIDS epidemic and maintain its long term goal of ensuring that people who are currently HIV-negative, remain negative. Making condoms available to sexually active populations and thereby positively influencing male norms and behaviors (key legislative issue) is an essential component of the government's ABC approach. Emergency Plan funds will be concentrated on increasing the sustainability of the technical know-how needed to efficiently operate this program and sustain the program's focus on most at-risk populations.

ACTIVITIES AND EXPECTED RESULTS:

JSI will focus on the transfer of technical skills and logistics systems management to the NDOH to increase the sustainability of the technical knowledge required to maintain the necessary logistics systems and ensure the condom distribution program continues once the JSI/DELIVER contract ends in September 2007. Specifically, JSI will continue to provide technical assistance in the procurement, quality assurance, warehousing, distribution and tracking of over 400 million condoms annually (an increase over 385 million distributed during the previous twelve months) to sexually active youth, adults, and family planning clients, with a particular focus on non-traditional outlets for high risk, vulnerable and marginalized populations. While assisting the NDOH in sustaining the quality assurance systems and the LMIS-driven zero stock out rate at the 172 primary distribution sites in the provinces, JSI will

make an intensive effort to capacitate the NDOH to fully take over these prevention program areas. Critical to achieving this goal, JSI will work with the NDOH in establishing appropriate government posts for quality assurance and logistics management, and providing on the job and formal training. It is expected that the NDOH will be able to fully sustain the national condom procurement, quality assurance and distribution program by September 2007.

JSI will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by building the capacity of NDOH staff in procurement, quality assurance, warehousing, and distribution of male and female condoms and ensuring that condom stock-outs at distribution points are eliminated. This activity will also assist in achieving the 2-7-10 goals for prevention by increasing the number of condom service outlets to 175 sites.

Emphasis Areas	% Of Effort
Training	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Local Organization Capacity Development	51 - 100
Human Resources	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	175	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Family planning clients

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 2968
Planned Funds:
Activity Narrative: SUMMARY:

During FY06, Population Council/FRONTIERS, in collaboration with RADAR (Rural AIDS Development and Research) and other stakeholders, will apply lessons learned through previous Emergency Plan-funded pilot work, in order to consolidate a model for delivering post-rape care, including HIV post-exposure prophylaxis (PEP) that is appropriate to resource poor areas, while aiming to assess and influence the current policy and health systems environment for scaling up this model. The major emphasis area for this activity is training. The program targets a range of adults, children, and youth, as well as a particularly vulnerable group (survivors of sexual violence) for HIV prevention activities; in addition, training and IEC campaigns target service providers, program managers, and the broader community, while guidelines will be targeted towards policy makers and relevant National and Provincial DOH staff for scaling up activities at provincial and national levels.

BACKGROUND:

In South Africa, a country with a rapidly escalating AIDS epidemic and high levels of sexual violence, rape survivors are a high risk group in need of targeted health services, including HIV prevention. This ongoing project responds to South Africa's recent NDOH policy calling for provision of PEP following sexual assault. At present, it is unclear which health directorates or departments (e.g. HIV, Mother and Child Health (MCH), RH) are, or should be, responsible for coordinating and delivering such services. Consequently, individual hospitals, clinics, and NGOs are developing approaches to PEP delivery on an ad hoc basis, and with little systematic monitoring or evaluation. In the absence of standardized policies or guidelines, certified training curricula, or service delivery models - and without clear directives to guide the appropriate allocation of resources, it is difficult for provincial and national DOH to know how best to scale-up sexual violence services and PEP at local and national levels. Three provinces (Limpopo, Mpumalanga, and Western Cape) have all initiated activities to begin providing sexual violence services and PEP on a limited scale.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Training and Local Organization Capacity Development):

The project has established a coordinated post-rape program that has integrated post-rape services with existing CT/HIV and other relevant hospital services, developed relevant hospital policies, guidelines and training materials, and implemented provider training for approximately 30 healthcare workers, pharmacists, police, and social workers. In addition, all HIV-positive rape survivors are now referred to the hospital's HIV clinic for ongoing clinical care and ARV assessment. The project will continue to train service providers as well as initiate a strategy for scaling up post-rape services including PEP nationally through engaging the NDOH and relevant provincial representatives to inform and support ongoing efforts to coordinate rollout of post-rape services, referring to successful components and lessons learned from the pilot model.

ACTIVITY 2 (Strategic Information, Quality Assurance and Supportive Supervision, and IEC):

The project has established local monitoring and evaluation systems, and created linkages between health care providers, social workers, the police and community volunteers, in order to improve comprehensive care including PEP. Working with local partners, the NDOH, the South African Qualifications Authority (SAQA) and others, the project will continue to monitor quality of service delivery at the pilot site (including PEP uptake and adherence), while using this experience to develop standardized curricula and training qualifications, service delivery algorithms, referral

mechanisms, and record-keeping systems relevant to wider scale-up.

ACTIVITY 3 (Development of network/linkages/referral systems):
The project will work with the National and Provincial DOH (Limpopo, Mpumalanga and Western Cape) to understand existing policies, plans and budgets for introducing comprehensive post-rape services and PEP into provinces and districts.

ACTIVITY 4 (Needs Assessment, and Policy and Guidelines):
The project has identified gaps in training models, policies, and guidelines relating to post-rape care and PEP. Based on the above, and identifying potential obstacles and opportunities, the project will generate recommendations for guiding further scale-up of post-rape services and PEP at provincial and national levels.

These activities respond to US legislative interests in reducing violence and coercion (sexual violence), increasing gender equity in HIV/AIDS programs (allocating appropriate resources to HIV prevention and treatment for survivors of sexual violence, who are primarily female) and increasing women's legal rights (strengthening access to medico-legal services following sexual assault).

By raising community awareness and increasing access to CT, PEP, and other relevant services, these activities contribute to the infections averted element of the Emergency Plan's 2-7-10 goals. FRONTIERS will also contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by increasing quality prevention services for adults to avert infections among vulnerable and high-risk populations, particularly rape victims.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that *promotes HIV/AIDS prevention through other behavior change* beyond abstinence and/or being faithful	2,500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs *that are not focused on abstinence and/or being faithful*		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media *HIV/AIDS prevention programs that are not focused on* abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

Girls (Parent: Children and youth (non-OVC))

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's legal rights

Reducing violence and coercion

Coverage Areas

Limpopo (Northern)

Mpumalanga

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Masibambisane 1
Prime Partner:	South African Military Health Service
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	2978
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Other Prevention activities form one component of Masibambisane's comprehensive approach to HIV/AIDS prevention, care and support described in AB (#2977) Basic Care and Support (#2979), OVC (#2980), CT (#2982), Strategic Information (#2981) and ARV Services (#3339) sections of the COP.

SUMMARY:
Masibambisane will use FY06 Emergency Plan funds to implement workplace programs with other prevention themes, including training on HIV and gender equity (key legislative issue); substance abuse prevention, destigmatization and prevention of discrimination (key legislative issue), and training of DOD members to develop and conduct prevention programs. Emphasis areas for these activities include community mobilization/participation, IEC, policy/guidelines, quality assurance/supportive supervision, SI, training and workplace programs. The activities target several military populations: PLWHA, children, youth and adults, and public health workers.

BACKGROUND:
Masibambisane is an integrated prevention, care and treatment program in the Department of Defence addressing the management of HIV and AIDS within the DOD targeting DOD members and dependants. The prevention program includes awareness programs, workplace programs, education, training and development, gender equity (key legislative issue) and substance abuse prevention. The program uses multi-media methods of communication and training and education, such as pamphlets, posters, industrial theatre and videos.

The majority of other prevention activities are ongoing, and several have been expanded over the past two years with PEPFAR funding. The activities are implemented in a decentralized manner in military units throughout South Africa by various role players and coordinated on a regional level by HIV nodal points of the Masibambisane project. Diffusion of innovation will be accomplished through publication of the effectiveness of innovative programs in military magazines and peer reviewed journals and through oral and poster presentations at selective professional conferences. Community awareness and education programs will include celebrations of World AIDS Day and other related international and national days, exhibitions and displays, sport activities focusing on HIV prevention and healthy living and unit competitions with HIV prevention as the focus.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Masibambisane will establish effective workplace programs through the training of unit commanding officers, workplace program managers and the establishment of military community development committees through which workplace programs will be implemented. Activity 1 also includes condom distribution and peer educator training. This activity will extend into deployment areas and will be part of training for deployments, including the operational area and during mission readiness training.

ACTIVITY 2:
Masibambisane will train Master Trainers and educational officers to ensure training of additional individuals based on these efforts. One centralized Master Trainers Course and up to nine educational officer courses will be conducted, also serving as retraining and refresher training to include aspects such as substance abuse and HIV and gender equity. Additional training will be implemented for health care workers, workplace managers and peer educators.

ACTIVITY 3:
Masibambisane will implement programs to prevent and manage occupational exposure to HIV infection through the placement of first aid kits in all workplaces, provision of personal protective equipment, training of health care workers and occupational health and safety workers and cleaning staff, sourcing of ARV treatment starter packs and post exposure prophylaxes and IEC material.

ACTIVITY 4:
Masibambisane will address gender equity and HIV through gender equity training, women's empowerment and men as partner projects. Masibambisane will implement workshops, seminars and awareness campaigns on gender equity as well as develop and disseminate IEC material and a strategy to address Gender equity.

ACTIVITY 5:
Masibambisane will develop a model and strategy for a substance abuse prevention program through benchmarking and exploratory studies, discussion papers and workshops, and an HIV and substance abuse summit for services and divisions. A pilot study will be carried out on the use of brief motivational interviewing as a prevention strategy. In addition, this activity will include a pilot study addressing substance abuse to decrease sexual risk behaviors among HIV positive individuals, also using the motivational interviewing technique.

ACTIVITY 6:
Syndromic management of STIs and periodic presumptive treatment in high incidence areas and target groups within the military. Funding for this activity will be used primarily for training of health care professionals.

The program implementation will be supported by supervision and quality assurance through staff visits to the regions, and monitoring and evaluation to ensure performance. Most of the activities described here have been initiated, and are in a process of refinement and focusing to develop more targeted interventions and expand them to reach an optimal number of members in the DOD (including children of military members).

These activities will contribute to preventions of infections, in full support of South Africa's Five Year Strategy and the Emergency Plan's goal to prevent seven million infections.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	19,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,200	☐
Number of targeted condom service outlets	403	☐
Indirect number of community outreach HIV/AIDS prevention *programs that are not focused on abstinence and/or being* faithful		☑
Indirect number of mass media HIV/AIDS prevention programs *that are not focused on abstinence and/or being faithful*		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on *abstinence and/or being faithful*		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being *faithful*		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Children and youth (non-OVC)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 2989
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Other Prevention activities described here are part of an integrated program also described in the AB (#2988), CT (#2991), ARV Services (#3274) and OVC (#2990) program areas.

SUMMARY:

The Health Communication Partnership (HCP) of Johns Hopkins University will implement HIV prevention programs using static and distance learning, including entertainment-education; the innovative use of communication technology; and community mobilization. The target populations for this activity are university students, adults, PLWHA, HIV/AIDS affected families, community leaders, public health workers, and CBOs and NGOs. The major emphasis areas for this activity are community mobilization/participation and IEC, with additional emphasis on training.

BACKGROUND:

HCP and its partners are applying the proven methodology of reaching intended audiences with similar messages but through a variety of communication channels and through credible sources. HCP will utilize the capacity of its partners to enhance both their reach and the effectiveness of their messaging. The HCP prevention initiatives enter the third year of activity in FY06 with Mindset Health, South African Broadcast Corporation (SABC) Education, Valley Trust, Centre for AIDS Development Research and Evaluation (CADRE), DramAidE, and ABC Ulwazi as long-standing partners. Community Health and Media Trust (CHMT), Wits University and KZN University (UKZN) joined in FY05, and the Department of Correctional Services (DCS) will join for FY06. The focus will be on the integrated ABC program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and health care providers with technical and training information. Mindset offers a unique opportunity to use modern communication technologies to reach Health Care Workers (HCWs) on site with on-demand capabilities. Mindset Health will strengthen and develop new prevention messages. Building on last year's 10 hours of video produced in five languages plus print and web-based support materials, Mindset will use FY06 funds to develop and produce another 10 hours of material and translate those materials produced into six more national languages. HCW will reinforce prevention messages that clients will be exposed to while viewing the patient channel in waiting rooms. Through Emergency Plan funding (and SAG and private sector support) at the beginning of FY06 Mindset Health will be in more than 250 sites. It is planned that this will increase in FY06 to 750 sites. The prevention messages will reach approximately 1,00,000 clients at health care facilities as well as approximately 6,000 health care workers through distance learning.

ACTIVITY 2:

An estimated one million individuals will be reached in the following activities:

• Prevention messages will be broadcast in public health facilities through the SABC funded and produced "Siyanqoba: Beat It" TV series, which highlights the experiences of HIV-positive people and will include episodes with specific prevention messages.
• CHMT will work with community volunteers at the Mindset clinic sites and train them on how to facilitate group and individual discussions on the series topics with

patients in the waiting rooms. This activity will use the synergy of video materials, primarily produced and funded with SABC funds, with active facilitation by members of the local communities.

• 78 episodes of the popular Tsha Tsha drama series will have been produced by SABC with PEPFAR support. Mindset has an agreement with SABC to use these materials on the patient channel. In addition through HCP and its partner CADRE, individual storylines on condom use, stigma and discrimination (key legislative issue), CT, and gender violence (key legislative issue) that have been broadcast will be summarized into 15-20 minute programs that are both educational and dramatic. The community facilitators will also be trained on how to use these materials and be given facilitator's guides specifically made for each condensed program.

• A new TV series will be produced with SABC Education to focus on local responses to HIV/AIDS and other development challenges. The show will focus on SA success stories and highlighting individuals and organizations that can serve as models for replication in other communities. The show will provide special emphasis on ABC programs promoting the importance of delaying sex, CT, AB, and secondary abstinence for young people. It will be broadcast free by SABC and SABC will contribute to production and development. The program will reach an estimated 700,000 each week for 13 weeks, and will also be used in the community mobilization activities of other HCP partners as a stimulus for discussion and action.

ACTIVITY 3:

Several community mobilization interventions will utilize the Beat It and Tsha Tsha materials:

• DramAidE Health Promoters (HPs) - people living openly with HIV and operating in 26 Tertiary Institutions (TIs), will focus on prevention, through delaying sexual activity, secondary abstinence, dignity and self worth, information on correct and consistent condom use, promotion of CT, and stigma and discrimination (key legislative issue) and reshaping male norms/behaviors (key legislative issue). This project encourages students to remain negative using local media and workshops accessing the Beat It and Tsha Tsha materials. There are more than 600,000 students at the universities, many of whom are often at risk of HIV infection, and more than 400,000 faculty and staff members who are secondary audiences for the HPs.

• Paralleling the activities described above, the Department of Correctional Services will also use the materials in the facilities with offenders and DramAidE will train peer facilitators on their utilization, with a particular emphasis on changing male norms/behaviors (key legislative issue). An estimated 50,000 offenders will receive prevention messages.

• The Valley Trust (TVT) will implement interventions using community leaders, peer educators and positive voices to build community prevention dialogue through workshops and community events. TVT will also make condoms accessible to at-risk youth in safe and secure environments. This combination of interventions will reach an estimated 20,000 young people and capacitate 500 adults to impart prevention messages in an effective manner.

• ABC Ulwazi will develop a new radio series similar to "Body, Mind and Soul" (developed with Emergency Plan FY05 funding) that focuses on prevention messages. It will be distributed to 60 community Radio stations where 20 new listeners' clubs will be created. This will build on the existing 40 Listeners clubs created in FY04 and FY05 with a contribution from the Emergency Plan.

Through the innovative use of communication technology and community mobilization activities, HCP will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by building the capacity of South African individuals and communities to protect themselves from HIV. It is estimated that the community outreach projects described above will reach more than 1,500,000 people, in addition to the many more reached through larger scale media efforts. This activity will also contribute to reaching the Emergency Plan 2-7-10 goals by training approximately 6,000 individuals to promote HIV/AIDS prevention.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	6,000	☐
Number of targeted condom service outlets	33	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Community leaders

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

University students (Parent: Children and youth (non-OVC))

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Rural KZN Project
Prime Partner:	Center for HIV/AIDS Networking
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	3010
Planned Funds:	
Activity Narrative:	SUMMARY:

The Centre for HIV/AIDS Networking (HIVAN) will use FY06 Emergency Plan funds to implement 'Community Responses to HIV/AIDS Project' to strengthen grassroots responses to HIV/AIDS in a marginalized rural area (where 43% of pregnant women are HIV positive). Activities will include (i) building local skills (relating to HIV-prevention, AIDS-care, accessing grants, leadership and poverty alleviation) and (ii) facilitating partnerships linking local residents of this isolated community to potential support networks in the public and private sectors and in civil society. The integrated approach will reach adult caregivers, traditional leaders, and mentors who are able to guide both youth and adults and provide supportive environments to reduce high-risk behaviors. Emphasis areas for the activities include community mobilization, development of networks, IEC, local organization capacity development, supportive supervision, SI and training.

BACKGROUND:
HIVAN is based at the University of KwaZulu-Natal in Durban. This project builds on three years of preparatory work in this community. The first two years, funded by *Atlantic Philanthropies, involved a detailed community case study (mid 2003-2004)*, followed by the dissemination of research findings and wide community consultation about the shape of a possible intervention (mid 2004-2005). The third year, funded *by FY05 Emergency Plan funds (mid-2005-2006), has involved preliminary HIV/AIDS* skills-building activities with targeted populations (community health volunteers, men and youth) as well as partnership building activities with a range of government and civil society bodies.

ACTIVITIES:
In the fourth year (mid 2006-2007), HIVAN will deepen and consolidate these emerging partnerships; extend HIV/AIDS training to a wider range of community residents; and use HIV/AIDS as a springboard for working with HIV/AIDS-affected households and HIV-vulnerable groups to develop the leadership and income generation skills that will enable them to respond more effectively to the challenges of HIV prevention and AIDS care.

Specifically, HIVAN will carry out the following:
• Training and supporting volunteer health workers to lead accelerated local community response to HIV/AIDS.
• Training and supporting existing traditional and religious leaders, as well as identifying, training and supporting new women (gender equity, key legislative issue) and youth leaders in the skills required to: build supportive social environments for *HIV/AIDS (stigma, key legislative issue) and health work; and exercise stronger and* more effective leadership of local development projects, especially relating to agriculture [subsistence farming for survival, micro-farming for income generation (key *legislative issue) and community gardens to improve nutrition of people with AIDS* and other vulnerable groups].
• Deepening and institutionalizing emerging partnerships between local community and outside support agencies in public sector, private sector and civil society – locally and regionally.

HIVAN's activities support the USG/South Africa Five Year Strategy and the Emergency Plan's goals in both prevention and care by building capacity at the community level through partnerships and the training of influential leaders.

Emphasis Areas	% Of Effort
Training	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	120	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,000	☐
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Other health care workers (Parent: Public health care workers)

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Correctional Services, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3029
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to other Department of Correctional Services programs described in Basic Care and Support (#3030), Counseling and Testing (#3032) and Strategic Information (#3031).

SUMMARY:
Emergency Plan funds will support the Department of Correctional Services (DCS) to implement an HIV/AIDS peer educator prevention program targeting adult offenders and DCS staff from all nine provinces. The major emphasis area for this program will be human resources, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems and IEC. The target population will include men and women, PLWHA and their caregivers, several most at-risk populations (e.g., prisoners, MSM, injection drug users, out-of-school youths, CSW and their clients, transgender individuals and street youth), public health nurses, CBOs and NGOs.

BACKGROUND:
Peer education has been identified as the most appropriate model for the DCS environment because (1) it is an efficient model for reaching the highest number of people in the fastest possible time; (2) it allows for multiple reinforcing interactions within the social and professional context of the prisons; and (3) it requires no infrastructure. Peer education is also an effective method for conveying prevention information to this population because the messages are delivered in a language common to a particular milieu by someone with a common frame of reference with whom the listener can easily identify.

This program will identify and recruit master trainers from among prison employees and inmates serving long terms. The need for master trainers is dictated by the mobility of the population and the relative speed with which many trained peer educators leave the correctional system. South Africa has a fairly extensive and mobile correctional center population, with many prisoners released from the system after relatively short periods of time. Skills and knowledge of the master trainers can be updated regularly with new material in a cost-effective manner. The majority of master trainers will be long-term DCS staff, but some prisoners with long sentences will also be trained as master trainers.

Funds were approved for these activities in FY05, but administrative barriers delayed their arrival at DCS until recently. Funds have now been awarded and DCS is implementing activities approved in FY05. FY06 funds will continue and expand approved activities.

ACTIVITIES AND EXPECTED RESULTS:
There are approximately 182,000 prisoners (both sentenced and un-sentenced) incarcerated in 240 correctional centers managed by the DCS, and 81,000 prisoners in community corrections programs/jails (total 263,000). The average offender population of a correctional center is approximately 3,000. In addition, DCS currently employs approximately 35,000 persons. This program is designed so that every prisoner and every staff member will be exposed to ongoing information sessions on HIV and AIDS through peer education.

ACTIVITY 1 (Training of Master Trainers):
DCS will train DCS health care professionals and offenders with long-term sentences as master trainers in peer education. Master trainers will receive training that includes information related to HIV transmission, effective preventive behavior, and care and

support services available to PLWHA, as well as on peer education techniques and responsibilities. Special focus is given to peer education messages focusing on ABC. The impact of the training will be monitored in terms of the number of peer educators trained by each master trainer and by the number of offenders each peer educator reaches with prevention messages. Through this program, 150 master trainers will be trained.

ACTIVITY 2 (Peer Education):
The master trainers will provide peer education training to DCS staff and sentenced offenders as they pass through the system. 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. Each peer educator trained will promote ABC prevention messages to other offenders in the system, and to DCS staff. By FY07, these peer educators are expected to reach 100,000 individuals with relevant prevention messages.

ACTIVITY 3 (Detainees awaiting Trial):
DCS intends to pilot the training of detainees awaiting trial as master trainers. Currently, DCS renders minimal services to detainees awaiting trial as they are the responsibility of the Departments of Justice and the South African Police Services. This activity will therefore remain at the pilot level so that rollout can be considered by either of these Departments. Detainees awaiting trial will be carefully selected based on the length of their trials. Centers that are part of the DCS centers of excellence program will be used for the pilot, which will be implemented as a regional program initially. The impact of the training will be to create a cadre of master trainers who will train peer educators among other detainees awaiting trial to promote prevention messages.

ACTIVITY 4 (Project Coordinators):
Emergency Plan funds will also support 12 coordinators (two per DCS region) to oversee all implementation aspects of the program including data collection and reporting.

By targeting high risk populations, namely prisoners, with appropriate prevention messages (e.g., abstinence and being faithful) the DCS will help reduce risky behaviors in a population that is most at-risk of infection, and contribute to the realization of the Emergency Plan's goal of preventing seven million new infections. DCS activities funded by the Emergency Plan support the prevention objectives outlined in the USG Five Year Strategy for South Africa by expanding prevention services to most-at-risk populations.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	480	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	100,000	☐
Number of targeted condom service outlets	240	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults
Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Nurses (Parent: Public health care workers)
Most at risk populations
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Caregivers (of OVC and PLWHAs)
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Transgender individuals (Parent: Most at risk populations)
Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CDC Support
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3043
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the NDOH; additional activities include PMTCT (#3047), TB/HIV (#3045), CT (#3046), SI (#3044) and ARV Services (#3282). Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

Emergency Plan funds will (1) support a local hire to work with the NDOH in the area of HIV/AIDS treatment, care, and prevention among youth and (2) support an intervention aimed at addressing the HIV risks of other vulnerable populations. The major emphasis areas will be human resources and the development of network/linkage/referral systems, with minor emphasis put on community mobilization and participation, IEC and local organization capacity development. The target population will include children (boys and girls, non-OVC), members of several most at-risk populations, host country government workers, CBOs and FBOs.

BACKGROUND:

By the beginning of FY06, CDC will hire a locally employed staff person to work with the NDOH on HIV prevention among youth. This position will work closely with NDOH in the design and delivery of their youth interventions. It will also coordinate the Emergency Plan-funded youth activities described in this FY06 COP.

These funds will also support the delivery of an intervention aimed at the HIV risks of other vulnerable populations, such as drug users, men who have sex with men, and sex workers. Emergency Plan funds in FY05 supported an assessment of the HIV prevention needs of other vulnerable populations in Cape Town, Durban, and Pretoria. FY06 funds will support an intervention designed to address the needs identified in the FY05 assessment. The intervention will attempt to address the risks faced by vulnerable populations, and increase their access to prevention, care, and treatment services. A contractor will be identified through a local tender process to implement the intervention.

ACTIVITIES AND EXPECTED RESULTS:

The activities that will occur are:
(1) Providing coordination and oversight for Rutanang peer education trainings (stigma and discrimination, key legislative issue) offered for DOH, DOE, and other SAG partners in collaboration with the Harvard School of Public Health.
(2) Providing technical assistance and oversight to NDOH efforts with youth, including life skills training offered through schools.
(3) Delivery of an intervention to other vulnerable populations in Cape Town, Durban, and Pretoria that may include community-based outreach to drug users (reducing violence and coercion, key legislative issue) and other vulnerable populations, as well as risk reduction services, and increased access to CT and drug treatment services.

These activities will contribute to the overall Emergency Plan objectives of preventing seven million infections by implementing interventions to reduce high risk behavior among vulnerable populations. These activities also support the prevention goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	400	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	80	☐
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Faith-based organizations
Most at risk populations
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Mobile populations (Parent: Most at risk populations)
Truck drivers (Parent: Mobile populations)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Out-of-school youth (Parent: Most at risk populations)
Transgender individuals (Parent: Most at risk populations)
Host country government workers

Key Legislative Issues

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Traditional Healers Project
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3068
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
Activities described here are part of a comprehensive initiative with traditional healers, and includes activities described in the AB (#3067), Basic Care and Support (#3069), Counseling and Testing (#3070), and Other Prevention (#3068) program areas.

SUMMARY:
The Nelson Mandela School of Medicine (NMSM) will use Emergency Plan funds to support the development and implementation of innovative prevention messages specifically adapted to the cultural practices of traditional healers (isangomas and izinyangas) in KwaZulu-Natal (KZN). The major emphasis area for this program will be IEC, with minor emphasis placed on community mobilization and participation, human resources, policy and guidelines, quality assurance and supportive supervision, and SI. The target population will include traditional healers in the private and public sector who are members of the KZN and Ethekwini Traditional Healer Councils.

BACKGROUND:
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. 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. In addition, the healers need to work with their patients and the community to change cultural practices (non-sexual) that can contribute to viral transmission, such as blood-letting, scarification for taking of herbs directly into the bloodstream, and skin puncturing using porcupine quills that are sometimes used in what appears to be an ancient African type of acupuncture.

In FY05, NMSM trained 200 traditional healers to deliver HIV prevention messages to their clients and communities. The Traditional Healers Project vastly expanded access to HIV prevention information in mostly rural communities, with over 250,000 people reached directly as a result of this initiative.

These activities were begun in August 2005 with the arrival of FY05 Emergency Plan funding. NMSM will implement the project in collaboration with the KZN and Ethekwini Traditional Healer Councils.

ACTIVITIES:
NMSM will build on English and Zulu language prevention messages developed with the traditional healers by the KwaZulu-Natal Provincial Department of Health. As an example of the correlation that exists between the ways biomedicine and traditional healers understand HIV/AIDS, healers tell us that spirit possession and AIDS symptoms are very similar. This project will also promote the understanding of

infectious disease in the traditional healer culture. Certainly if one doesn't think that there is a virus that can be transmitted through semen or vaginal fluids, use of a condom doesn't make much sense. It is unclear how well these issues are generally understood among the traditional healers and their patient populations. Similar issues relate to blood transmission and traditional practices of scarification, use of porcupine quills for piercing the skin, and circumcision. HIV/AIDS is essentially a behavior-driven epidemic, and NMSM will work with the healers to get at the root of the decision processes that are underpinning the high-risk behaviors that are spreading the virus.

In KZN HIV/AIDS is fundamentally a heterosexual pandemic. NMSM will work to increase uptake of HIV/AIDS prevention messages from the healers by both genders (increasing gender equity in HIV/AIDS programs, key legislative issue), specifically looking into novel ways to instill behavior change ideas into the community.

Monitoring and Evaluation (M&E) activities will measure the effectiveness of these interventions. Supervision and monitoring will be achieved through regular site visits. Data from these activities will contribute to the development of policies and guidelines for working with traditional healers.

EXPECTED RESULTS:
• The development of new, innovative prevention messages in English and Zulu, including messages to change cultural practices (non-sexual) that can contribute to viral transmission, such as blood-letting, scarification for taking of herbs directly into the bloodstream, and skin puncturing using porcupine quills that are sometimes used in what appears to be an ancient African type of acupuncture.
• Improved prevention message delivery capacity of the traditional healers as they work with their patients and the patient families.
• Train 250 hundred and fifty traditional healers in prevention messages, who will in turn provide messages to 200,000 persons.
• Increased condom usage among sexually active community members who are not amenable to abstinence/be faithful prevention messages (male norms and behaviors, key legislative issue).
• Decrease in dangerous cultural practices that can contribute to the spread of the virus.

By expanding culturally and scientifically appropriate prevention messages to communities that receive much of their healthcare from traditional healers, the Nelson Mandela School of Medicine will directly contribute to the realization of the Emergency Plan's goal of preventing seven million new infections. These activities will also support efforts to meet the prevention objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	250	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	200,000	☐
Number of targeted condom service outlets	250	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Traditional healers (Parent: Public health care workers)

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

KwaZulu-Natal

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Wits Health Consortium, Reproductive Health Research Unit

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: *3082*

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

RHRU's Other Prevention activities are part of an integrated program that includes Counseling & Testing (#3092), HIV/TB (#3091), Basic Care & Support (#3332), Pediatric ARV Services (#5054) and ARV Services (#3081).

SUMMARY:

The Reproductive Health & HIV Research Unit (RHRU), as part of an outreach project in a deprived inner city area, will provide prevention, clinical and support services to commercial sex workers in the many brothels in Hillbrow, Johannesburg. Primary emphasis areas for these prevention activities are IEC and local organization capacity development, with minor efforts in development of network/linkages/referral systems. The primary target populations for these interventions are women, PLWHA, commercial sex workers and their partners/clients, and brothel owners.

BACKGROUND:

RHRU is affiliated with the University of the Witwatersrand in Johannesburg. The RHRU Emergency Plan-funded program provides technical support to the South African Government's Comprehensive HIV Care Program, which includes national ARV rollout. RHRU provides regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces, and is initiating an inner city program focusing on providing support to a complete up and down referral network. In addition, RHRU directly provides CT, palliative care (TB and non-TB) and prevention programs. RHRU seeks to develop models of service delivery that can be replicated and expanded, and produce findings from lessons learned and targeted evaluations to share with others. During the past semi-annual report period, 572 sex workers in this difficult to reach group were given regular palliative care and support.

The success of ARV treatment scale up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary health care programs such as TB, family planning and STI treatment is critical. In FY06, RHRU will focus on further strengthening DOH adult and pediatric treatment, and on developing a family-based approach to HIV care and treatment in the public sector. Furthermore, RHRU will develop strategies to address underserved communities affected by HIV, such as couples, high risk groups (e.g. sex workers), and men.

ACTIVITIES AND EXPECTED RESULTS:

RHRU will continue the Women At Risk project targeting 500 sex workers with prevention and care services, and treatment referral (increasing gender equity in HIV/AIDS programs, key legislative issue). The project is located in a deprived inner city area, which is densely populated, transitory and poor, with high HIV and unemployment rates. All women are referred for CT, and those with appropriate CD4 counts are referred for treatment.

The project provides prevention outreach services including STI treatment (see also Palliative Care activities), and provision of condoms, contraception and HIV prevention education, as well as support for those who wish to leave sex work. The project also plays a critical role in raising awareness of HIV services and prevention through workshops and event days, and by distributing IEC materials. Furthermore, this project conducts HIV counseling and testing on this high risk and difficult-to-access group, and relates to the development of health networks and linkages by providing referral onto HIV and TB care and treatment services where necessary. This project is supported by the local health authority.

RHRU will continue to contribute to the Emergency Plan's vision outlined in the USG Five Year Strategy for South Africa by providing prevention services to a most at-risk population, and contributing to the goal of averting seven million infections.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	*51 - 100*

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	500	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	10	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Brothel owners

Commercial sex workers (Parent: Most at risk populations)

People living with HIV/AIDS

Women (including women of reproductive age) (Parent: Adults)

Partners/clients of CSW (Parent: Most at risk populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

Table 3.3.05: Activities by Funding Mechanism

Mechanism: LINKAGES

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3306

Planned Funds: $0.00

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

AED/LINKAGES is using FY05 Emergency Plan Other Prevention funding to enhance public awareness of the importance of improved nutrition for HIV-positive pregnant and lactating women. Linkages' proposal was in response to a request from the NDOH to provide technical assistance on nutritional guidelines, specifically in the context of HIV/AIDS. Linkages will continue to assist the SAG 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 will also provide technical assistance for question and answer guides on HIV and infant feeding. This activity will be continued in FY06, but is now categorized entirely as PMTCT (#3285).

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Center for International Labor Solidarity
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3322
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated comprehensive prevention education and care and treatment program for the South African labor movement. It includes activities in AB (#3004), CT (#3003), ARV Drugs (#3001), ARV Services (#3314), and Policy Analysis/Systems Strengthening (#3546). In particular, this Other Prevention activity relates to AB and CT activities.

SUMMARY:

The American Center for International Labor Solidarity (ACILS) proposes using Emergency Plan funds to increase access to condoms among unionized textile workers in South Africa. The major emphasis area for this program will be the implementation of a workplace program, with minor emphasis given to the development of networks/linkages/referral systems, IEC, and linkages with other sectors and initiatives. The target population includes adult men and women who are employed as factory workers.

BACKGROUND:

Since 1999, the Southern African Clothing and Textile Workers' Union (SACTWU) has been providing male and female condoms to workers. Male condoms are freely available from the NDOH nationally and female condoms have also been freely available since 1999 through a partnership with the KwaZulu-Natal Department of Health. With support from the Emergency Plan, SACTWU has distributed 334,746 male and 6,882 female condoms.

ACTIVITIES AND EXPECTED RESULTS:

An estimated 340,000 male and 6,000 female condoms will be distributed for FY06. This activity conforms to the guidance developed by OGAC for programs that include condom distribution components.

By providing education on key strategies for preventing HIV infection, including appropriate use of condoms, and by distributing condoms to a large population of textile workers, the American Center for International Labor Solidarity will directly contribute to the Emergency Plan's goal of preventing seven million new infections. This program will also support the prevention goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets	5	☐
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Regional HIV/AIDS Project

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 3326

Planned Funds: $0.00

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

FY05 Emergency Plan funds supported Population Services International's (PSI) 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 promoted included abstinence, fidelity, delayed sexual debut, early treatment of STIs, and condom use (among sexually active target groups). SFH worked closely with local community-based organizations (CBO) in each project area and partnered 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 reached an estimated 40,000 individuals under this initiative. The first activity partnered 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 were coordinated among partners to promote maximum program effectiveness. The second activity distributed Government of South Africa's public-sector CHOICE condoms and carried out 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) worked 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 were promoted where condoms are distributed and made visible at the border crossing. The third activity involved 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 involved 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 distributed brochures describing HIV/AIDS and STI symptoms and the need for testing, treatment and prevention services.

Society for Family Health/Population Services International was funded to carry out this activity in FY04 and FY05. CDC's cooperative agreement with PSI has ended and a new program announcement has been issued for this activity (see activity #3095). CDC anticipates awarding the new contract by October 2005 to continue this important project. Targets and activities may slightly change once the Cooperative Agreement is awarded.

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HSRC
Prime Partner: Human Science Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 3552
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to Other Prevention activities, HSRC also implements activities described in the PMTCT (#3553) and SI (#3343) program areas.

SUMMARY:
Human Sciences Research Council (HSRC) proposes to use Emergency Plan funds to adapt and pilot an existing CDC intervention for promoting HIV status disclosure and behavioral risk reduction strategies for PLWHA. Known as Healthy Relationships, this support-group-based intervention is designed to reduce HIV transmission risks for PLWHA and their partners using a highly interactive approach that includes educational, motivational, and behavioral skill building components. The major emphasis area for the activity is IEC with minor efforts in community mobilization and participation; the development of networks/linkages/referral systems; development of local partners and links to other sectors; policy development; quality assurance and supervision; and SI. Target populations include men and women of childbearing age, HIV-positive pregnant women and health care workers. Community-based organizations and international counterparts will also be targeted.

BACKGROUND:
It is believed that an effective public health strategy of behavioral risk reduction targeting PLWHA will reduce new HIV infections and complement behavior change prevention efforts currently targeting uninfected people. Until now, people who knew they were HIV positive have been largely ignored by HIV risk reduction strategies in Sub-Saharan Africa. There is an urgent need to develop behavioral and other supportive interventions to assist PLWHA to manage sexual situations, avoid acquiring new STIs, and prevent the transmission of HIV to uninfected partners. For behavioral risk reduction to be successful among PLWHA, de-stigmatization must be an integral part of the intervention. In addition to taking action to reduce HIV stigmas in the general public, interventions for PLWHA can assist in managing the adverse effects of HIV/AIDS stigma, including the hazards of disclosing their HIV positive status to sex partners. The Healthy Relationships intervention is part of CDC's Replication Project (REP), which has packaged and disseminated the intervention for community use. It is now being implemented in several US states as part of the new CDC initiative on HIV prevention.

ACTIVITIES AND EXPECTED RESULTS:
HSRC will use Emergency Plan funding to adapt and implement the Healthy Relationships Program in South Africa's Eastern Cape Province. Emergency Plan resources will be used to recruit 10 support group facilitators and an administrative staff to undertake formative evaluations at baseline and at one, three and six month intervals, and to develop or purchase training materials and videos. Twelve hundred (1,200) PLWHA in Eastern Cape Province will be recruited to participate in this program (five or six sessions of one-to-two hours each) over a two year period. The project will be designed to establish how well the Healthy Relationships intervention works in the South African context and determine the feasibility for reproducing it in rural areas with high HIV/AIDS rates. The intervention will be framed by the challenges PLWHA face in establishing and maintaining satisfying relationships, with special emphasis on strategies for disclosing HIV positive status to a sex partner (reducing violence and coercion, key legislative issue). Skills for making effective HIV disclosure decisions will also be taught for disclosing HIV status to non-sex partners, particularly family members, friends, and employers (stigma and discrimination, key legislative issue). The final segment of the intervention will address building skills for reducing HIV transmission risk through behavior change (male norms and behavior, key legislative issue). Risk reduction strategies arise naturally in the context of

disclosing HIV status, with different implications for practicing protected and unprotected sex with HIV positive partners, HIV negative partners, and partners of unknown HIV status. An advocacy component will be added to train participants to advocate for behavior change among partners and friends who are HIV positive. In this way, the impact will be spread to other PLWHA and their social sexual networks (increasing gender equity in HIV/AIDS programs, key legislative issue). If pilot results indicate the intervention is suitable for the South African context, the Healthy Relationships approach will be recommended for scale-up throughout the country.

By implementing the Healthy Relationships program HSRC will contribute to the Emergency Plan goal of preventing seven million new HIV infections. Likewise, by training individuals through the Healthy Relationships intervention, HSRC will also contribute to the achievement of the USG prevention objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	*% Of Effort*
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	800	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	10	☐
Number of targeted condom service outlets		☑
Indirect number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful		☑
Indirect number of targeted condom service outlets		☑

Target Populations:

Adults

Community-based organizations

International counterpart organizations

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Eastern Cape

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

The NDOH leads and coordinates national efforts to advance palliative care in South Africa. Working in all nine provinces, the USG will support the SAG to increase the number of PLWHA receiving quality care services in communities through NGOs and FBOs, and at public and private sector health facilities. In FY06, the Emergency Plan will focus on direct service delivery of quality HIV/AIDS palliative care. By September 2006, USG support will result in the delivery of quality HIV/AIDS care services at over 1,000 service outlets which include hospitals, clinics, workplaces and hundreds of community care points within hospital catchment areas to provide care to 325,000 PLWHA in need of services. It is anticipated that HIV care services will expand to reach 385,000 PLWHA by September 2007.

The NDOH through its primary health care strategy establishes linkages and referral networks between the community and higher-level facilities. However, the human capacity of the health care system is under severe strain and the continuum between facility-level care and community-level care is fragmented. Building on the FY04 and FY05 development of home-based care and support for national-level palliative care training and standards, in FY06 the USG will direct greater attention to strengthening quality HIV/AIDS palliative care service delivery and implementing standards of care. The Emergency Plan will support this effort by: (1) expanding the menu and quality of direct family-centered services for adults and children living with HIV/AIDS; (2) increasing the number of trained formal and informal health care providers; (3) building active referral systems between community and home-based care (CHBC) and facility services; (4) developing mechanisms to assure quality, including integration of supervision systems; and (5) translating national policy, quality standards and guidelines into action.

Emergency Plan partners will support efforts to improve access to a defined menu of cost-effective care services for children and adults living with HIV/AIDS that are appropriate to the country context and the service delivery site. These programs will include preventive care to promote the health and well-being of PLWHA with OI prophylaxis (e.g. cotrimoxazole and INH), nutrition counseling, personal hygiene and routine clinical monitoring. Many preventive care efforts are integrated into comprehensive ART programs, providing "wellness" care for HIV-positive people prior to their eligibility for ARV therapy. The USG will also support efforts to improve clinical care interventions including appropriate assessment and treatment of OIs and STIs, malnutrition, and pain and symptoms related to HIV disease. Lastly, the menu of services will include supportive care interventions such as psychosocial support, spiritual care, bereavement care, ART adherence support, support groups, nursing care and household support. Working at the local and provincial levels, the USG will work with partners and the NDOH to integrate preventive care and clinical care into primary health care, and CT, TB, PMTCT and ART services at the facility level. In FY06, the USG will also build on supportive care measures funded in FY04 and FY05 to improve access to preventive care and basic clinical care services for PLWHA at the community level.

Other donors in this program area include AusAid, Development Cooperation Ireland, DFID and the European Union. Through projects in the Western Cape and KwaZulu-Natal, the Global Fund supports CBOs and NGOs providing palliative care.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1,065
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	370,569
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2909
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Basic Care and Support activities of the project form one component of a comprehensive approach to HIV/AIDS treatment, care and support described in the AB (#2911), TB/HIV (#3752), CT (#2910) and ARV Services (#2908) program areas.

SUMMARY:

Africare's Hewu Comprehensive HIV/AIDS Project provides HIV/AIDS, care and support to the Whittlesea community surrounding the Hewu hospital in the Eastern Cape. Africare will scale up its successful home-based care (HBC) activities from eight Hewu hospital clinic catchment areas to its remaining nine clinics and eight additional clinics of the Frontier hospital, bringing the total to 25 clinic catchment areas. The major emphasis area for the activity is training, with additional emphasis in human resources, IEC, quality assurance/supportive supervision and SI. The activities target PLWHA and HIV-affected families and their caregivers, public health nurses and community volunteers, CBOS, FBOs and NGOs.

BACKGROUND:

Initiated in September 2004, the Hewu Project is part of a comprehensive prevention, treatment, and care and support project that includes community mobilization, step-down and palliative care, and prevention activities. In the care program area, the project links HIV positive patients seen at the clinic to a community caregiver (CCG), under the supervision of a service corps volunteer (SCV).

Through Emergency Plan funding in 2005, a referral system was set up to ensure that once a patient has been identified during CT, at the project's clinics, and receives a positive result, the patient is linked to a CCG. Thereafter, the CCG makes HBC visits to assigned households at least weekly. During visits, the CCGs identify clients' needs, provide further counseling, reinforce compliance to patients on ART and/or treatment for TB, train family members and provide care as required. The visits also provide an opportunity to identify patients requiring treatment or hospitalization and OVC to be referred for assistance. Visits and quality of services provided by the CCG is monitored by the SCV based at the clinic, ensuring a continuum of care for HIV positive clients from the health facility to their homes. With FY06 funds, the project will sustain and replicate this approach.

ACTIVITES AND EXPECTED RESULTS:

ACTIVITY 1 (Home Based Care):

With the expansion of the project to new clinic catchment areas and the Frontier district hospital (an approved ARV site), the project will provide palliative care to an estimated 3,500 people living with HIV/AIDS (PLWHA). This will require increasing the number of CCGs from the current 37 to 200, and the SCVs based in the clinic and hospital from eight to 25, in line with the project's approach of having one CCG providing care to a maximum of 10 HIV positive people, and one SCV in charge of a maximum of 10 CCGs. In collaboration with the Eastern Cape Department of Health, the project will recruit and conduct training for 163 CCGs (from CBOs, NGOs, FBOs) and 25 SCVs, using the government's approved 59-day training curriculum. In accordance with the Government's guidelines, the newly recruited CCGs and SCVs will undergo five-day basic HIV/AIDS training, TB training and three-day ARV training. As the project's approach to palliative care is data intensive, the SCVs and CCGs will be trained to use monitoring forms, collect data, report and manage data. This training will also be provided to the 40 nurses and counselors at the health facilities,

who will be providing facility-based palliative care and support. Refresher training will be provided to CCGs and SCVs trained in FY05.

To prevent burn-out of the CCGs and provide livelihood opportunities for the CCGs and PLWHAs (the majority of whom are women), the project will fund training, apprenticeships, and internships (key legislative issue) in life skills to develop practical skills relevant to local needs and markets, and provide the opportunity that will leave them economically empowered (key legislative issue) and ultimately reduce risky behavior such as transactional sex. Small grants support (microfinance, key legislative issue) will be used to expand capacity. In order to enhance the nutritional status of PLWHAs, the nutritionist recruited with FY05 funding will train PLWHAs, their family members and the CCGs on the interaction of food and HIV/AIDS. The project will also provide this target group with skills in food processing and utilization. Food production, sensitive to environmental conditions, will be carried out through backyard gardens, facility-based gardens and community gardens (key legislative issue).

ACTIVITY 2 (IEC Materials Development and Dissemination):
The project will continue to develop IEC materials, with new messages that are sensitive to the needs of the target group and communities. The materials will be disseminated by the CCGs during home visits and by health facility staff during follow-up care.

ACTIVITY 3 (Strategic Information):
The project will build on data collected during the FY05 baseline survey in the 17 catchment areas to assess the impact of HBC activities and the referral system. FY06 funds will be used to plan and conduct a mid-term review and evaluation. Based on the evaluation, the project will continue to refine and adapt interventions and relevant M&E tools that were developed with FY05 funds. Technical support will be provided to health facility staff and the project network of volunteers and CCGs.

FY06 funds will go specifically to support procurement of HBC kits; procurement of M&E tools; training and re-training of 200 caregivers, 25 SCVs, and 80 health facility personnel in the provision of HBC and life skills training; conducting a market assessment; funding apprenticeships and internships; supporting a small grants and nutrition program; producing IEC materials; stipends for the newly recruited SCVs; and documenting case studies/success stories.

Africare's activities strongly support the vision outlined in USG/South Africa's Five Year Strategy by expanding quality palliative care services, expected to reach 3,500 individuals by September 2007. These activities contribute to the Emergency Plan goal of providing services to 10 million HIV-affected individuals.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	27	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,500	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Family planning clients

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Volunteers

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Increasing women's access to income and productive resources

Food

Microfinance/Microcredit

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: CTR
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2925
Planned Funds:
Activity Narrative: INTEGRATED ACVITY FLAG:

This Basic Care and Support activity is linked with activities described in the ARV Services (#2927) and Counseling and Testing (#3923) program areas. FHI also implements an unrelated project in the PMTCT program area (#2929).

SUMMARY:

Family Health International (FHI) will expand access to integrated family planning (FP) and HIV services for HIV infected/affected individuals by enhancing home-based care (HBC) and palliative care (PC) programs and strengthening the linkages between HBC, PC, ARV, FP and other essential services for comprehensive treatment, care and support. Services provided under home-based and palliative care include psychosocial and spiritual support, and clinical care. FHI and its partners will also utilize family planning clients and services as an entry point for HIV/AIDS related basic care, counseling and testing, and treatment referral. Emphasis areas addressed by the activities in the basic health care and support program are the development of network/linkages/referral systems and training. Target populations addressed are men, women, pregnant women, family planning clients, HIV positive pregnant women, caregivers, and families affected by HIV and AIDS.

BACKGROUND:

Improved access to ARV services in South Africa will improve the health status of many HIV positive individuals. Tighter linkages between care, ARV and FP services will be needed so that women not only have the opportunity to improve their quality of life, but also make informed decisions about their fertility. FP services can also be equipped to provide information about local HIV/AIDS care and treatment, as well as counseling and testing (CT), serving as an entry point for HIV/AIDS services.

Since 2003 FHI has partnered with the Project Support Association South Africa (PSA-SA) HBC program to integrate FP and their basic package of HIV/AIDS support services provided by volunteers in Mpumalanga province. In addition, in response to requests from the national and provincial Departments of Health and Social Development to improve the quality and scope of HBC programs and PC services, FY04 and FY05 Emergency Plan support has enabled FHI to directly support both community- and facility-based palliative care services while strengthening the linkages between HBC, PC, ARV and FP for comprehensive treatment, care and support.

With FY05 Emergency Plan funds, FHI is creating functional referral mechanisms between 30 HBC, 40 FP and 20 ARV service programs in Mpumalanga to holistically meet the health care and treatment needs of HBC caregivers, clients and their families. FHI continues to support one hospital-based PC team in Gauteng province in addition to establishing and implementing community-based palliative care service outlets attached to eight Primary Health Centers (PHC) in Northern Cape and Limpopo provinces with direct linkages to government CT and ART sites. In FY06, FHI will continue to support two of these PC service outlets, which will expand to encompass RH/FP services and will begin to function on a full-time basis.

ACTIVITIES:

With FY06 funding, FHI will extend support to 30 PSA-SA and the South African Council of Churches (SACC) HBC sites to enhance their care program and tighten the linkages to and between FP and ARV services. In close collaboration with local partners and government, FHI will expand access to integrated FP and HIV services for infected/affected individuals in HBC and PC programs through a continuation of select FY05 activities in Mpumalanga and Limpopo provinces.

ACTIVITY 1 (Mpumalanga):
In Mpumalanga province, FHI will implement a holistic program to identify needs, build and strengthen referral networks, and train health care professionals and community HBC volunteers. Specifically, FHI will:
• Build/strengthen referral networks between 40 DOH FP clinics, 20 DOH and NGO ARV providers, and 30 PSA-SA and SACC HBC projects;
• Provide TA to 300 HBC volunteers to identify FP needs among over 40,000 clients, caregivers and their families and to refer to FP clinics;
• Conduct 2 trainings for FP and ARV providers on appropriate contraception for HIV-infected women and HIV-infected women on ARVs;
• Train 300 HBC volunteers to assist clients to begin using and monitor adherence to ARV therapy; and
• Support PSA-SA's and SACC's overall HBC programs by building reporting and supervision skills through 2 trainings and ongoing TA.

As access to essential FP/HIV services is limited in remote areas of the province, FHI will also set up a mobile clinic to provide FP, STI diagnosis/treatment, CT, and ARV services for HBC caregivers, clients and their families, and the surrounding communities. (This activity is described in detail under ARV and CT services.)

ACTIVITY 2 (Limpopo):
Based on needs assessments and specific requests from the provincial DOH in Limpopo province FHI will provide technical assistance, training and financial support to district and community level services, including:
• Through training and financial assistance, support the following 2 district-level PC services at one outpatient Specialist Palliative Care Clinic and one Wellness & Rehabilitation Center: pain and symptom assessment and management; psychosocial and spiritual needs of PLWHA and affected families; and FP/Reproductive Health (RH) counseling and commodities;
• Provide TA, training and salary support for four health care workers, 10 volunteers, eight CBOs, and 440 families and carers of PLWHA and OVC at the district level (one district);
• Develop standard operating procedures and guidelines in clinical care, and implement mechanisms for quality assurance in two PC sites;
• Conduct workshops and seminars in the Capricorn District for family members, traditional healers, local AIDS councils etc, to promote care, support and treatment services and to reduce discrimination and stigma; and
• Establish and/or strengthen referral networks to/from services both outside and within the PHC as well as with the two Palliative Care service outlets linked to the PHC and with CBOs in the area, including linkages with health and social welfare sectors for grants, legal aid, micro-finance, spiritual support, CT, and more complex treatment including ARVs.

In both provinces, FHI will implement strategic information activities to track/report progress, ensure quality improvement, and identify/apply lessons learned and best practices. FHI will also emphasize gender equity in provider-client interactions and community mobilization activities (key legislative issue).

EXPECTED RESULTS:
FHI's activities in Limpopo and Mpumalanga are expected to result in:
• 32 sites providing HIV-related palliative care;
• 45,634 individuals provided with facility-based, community-based and/or home-based HIV-related palliative care;
• 400 individuals trained to provide HIV-related palliative care for HIV infected individuals;
• Increased demand for and acceptance of care, FP, and ARVs as an integrated package through community mobilization in 32 sites;
• FP/RH needs of HIV positive individuals addressed in 32 sites;
• Two community-based groups providing HBC strengthened through training and TA, and provision of grant funding.

By providing basic care and support to over 45,000 HIV-affected individuals, these activities contribute substantially to the Emergency Plan goal of providing care services to 10 million. The activities also support the USG Five Year Strategy for South Africa by collaborating closely with SAG to improve access to and quality of

basic care and support.

Emphasis Areas	% Of Effort
Training	51 - 100
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	45,634	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism: TASC2: Intergrated Primary Health Care Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2949
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to additional IPHC activities described in PMTCT (#2952), OVC (#2950), VCT (#2951) and ARV services (#2948) sections of the COP.

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH will support the expansion of care and counseling and testing services at 273 public health facilities (hospitals and clinics) in eight districts in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). This project will strengthen four components of the health service: training of health care providers (professional and lay); screening and treating all HIV-positive clients for opportunistic infections such as TB and other STI; mentoring, coaching and supporting service providers to provide ongoing care and support to clients who do not qualify for ART; and promoting the use of prophylaxis (cotrimoxazole, INH) to prevent opportunistic infections (OIs). The primary emphasis area of the activities is quality assurance and supportive supervision, with additional emphasis on training and linkages with other sectors/initiatives. The target populations to be reached include people affected by HIV/AIDS and health care providers.

BACKGROUND:

IPHC project is a continuation of activities initiated in FY05 with Emergency Plan funding, now with an increased emphasis on quality assurance. All activities will be supported directly by IPHC Project in collaboration with counterparts from the DOH at both district and provincial level. IPHC Project currently works closely with service providers at 123 facilities and will increase these to 273 facilities to ensure that a high quality comprehensive service is delivered to clients. This activity will continue to build on IPHC Project's past initiatives as well as expanding activities to 150 new sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In the next year IPHC Project will train 200 new health care providers (both professional and non professional) on basic care and support of the HIV-positive client. Training will include screening for and prevention and treatment of opportunistic infections. Training will also include the clinical staging of clients using the WHO clinical staging guidelines. Health care providers will be trained on screening STI and TB clients for HIV and AIDS, and nutritional counseling for HIV-positive and TB clients.

ACTIVITY 2:

IPHC Project will continue to mentor and support service providers in the 123 facilities that received supported in FY05, to provide basic care and support to the HIV-positive clients. This activity will expand in FY06 to cover an additional 150 facilities reaching a total of 273 facilities in eight districts in five provinces. The focus of this activity will be on clinical management of HIV. All facilities supported by the project will offer care services to the HIV-positive client, including management of OIs. This service will begin at facility level with referral to CBO HBC services when necessary for continuity of care. IPHC Project in collaboration with NDOH facilities will reach 30,000 clients with HIV-related palliative care.

ACTIVITY 3:

IPHC activities will focus on the integration of HIV and AIDS services into routine PHC service delivery to ensure a holistic approach to basic care and support to the

HIV-positive client. Integration of services is of utmost importance for the clinical management of the HIV and AIDS client. IPHC Project will also focus on strengthening the referral system to and from district level facilities to HBC services. 200 service providers from facility and community HBC organizations will be trained by IPHC on the referral system and how to refer clients appropriately.

This activity will increase the public health facilities' capacity to deliver quality HBC and expand access to quality palliative care services, thereby addressing the priorities set forth in the USG Five Year Strategy for South Africa. In addition, the people receiving care and support will contribute to the care portion of the 2-7-10 objectives.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	250	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	30,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care	15,000	☐
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Indirect Targets

IPHC Project, in addition to providing direct support to facilities in the specifically requested districts in Mpumalanga and the Eastern Cape, will also provide technical support at the provincial level. The support will be in the form of formulating provincial policies for these services and training HAST coordinators at district level to use the guidelines to improve service provision at facility level. IPHC Project thus estimated the target for these remaining districts where direct support is not provided as an indirect count. There is no national data on palliative care, therefore it is necessary to have some estimation at partner level.

Target Populations:

Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Horizons
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2965
Planned Funds: $0.00
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Horizons is using Emergency Plan funds in this category to train 30 elderly palliative care providers who work with HIV-positive individuals, their families, and OVC in KwaZulu-Natal, Free State, Limpopo and Eastern Cape provinces. The project is strengthening community networks and skills for the elderly caregivers of OVC using the results of a formative study conducted in 2004 with Emergency Plan funding. 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 has been an ongoing project and the Population Council believes that the project has been taken to scale and that the group of elderly caregivers was capacitated and linked into sustainable networks and support systems. Therefore, Emergency Plan support for this project will conclude in FY05.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Right To Care, South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 2975

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This Basic Care and Support activity is part of an integrated program that includes activities described in the TB/HIV (#3276), CT (#2972), ARV drugs (#2974) and ARV services (#2973) program areas.

SUMMARY:

Right to Care (RTC) will continue to use Emergency Plan funds to strengthen the capacity of health care providers to deliver Care and Support services to HIV-positive individuals, and to improve the overall quality of clinical and community-based health care services in three provinces. The major area of emphasis for these activities is human resources. The activities target people living with and affected by HIV/AIDs as the primary beneficiaries, but RTC works closely with health care workers in the public and private sectors, and with CBOs, NGOs and FBOs to provide needed services.

BACKGROUND:

RTC, a South African NGO established in 2001, is focused on building public and private sector capacity to deliver safe, effective and affordable care and support and ARV therapy. The integrated program of education, CT, care and ARV treatment has been implemented in five focus areas: (1) the employed sector: RTC in partnerships is currently responsible for HIV services to >150,000 employees in >30 companies; (2) FBO/NGO clinics targeting underserved populations in rural areas and informal housing sectors; (3) Thusong, a private practitioner program for indigent patients; (4) Small Medium and Micro-Enterprises including farm employees where rural populations are served using mobile treatment units; and (5) in partnership with the NDOH: capacity support for national ART rollout sites.

With Emergency Plan support in FY04 and FY05, RTC has shifted its emphasis from private sector programs to public sector DOH treatment sites. RTC's ability to train, capacitate and support these sites leads to excellent leverage of the available DOH resources, and the potential to reach a large number of patients. In addition the DOH has recognized the successes of RTC NGO/FBO sites and is now beginning to support these sites with the provision of ARV drugs and laboratory monitoring. This support will allow RTC to identify new NGO/FBO sites to initiate.

RTC's activities in FY06 will build on past successes in which RTC trained 1,637 healthcare workers in care and support in the 12-month period up to 31 March 2005, and reached 16,349 patients with care and support by 30 June 2005.

ACTIVITIES AND EXPECTED RESULTS

In FY06, RTC will consolidate and expand its support for SAG sites, NGO and FBO clinics/organizations and private sector programs in Northern Cape, Mpumalanga and Gauteng provinces through the following activities:.

ACTIVITY 1 (Training, Support and Quality Assurance):

Within all RTC programs, there is specific training for all care and support providers to ensure high quality service provision. RTC will support all of these providers with ongoing training and continued medical education to assure a continually updated high quality of care, disseminating policies and guidelines and providing quality assurance through sharing best practices. RTC will ensure that each HIV-positive patient at RTC-supported facilities receives a comprehensive minimum package of care and support services, including clinic-, community- and home-based services. This minimum package includes clinical and pathology monitoring, prevention, management and treatment of opportunistic infections, psychosocial counselling,

wellness/healthy living education, nutritional education and limited support for malnourished PLWHA, advice and assistance on welfare issues and applications for welfare grants, and hospice and end-of-life care for terminally-ill patients. Emphasis will be placed on increasing the number of HIV-positive children and pregnant women in care.

ACTIVITY 2 (Down-referrals):
Partner organizations and SAG clinics provide care and support to HIV-infected individuals using the same infrastructure as the treatment sites. In FY06 models of down referral to primary health care monitoring sites will be examined, with stable patients not requiring ARVs being referred and monitored in these sites. Referral routes to ARV treatment sites will be established with close cooperation between the down referral site and the treatment site. Patients requiring ARV treatment can be initiated in the treatment sites, with monitoring and follow-up.

ACTIVITY 3 (Linkages):
Emergency Plan funds are used to facilitate partner linkages and a referral system between treatment sites for counselling, home-based care, community-based ART follow-up and adherence support, and other non-medical care and support services, such as spiritual support and assistance with household duties. At each of the sites RTC will identify a community-based care organization, to add to the counselling capacity of the site. Peer counsellors complement the DOH appointed clinic staff. The Thusong program is linked with a national network of care organizations. The expansion of the strategic mix of clinic-, home- and community-based care and support will bring more services to the doorstep of impoverished populations such as farm workers, rural communities and residents of informal settlements.

Emergency Plan funds will largely be used for human resources at all care and support sites; (1) NGO and FBO clinics/organizations receive sub-awards earmarked for doctors, nurses and counsellors; (2) SAG sites are given consultant support for doctors, nurses and counsellors; and (3) a capitation fee-for-service arrangement exists with the network of private sector service providers for the Thusong and Direct AIDS Intervention workplace programs. Emergency Plan funds will also be used to address infrastructure needs where necessary at NGO, FBO and government sites, and to maintain RTC's mobile clinics. NGO and FBO clinics also use Emergency Plan funds for the laboratory monitoring of HIV-positive patients, as well as for the procurement of health commodities such as medical equipment, drugs for opportunistic infections and Home-Based Care kits.

By reaching 31,900 patients with care and support services at 75 outlets, RTC will contribute to the Emergency Plan goal of providing services to 10 million HIV-affected individuals. In addition, the activities support the USG Five Year Strategy for South Africa by training 500 healthcare workers in care and support services, significantly expanding access to and quality of palliative care services.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	75	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	31,900	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2979
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Basic Care and Support activities form one component of Masibambisane's comprehensive approach to HIV/AIDS prevention, care and support described in AB (#2977) Other Prevention (#2978), OVC (#2980), CT (#2982), Strategic Information (#2981) and ARV Services (#3339) sections of the COP.

SUMMARY:
The Masibambisane program will use FY06 Emergency Plan funds to carry out clinic, hospital, hospice and community-based activities for HIV-infected and affected individuals and their families in the South African military. The care and support is multi-professional and includes nursing care, medical care, psychosocial, nutritional, spiritual and PLWHA support, as well as limited nutritional support for malnourished PLWHA. The program will also support the development and implementation of a comprehensive palliative care plan. The major emphasis area for this activity is community mobilization/participation, with minor emphases in development of networks/linkages, IEC, needs assessment, policy/guidelines, quality assurance/supportive supervision, SI and training. The activities target several military populations: PLWHA and their families and caregivers, public health workers, community volunteers and CBOs.

BACKGROUND:
The South African Military Health Service provides care to growing numbers of HIV-infected members of the military and their families. The basic care and support component of Masibambisane is fairly new, beginning in FY05 with Emergency Plan funded needs assessments in different areas. Some of the main components of this project include the upgrading of hospices, of which one was included in the FY05 budget, and the establishment of unit community-based facilities for care and the training of health care workers. The military's Directorate Nursing is the project coordinator for the program area under the Masibambisane program. The use of existing organizations and volunteers in communities will be explored to avoid duplication.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Activity 1 includes capacity development towards palliative and terminal care through the establishment of step down care facilities in the nine regions within military communities; upgrading or sourcing of hospice services; and training of health care providers at each of the nine regions. Masibambisane is currently conducting needs assessments to determine specific needs in each of the nine regions.

ACTIVITY 2:
Activity 2 includes support to home-based care providers through establishing a home-based care provider data base; provision of training to home-base care providers as identified in the various regions; and sourcing of home-based care packages (including OIs, spiritual, and psychosocial support), and IEC material. Masibambisane is currently conducting needs assessments to determine specific needs in each of the regions.

ACTIVITY 3:
Establishment of a PLWHA support network and workshop to address ways to prevent stigmatization and discrimination (key legislative issue) as well as strategies to ensure more counseling and testing and positive living.

The program implementation will be supported by supervision and quality assurance through staff visits to the regions, and monitoring and evaluation to ensure performance. The activities will expand current systems, which will result in serving an estimated 8,500 individuals with palliative care, substantially contributing to the Emergency Plan's goal of providing care to 10 million HIV-affected individuals.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,500	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
HIV/AIDS-affected families
Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)
Public health care workers
Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salvation Army
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 2993
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to Basic Care and Support activities, The Salvation Army carries out activities in the AB (#2992) and OVC (#2994) program areas.

SUMMARY:
The Salvation Army will use FY06 Emergency Plan funds to equip community members to provide the most basic forms of palliative (home-based) care to people living with HIV/AIDS. These activities will contribute positively to the quality of life of PLWHA, provide spiritual and psychological support to the clients and their families, and monitor the client's health over a period of time, which will assist qualified health care providers in the management of opportunistic infections. The populations benefiting from this activity include people affected by HIV/AIDS: PLWHAs, and their families and caregivers. Emphasis areas include community mobilization and training.

BACKGROUND:
Matsoho A Thuso is a Salvation Army holistic care and prevention model that began in November 2004 with Emergency Plan funding. Palliative (Home-Based) Care is a component that has been added to Matsoho A Thuso's services for FY06. The first Home-Based Care (HBC) Training is planned for September 2005, and will be conducted by Lethimpilo, an accredited service provider. The Salvation Army project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

Using the Church's extensive volunteer base, The Salvation Army will train and equip community members to provide basic Home-based Care services in 50 sites. Lethimpilo, accredited by the Health and Welfare State Information Technology Agency (SITA) to provide training on HBC, will be contracted to carry out the training (not a sub-partner). Each HBC service provider will receive a basic HBC kit to support the provision of good quality of care to their clients. In the next year, 100 people will be trained to provide HBC services to 600 people living with HIV and AIDS throughout the country. These services will include assistance with bathing the client when s/he is unable to do so, tending to household duties when needed, providing spiritual and psychological support to the client and his/her family, and monitoring the client's status over time, which will assist qualified health care providers in the management of OIs. This service also contributes towards reducing stigma and discrimination against people living with HIV (key legislative issue). The presence of a HBC worker signifies that a person with HIV does not need to be shunned or hidden away. HBC volunteers also make use of opportunities to address family and community misconceptions about HIV/AIDS.

This activity contributes towards the Emergency Plan goal of providing care to 10 million people affected by HIV/AIDS, and supports the plan outlined for care in the USG/South Africa Five Year Strategy by improving access to and quality of palliative care services in South Africa.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Community Mobilization/Participation	51 - 100
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	50	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	600	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Africa Center for Health and Population Studies
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	2996
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is part of an integrated program providing care and treatment to HIV-infected individuals, the treatment component of which is described in Activity #2997 (ARV Services). In addition, Africa Centre is a sub-partner to Elizabeth Glaser Pediatric AIDS Foundation, and receives funding for activities in Basic Care and Support (#3805) and ARV Services (#2917). Activities for which are reported in EGPAF's Basic Care and Support and ARV Service activities specified above.

SUMMARY:
The Hlabisa ART Programme will deliver safe, effective, efficient, equitable, and sustainable basic health care to all HIV infected individuals who need it in the rural area in which they work. The program targets people affected by HIV/AIDS and public health care providers. The major emphasis area for the activity is human resources.

BACKGROUND:
The Africa Center for Health and Population Studies (Hlabisa ART Programme) is a partnership between the KwaZulu-Natal Department of Health (DOH) and the Africa Centre. The Programme is based in Hlabisa sub-district, a rural health district in northern KwaZulu-Natal that provides health care to 220,000 people at one district hospital and 13 fixed peripheral clinics. The ART Programme is embedded in the DOH antiretroviral therapy rollout so all drugs and laboratory tests are funded by the DOH. In addition, much of the clinical space and clinical staff are provided by the DOH. Emergency Plan funds are used to provide additional clinical staff, training for DOH staff, management support and infrastructure costs. The Hlabisa ART Programme started providing HIV related care, including ART, in September 2004. This Emergency Fund grant is managed through an umbrella agreement with Pact, and will be used in FY06 to support activities carried out at the district hospital and 13 clinics.

ACTIVITIES AND EXPECTED RESULTS:
Emergency Plan funds will be used to support the DOH rollout at Hlabisa Hospital and 13 peripheral primary health care clinics. The target population of the program is rural South Africans who are infected with HIV and the aim is to provide care in an equitable manner. In particular, care will be provided to those individuals in the most remote areas of Hlabisa Health District who cannot afford the transportation costs to come to the hospital. Emergency Plan funds will provide one nurse, one HIV counselor trainer, and five HIV counselors as well as support from the program manager, a doctor, a social worker, the monitoring and evaluation officer and data capturers. These staff will provide clinical care alongside the DOH staff. Some staff will also form a mobile training and support team for the peripheral clinics. They will visit clinics biweekly to provide on-site training, assess more difficult patients, perform quality assurance checks, and provide community-based ART follow-up and adherence support. Because the peripheral clinics are only visited by doctors every two weeks, the training and support team is also developing care algorithms and guidelines to help the nurses in these clinics manage the more common opportunistic infections. Data capturers, supervised by the monitoring and evaluation officer, will move with the training and support team to capture data from the peripheral clinics. In addition to staff, the program will purchase park homes (pre-fabricated) to expand space in the smaller and busier clinics, renovate some of the DOH clinics, and purchase a vehicle to help support the communication and transportation network between the hospital and the clinics.

This program uses DOH funds for CD4 testing. Patients who have CD4 counts below

200 or with Stage IV disease will be offered ART. Those people not requiring ART will be provided with treatment and prophylaxis for opportunistic infections, dietary and lifestyle education, regular counseling, and regular CD4 tests and clinical evaluation. All participants will undergo a dietary assessment and receive food aid from the DOH if eligible. Participants will also be referred to the DOH social worker who will assess the individual's eligibility for government grants.

To date, Africa Centre has provided HIV related care to 2,000 individuals at Hlabisa Hospital and two peripheral clinics. Africa Centre expects to continue to enroll about 250-300 patients per month which means Africa Centre will be providing services to 9,000 people by September 2007.

By reaching 9,000 HIV positive people with palliative care, this program will directly contribute to the Emergency Plan goal of providing care and support to 10 million people. It strongly contributes to the USG Five Year Strategy for South Africa by improving capacity, access and demand for palliative care and ART.

Emphasis Areas	*% Of Effort*
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	9,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American Center for International Labor Solidarity
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3002
Planned Funds:	$0.00
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity. The needs of the collaboration with the Teachers Union project have changed, and thus the HBC services have changed accordingly to focus on ART adherence counseling. In FY06, these activities are therefore reported in the ARV Services program area (#3314).

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,350	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Broadreach
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3007
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Basic Health Care & Support activity described here is one component of a comprehensive set of services further described in the CT (#3136), ARV drugs (#3133) and ARV services (#3006) program areas.

SUMMARY:

Emergency Plan funds will support BroadReach to enroll and provide ongoing HIV/AIDS clinical management, care and support services, including treatment of OIs and psychosocial support, to HIV-positive uninsured individuals. BroadReach utilizes a basic capitation model tapping private sector health providers to provide comprehensive palliative care and treatment to poor uninsured HIV-positive clients. BroadReach partners with the largest private sector treatment firm, Aid for AIDS, and with community- and church-based PLWHA support groups. Primary target populations are children and adults, including pregnant women, people affected by HIV/AIDS, and public and private health care providers. The major emphasis area is human resources.

BACKGROUND:

The program is an emergency response that will allow thousands of patients to get immediate access to ARVs, wellness programs, care and support, while the SAG ARV program is scaling up. In South Africa, a wellness program covers the period from testing positive to needing treatment. A holistic approach is provided to all enrolled in the wellness program and covers clinical services, psychosocial support, and healthy lifestyle promotion, including exercise, nutrition, and decreasing the use of alcohol and tobacco. The program matches an existing network of thousands of community-based treatment sites composed of healthcare providers from civil society with community-based PLWHA support programs (e.g. support groups, home-based carer networks, etc.) By doing this, thousands of HIV-positive, uninsured and indigent patients, who otherwise would not have access to life-saving ARV therapy, are given free care using a network that has extensive expertise to treat these patients. Moreover, the community-based PLWHA support programs are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. The comprehensive and integrated program includes patient uptake and CT, doctor consultations, drug procurement and distribution, lab testing, doctor training, support group and home-based carer program capacity building, patient education, adherence support, patient counseling, treatment management, telemedicine, remote decision support, QA monitoring, and provider claims management. As the SAG scales up their program over the next four years, patients from the BroadReach program will be transferred to SAG rollout sites.

The work carried out in this Program Area is a continuation of BroadReach's ongoing comprehensive treatment, care and support program in South Africa. The program began in late-May 2005 with FY05 Emergency Plan funding. During the first three months of the BroadReach program 23 care and treatment sites have been activated in eight communities across three provinces in South Africa accounting for over 350 patients. The initial model is based on a comprehensive program that covers all costs for the patient including wellness, clinical care, patient education, adherence support, doctor training, clinical quality assurance, drugs (OI and ART) and labs. BroadReach is aggressively experimenting with new models of cost sharing with the SAG and capitation to bring down overall costs. BroadReach will continue implementing new, less expensive models of cost sharing to increase the number of patients enrolled beyond the FY05 targets. The BroadReach project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:
The primary goal of this program area is to ensure that those patients who have been enrolled during the first year of the BroadReach Healthcare program continue to receive outstanding care and support and are started onto ARV therapy when clinically qualified. In order to achieve this goal, BroadReach will carry out the following four activities:

ACTIVITY 1 (Continue to provide regular doctor visits, laboratory tests, HIVAIDS education and counseling, and prophylaxis therapy):
Patients will be treated in accordance with SAG ARV National Guidelines. These services will be provided by the existing network of doctors and community support programs that began treating these patients during the first year of the BroadReach program.

ACTIVITY 2 (Continue to provide the disease management program through Aid for AIDS to ensure the highest quality of care):
This system is based on a remote monitoring center located in Cape Town and houses patient and doctor call centers, secure patient databases and servers, physician specialist panels for difficult case consultations, clinical data input specialists and a staff including HIV/AIDS specialist physicians, nurses, pharmacists, case managers, patient counselors, biostatisticians, financial managers and operational consultants. This center monitors all patient data ensuring that patients receive correct treatment, that any complications are dealt with immediately, and that healthcare providers in the field are given outstanding training and clinical support.

ACTIVITY 3 (Continue to provide training in basic health care management for HIV-positive individuals):
BroadReach will continue to provide training to its network of providers including doctors, nurses, pharmacists and other healthcare professionals through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and one-on-one preceptorships from experienced HIV/AIDS clinicians.

ACTIVITY 4 (Continue to develop the skills of community-based partners):
BroadReach will continue to provide skills training to its community-based partners (e.g. home-based carers, treatment supporters, support group facilitators) so that they can effectively assist patients in the community with prevention, positive living, reduction of stigma and discrimination (key legislative issue), nutrition education, treatment and adherence literacy.

The model of care being implemented by the BroadReach program is unique in its ability to rapidly facilitate emergency scale-up of capacity and ARV treatment. The model brings care and treatment into community-based settings where the demand exists and cannot be met by the national government rollout or existing NGOs. These activities will directly contribute to the 2-7-10 goal of 10 million people receiving care. By expanding access to quality palliative care services, this activity supports the vision of the USG/South Africa Five Year Strategy.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	100	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,697	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care	15,000	☐
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Indirect Targets

The target of 15,000 represent patients who are provided care and support through the Aid for AIDS care and treatment programme. Aid for AIDS is a private sector program providing workplace HIV programs for major companies in South Africa. Through BroadReach support to Aid for AIDS, all patients benefit from enhanced education, support, and monitoring. This is in additional to the South African Government rollout. Broadreach also supports a direct care and treatment program.

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Children and youth (non-OVC).

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional healers (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Policy Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3015
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its Basic Care and Support activities, The POLICY Project will also carry out activities in the AB (#3014), Strategic Information (#3017) and Policy Analysis and Systems Strengthening (#3016) program areas.

SUMMARY:

The POLICY Project and/or its follow-on project, Policy Development and Implementation (PDI) will provide technical assistance to PLWHA organizations to assist them to provide quality palliative care and support to people living with and affected by HIV/AIDS. The target populations for this activity are people living with HIV/AIDS, HIV/AIDS affected families, and community-based organizations. The activity's major emphasis area is local organization capacity development, with additional emphasis on community mobilization/participation and training.

BACKGROUND:

This is a new activity aimed at partnering with key civil society organizations including Young Living Ambassadors, the National Association of People Living with HIV/AIDS (NAPWA) and Western Cape-National AIDS Coordinating Committee of South Africa (WC-NACOSA) to develop a capacity building program for PLWHA organizations focused on providing palliative care to PLWHA at the community level. POLICY has key technical expertise and will draw on POLICY developed resources to support this activity (To the Other Side of the Mountain – A Toolkit for People Living with HIV and AIDS in South Africa, and the National guidelines to establish and maintain support groups for people living with and/or affected by HIV and AIDS, both developed with FY04 Emergency Plan funding) as well as key resources addressing HIV/AIDS stigma. Emphasis will be placed on the key legislative issues of mitigating stigma and discrimination as well as addressing gender inequalities. Through the dissemination of the toolkit for people living with HIV/AIDS, issues of women's legal rights and gender-based violence, also key legislative issues, will be addressed.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

This activity will provide capacity to local PLWHA organizations to ensure that they are able to provide quality programs designed to meet the needs of people infected and affected with HIV/AIDS in their communities. POLICY/PDI will facilitate five provincial workshops for 20 participants per province who represent 10 community-based organizations. The five provinces have been selected based on their high HIV prevalence rates. As a result of this activity, PLWHA organizations will be mobilized to address HIV/AIDS stigma and implement palliative care programs for people infected and affected by HIV/AIDS.

This project will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by building the capacity of local organizations to address HIV/AIDS related stigma and implement palliative care programs for people infected and affected by HIV and AIDS. It will also contribute to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals by delivering HIV/AIDS palliative care training to an estimated 100 individuals in five provinces.

Emphasis Areas	% Of Effort
Training	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care	0	☐
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Indirect Targets

This training activitiy will indirectly result in the provision of pallitative care, although it is difficult to quantify. They will be training 10 community-based organizations to provide palliative care in 5 provinces, based on the PLWA rights-based, tool kit developed by Policy in FY05.

Target Populations:

Community-based organizations

HIV/AIDS-affected families

People living with HIV/AIDS

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

KwaZulu-Natal

Limpopo (Northern)

Northern Cape

...ities by Funding Mechanism

Mechanism: N/A

Prime Partner: Hospice and Palliative Care Assn. Of South Africa

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3019

Planned Funds:

Activity Narrative: SUMMARY:

The Hospice Palliative Care Association of South Africa (HPCA) will use Emergency Plan funds to strengthen the capacities of member hospices and other governmental and non-governmental organizations to provide a high standard of palliative care and to provide direct funding for patient care through identified sub-partners. The target population for this activity is PLWHA and other people affected by HIV/AIDS, community members, public and private health care providers, and host country government workers. The major emphasis area for these activities is human resources.

BACKGROUND:

This is an ongoing activity funded by the Emergency Plan in FY04 and FY05. FY05 funding facilitated the development of Standards of Palliative Care, Hospice Management and Good Governance and an accreditation and quality improvement program based on these standards. Direct support to HPCA hospices was provided to established training centers and has promoted the development of 10 Centers for Palliative Learning (CPLs), with further CPLs planned with FY05 funding for Limpopo, North West Province, Northern KwaZulu-Natal and in Eastern Cape. Ultimately the goal is to have national coverage, with at least one CPL per province. HPCA personnel at national and provincial level will continue to provide the infrastructure and coordination for the development and strengthening of palliative care programs within member hospices, and government, non-government (i.e. community-based and faith-based organizations) and private health care partners.

The major focus of Emergency Plan funding to HPCA in FY06 will be to provide direct palliative care to patients and their families, to assess quality of palliative care, provide support to the care providers, and provide training in palliative care. Through direct funding to established member hospices, HPCA will continue strengthening existing services and developing new services in order to achieve the goal of accessibility and availability of palliative care to all patients in need in all regions of South Africa. The HPCA project is managed through an umbrella agreement with Pact, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Provision of palliative care):

Through direct funding to sub-partners currently providing quality palliative care to patients with stages 3 & 4 HIV and their families, in FY06 HPCA will provide direct care to approximately 96500 HIV/AIDS patients. The range of patient services provided by member hospices includes the provision of services via: home-based care; day care centers; in-patient palliative care units for terminal patients; and bereavement support for families and friends. These services include: management of opportunistic infection, pain and symptom management, psychosocial and spiritual care, as well as clinical prophylaxis and/or treatment for tuberculosis. Family care includes training in all aspects of patient care, infection control and nutrition, as well as individual and family counseling and reduction of stigma (key legislative issue). Bereavement care is integral to the provision of palliative care and is applicable throughout the course of the illness as well as after the death of the patient.

ACTIVITY 2 (Development of new palliative care sites):

With the assistance of Provincial Palliative Care Development Teams, Regional Centers for Palliative Learning and Mentor Hospices, which were supported in previous years, it is estimated that HPCA will develop 10 new service delivery sites in FY06 bringing the total number of HPCA palliative care sites to 170. The development of new service sites will expand the provision of palliative care to areas that are currently

underserved and will increase the total number of HIV/AIDS patients cared for.

ACTIVITY 3 (Accreditation and quality improvement):
Using the HPCA Standards of Care developed with Emergency Plan funding in FY05, FY06 funding will be used to continue the accreditation and quality improvement of existing member hospices with reference to these standards. The hospices that are accredited through this process will be used as mentor hospices to facilitate and support the strengthening of existing and the development of new palliative care services.

ACTIVITY 4 (Training in palliative care):
Using the HPCA Centers for Palliative Learning established with Emergency Plan funding, palliative care training will be provided for approximately 11,000 persons and will promote awareness of palliative care in communities. In partnership with higher education institutions (e.g. universities; technical colleges and nursing colleges), professional associations (e.g. South African Nursing Council; Health Professions Council) and the national and provincial Departments of Health, Social Development and Education, a wide range of accredited palliative care training programs will be offered for volunteers, community health workers, nurses and medical practitioners.

A key aspect of both individual counseling and hospice support group services is reduction of stigma and discrimination (key legislative issue) and reconciliation within families. HPCA annual statistics show that food security programs (key legislative issue) are the third most utilized hospice service after nursing services and individual counseling services. Non-Emergency Plan funding for food is included in the general cost of care.

HPCA member hospices will provide direct palliative care to 96500 persons infected with HIV. Training programs and collaboration and support of National and Provincial Department of Health palliative care initiatives will impact indirectly on the provision of palliative care in other health care facilities. 11,000 individuals will be trained by September 2007.

Through these activities, HPCA supports the vision outlined in USG/South Africa's Five Year Strategy to expand access to quality palliative care services and improve quality of palliative care and HBC services, and thereby contributing to the 2-7-10 goal of providing care to 10 million people affected by HIV.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	91	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	50,870	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)		☑

Target Populations:

Business community/private sector

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Host country government workers

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	IBM
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3022
Planned Funds:	$0.00
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

INTEGRATED ACTIVITY FLAG:
In addition to its Palliative Care activity, this evaluation is also reflected in the FY05 Strategic Information activity (#3023).

Emergency Plan funding was given to the Joint Economics, AIDS and Poverty Program (JEAPP) to support an evaluation of the costs and effectiveness of home community-based care (HCBC) programs. This study was 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. This study was co-funded by AusAID and other donors. The project is reviewing different models of community home-based care programs in order to develop models that will have the greatest and most sustainable impact on highly affected communities. 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. While the evaluation is on-going, no additional FY06 funding is needed to support these targeted evaluations.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Living Hope
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3025
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Living Hope's Palliative Care programs (Hospice and Home-Based Care) are two components of an integrated program that combines abstinence and faithfulness-based prevention activities (#3024) with care and support activities for HIV-positive individuals and their families, and treatment services that are funded by the Western Cape Province.

SUMMARY:

FY06 Emergency Plan funds will support Living Hope to provide in-patient hospice care, and undertake a home-based care program for PLWHA in the Western Cape, as well as provide post-test counseling and support groups for PLWHA. The primary target population for this activity is PLWHA, and the major emphasis area is human resources.

BACKGROUND:

Living Hope Community Center is an indigenous South African faith-based organization (FBO) formed in 1999 in direct response to the HIV/AIDS epidemic. The following activities are funded with FY05 funds and will be continued with FY06 funding. Emergency Plan funding for the activities described here began in July 2005. The Living Hope project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Living Hope will provide comprehensive home-based care (HBC) to approximately 2,500 people in four Western Cape communities – Masiphumelele, Ocean View, Red Hill, and Muizenberg. Living Hope will provide comprehensive training and support, and equip these community-based caregivers with caregiver skills. The HBC visits will incorporate nursing care, personal hygiene (i.e. bathing), and HIV/AIDS education to the infected individuals and their families, as well as treatment of OIs and referrals to ART. As a result of the time the Home-Based Caregivers will spend in the homes of those who are ill, they will also get to know the patient's family, presenting an opportunity to provide training and support to the caregivers. This training and support for the caregivers of OVC and PLWHA will include a comprehensive package of basic information about caring for their ill family member and relief in the administration of care. The hospice also provides ARV treatment and clinical care for those eligible (treatment funded by the Western Cape Province).

The HBC activity also includes the services provided at the community clinics in Masiphumelele and Muizenberg, and will soon provide these services in Ocean View. These locations and services provide an effective means to establish relationships with those individuals who are HIV-positive and need home-based care or other medical services. It is also an opportunity to encourage individuals to get tested.

As part of the HBC Activity, a system will be established for the referral of HIV-positive individuals needing holistic inpatient and/or hospice services (including those experiencing acute HIV-related illnesses, including TB and other opportunistic infections) to Living Hope's hospice or other appropriate health care institutions. A system will also be established for the referral of ARV treatment-eligible patients to the nearest public health treatment site.

ACTIVITY 2:

Living Hope will provide holistic in-patient care at their 20-bed Hospice facility. The

hospice is specifically equipped and designed to care for adults, infants and children who are experiencing acute HIV-related illnesses or a complication requiring inpatient care, including TB and other infections. The hospice and its staff provide end of life care services that provide peace and dignity, and emotional and spiritual support to the patient as well as their families.

ACTIVITY 3:
As part of providing comprehensive Palliative Care, Living Hope places an emphasis on meeting the emotional and spiritual needs of those they are serving in their communities. There are monthly support groups and counseling available for HIV-positive community members where they find acceptance, hope and the help and encouragement needed to live as fully as possible while being HIV-positive. Those who attend are also coached to support caregivers and family members. Living Hope is also directly involved in Pre and Post-Test Counseling and follow up, at a number of locations and is immediately able to offer those who are HIV-positive the emotional and health care support they need through HBC, the hospice and treatment services. Post test counseling is provided to pregnant women and children.

ACTIVITY 4:
As part of all the above activities at least 25 members of the HBC and hospice staff will receive specialized training in Palliative Care.

Emergency Plan funding for this activity will primarily be used for Human Resource needs. Specifically it will be used to hire two additional Home-Based Caregivers and to supplement the salary of the others enabling Living Hope to reach a significant amount of new patients in addition to the existing patients and families. It will also be used to meet the salary and staffing needs of the Hospice. FY06 funding will also be used for:
- Commodity procurement to supply the hospice and community clinics with the medical supplies needed,
- Infrastructure to purchase needed equipment and technology to support these activities,
- Information Education and Communication materials to provide to patients and HIV/AIDS effected families,
- Development of Network/Linkages/Referral Systems to increase the efficiency, appropriateness and quality of care provided,
- Community Mobilization/Participation to ensure the services and facilities Living Hope provides are fully known and utilized by the communities.

These activities contribute substantially to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals. Living Hope supports the goals of the USG Five Year Strategy for South Africa by expanding access to and quality of palliative care and HBC services, and increasing the effectiveness of FBOs intervening in HIV/AIDS prevention and care.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	7	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,500	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Correctional Services, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3030
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is linked to other Department of Correctional Services programs described in Other Prevention (#3029), Counseling and Testing (#3032) and Strategic Information (#3031).

SUMMARY: Emergency Plan funds will be used by The National Department of Correctional Services (DCS) to provide basic HIV/AIDS care and support to offenders and staff in DCS detention facilities in all nine provinces. The major emphasis area for this program will be training, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, IEC, linkages with other sectors and initiatives, and local organization capacity development. Target populations include adult, PLWHA and their caregivers, several most at risk populations (prisoners, including CSW and their partners/clients, IDU, MSM, street youth and transgendered individuals), public health nurses, CBOs and NGOs and volunteers.

BACKGROUND:
DCS policy on HIV/AIDS care for prisoners was approved by the Minister in October 2002 and is in the process of being implemented. This basic care and support activity is designed to be consistent with the new policy on correctional center-based care currently under consideration by the Minister for Correctional Services; this new policy is based on the NDOH Home/Community-Based Care Strategy which utilizes volunteers to provide care to terminally ill patients. By applying this model to the prison system, this activity is intended to contribute to a core objective of the DCS, which is rehabilitation by encouraging the spirit of volunteerism and caring among offenders. It is in line with the South African president's call for volunteerism in the country and in keeping with the African principle of Ubuntu, i.e. "no man is an island".

Palliative care is a key part of the basic public health model of care for HIV/AIDS: early detection, early treatment, education, and continuity of care from the diagnosis of HIV disease to end of life. Currently, palliative care is offered to inmates where staff are available. The activity proposed here will be complementary to the existing services in which nursing personnel are responsible for patient management, adding to existing services by providing assistance in making patients more comfortable. This is a new activity that will be implemented by a private contractor through the procurement process.

ACTIVITIES AND EXPECTED RESULTS:
Coverage for these activities will initially include 12 correctional centers (two in each of six DCS regions) identified for development as centers of excellence by the DCS. The overall goal is to reach 36 centers by September 2007. The activities will ensure that gender issues are addressed as well as implementing the program in female and youth focused correctional centers (increasing gender equity in HIV/AIDS programs, key legislative issue).

ACTIVITY 1:
The Correctional Center-Based Care Policy currently states that only nurses can provide care and that inmates will render volunteer care under the supervision of nurses. For the proposed program, a nurse master trainer will be trained in each of the 12 correctional centers targeted for this program. The duration of this Care training will be determined once the subpartner(s) to provide the training has been determined, but it will follow SAG standards and guidelines. The nurses in turn will train inmates who are interested and meet the necessary criteria according to the

Correction Center-Based Care Policy (see Activity 2). This activity will increase the capacity of correctional health care providers to deliver appropriate, comprehensive care and information to inmates with HIV and AIDS. The nurses will promote the concept of correctional center-based care in order to recruit, train and supervise inmates.

ACTIVITY 2:
DCS will identify, screen, recruit and train prisoners who meet the criteria of the Correction Center-Based Care Policy. The training, a scaled-down version of the complete SAG Care training, and program implementation will be based on the NDOH's Home-Based Care Policy, and will specifically include basic care and support skills as well as the reduction of stigma/discrimination (key legislative issue). Inmates will be accredited by DCS with the training and certified by DCS as volunteer caregivers within the prison. In addition to enabling the inmates to provide important complementary care to their fellow inmates, this training will, it is hoped, help inmates to be absorbed into their communities upon release.

ACTIVITY 3:
DCS will create appropriate linkages with the community, to begin during the HIV-positive inmate's release planning process. In addition, DCS will evaluate the effectiveness and lessons learned in developing community-based programs with local organizations to provide continuity of care once inmates are released, including community-based ART follow up and adherence support. Such a program would deliver a "holistic approach" offering a wide range of health, counseling support and social services for those who are HIV-positive.

By targeting high risk populations in the South African correctional system, the DCS will contribute to the realization of the Emergency Plan's goal of providing care and services to 10 million HIV-affected individuals. These activities also support the goals outlined in the USG Five Year Strategy for South Africa by expanding and improving care and support services to needy populations.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	36	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Nurses (Parent: Public health care workers)

Most at risk populations

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Caregivers (of OVC and PLWHAs)

Partners/clients of CSW (Parent: Most at risk populations)

Transgender individuals (Parent: Most at risk populations)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3037
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:

The Eastern Cape Regional Training Center (ECRTC) will use Emergency Plan funds to support basic health care and support services in the public sector HIV/AIDS program in the Eastern Cape, including training, capacity building as well as clinical support. Activities will focus on the ongoing development of two Wellness Centers, the delivery of palliative care service to patients and families infected and affected by HIV/AIDS (via Wellness Center and home visits), the supervision of home care workers conducting home visits, and training for community-based organizations (CBOs) on the provision of community care. The major emphasis area for this program will be human resources, with minor emphasis given to commodity procurement, community mobilization/participation, IEC and local organization capacity development. The target population will include infants, children and youth (non-OVC; boys and girls), all adults, including pregnant women and family planning clients, PLWHA and their caregivers, public health sector doctors and nurses, CBOs, FBOs and NGOs.

BACKGROUND:

In FY05 with Emergency Plan funding ECRTC set up two Wellness Centers within the Mthatha General Hospital (MGH) Complex (one at the MGH and one at St. Lucy's hospital) to support newly identified persons with HIV/AIDS. The purpose of the Wellness Centers is to link HIV/AIDS patients to other required health and psychosocial service programs/institutions; support persons not on ARV treatment by tracking their CD4 counts to determine when they can start treatment; advising/referring all patients for required immunizations and TB referrals; providing patients/families with information, education and communication on the patient's disease and supporting the patient to adhere to their medical care plan; and counseling/supporting patients/families on issues related to stigma and gender issues including male norms, and violence and coercion (key legislative issues).

FY05 Wellness Center activities completed to date include some infrastructure space and furniture for Mthatha, and the employment of 20 field caregivers and 10 peer educators. By the end of FY05, the two centers will have served approximately 500 HIV-infected individuals/family members via PMTCT and support groups, home visits, and ongoing counseling support for individuals and families. The ECRTC has trained and mentored 32 CBOs in the care and treatment of patients in the community.

All the above mentioned activities were implemented in FY05 with Emergency Plan funding. FY06 activities listed below will also be implemented by the ECRTC.

ACTIVITIES AND EXPECTED RESULTS:

Emergency Plan funds will support the following activities in the wellness Centers: Infrastructure space and furniture for St Lucy's Hospital; staffing (one site manager, 10 field caregivers and five peer educators at each wellness center); and commodity procurement (e.g., limited dietary supplements, craft supplies, supplies for demonstration gardens). Each field caregiver will also be mentored and monitored by

the ECRTC staff at the Wellness Center to ensure quality service during home visits and to maintain adequate supplies of nutritional supplements for their malnourished HIV-positive patients. Forty CBOs will be trained/mentored via two workshops and monthly meetings. Follow-up with these partners will be conducted via a monitoring and evaluation system to accurately track, measure and ensure that information on patient outcomes is provided to Wellness Center staff. The goal is to directly serve 600 patients/families and 96 CBO staff in 32 CBO with these activities by September 2006.

The overall plan is for the ECRTC to continue to support these two Wellness Centers as CBOs but have the ECDOH expand the Wellness Center model to additional clinics in the province. By September 2007 and based on lessons learned in the process, the ECRTC will assist the ECDOH by developing a training program to train Local Service Area and clinic managers on establishing Wellness Centers. Supportive supervision and mentoring will be provided to staff at the new Wellness Centers to ensure quality service.

By expanding basic health care and support to PLWHA through home visits and other community-based interventions, these activities will directly contribute to the realization of the Emergency Plan's goal of providing care for 10 million people. These activities also support the USG Five Year Plan for South Africa.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	750	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Reducing violence and coercion

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Traditional Healers Project
Prime Partner:	University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3069
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Activities described here are part of a comprehensive initiative with traditional healers, and includes activities described in the AB (#3067), Basic Care and Support (#3069), Counseling and Testing (#3070), and Other Prevention (#3068) program areas.

SUMMARY:

The Nelson Mandela School of Medicine (NMSM) will use Emergency Plan funds to support the development and implementation of a common clinical guideline for HIV/AIDS management by traditional healers, including the standardization of HIV clinical staging for traditional healers; collaborative introduction of Patient Record Keeping, Monthly Data Sheets, and Data Transfer to the Medical School; and provision of basic medical supplies to trained healers. The main emphasis area will be training, with minor emphasis placed on human resources, logistics, policy and guidelines, quality assurance and supportive supervision, and SI. The target population will include traditional Healers in the private and public sector who are members of the KwaZulu-Natal (KZN) and Ethekwini Traditional Healer Councils.

BACKGROUND:

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.

These activities were begun in August 2005 with the arrival of FY05 Emergency Plan funding. NMSM will implement the project in collaboration with the KZN and Ethekwini Traditional Healer Councils.

ACTIVITIES:

The principal focus of this project will be training and equipping 250 traditional healers to better deal with the HIV/AIDS epidemic in KZN. Training will be provided through workshops and via work the project management team (including senior traditional healers) will do with workshop graduates.

Trained healers will be provided with a customized version of the home-based care medical kit currently used by the KZN DOH. Training will include the development and implementation of a common clinical guideline for HIV/AIDS patient management by traditional healers, including the standardization of HIV clinical staging, the introduction of patient record keeping, monthly data sheets, and transfer of these data to the Medical School. NMSM will work closely with SAG colleagues to establish viable bi-directional referral pathways (including referral forms); formalizing and enhancing what is currently happening. NMSM will also ensure that traditional healers have adequate stocks of appropriate medical supplies for the home-based care kit. Regular site visits will be conducted to monitor the implementation of these guidelines and data management protocols.

In KZN HIV/AIDS is fundamentally a heterosexual pandemic. In all of these activity areas NMSM will be working with the Traditional Healers to ensure gender equity in basic care (key legislative issue). This will include information on healthy modifications of behavioral norms for men (key legislative issue) and women.

Specifically, these activities will include:

• Develop Standardized Clinical Guidelines for HIV/AIDS management for traditional healers through the development of "Syndromic Management of Patients with HIV

or at Risk of HIV."
• Develop Standardized Therapeutic Protocol for HIV/AIDS patient management by traditional healers. Two hundred and fifty traditional healers will be trained in these areas. Eighty thousand people will benefit from this expansion of basic health care and support services.
• Improve collaboration between biomedical and traditional healers.
• Improve record keeping by traditional healers and availability of the anonymous data to public health authorities.
• Provide adequate basic medical supplies to trained traditional healers.
• Assess the usefulness of working with traditional healers to enhance their capacity to provide palliative care to HIV-positive patients.

By providing substantial new tools and materials to traditional healers working with HIV/AIDS patients, this project will expand basic care and support services to 80,000 people in KZN province, contributing significantly to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals. These activities will also support efforts to meet the care and treatment objectives outlined in the USG Five Year Strategy for South Africa

Emphasis Areas	**% Of Effort**
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	250	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	80,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Traditional healers (Parent: Public health care workers)

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Wits Health Consortium, Reproductive Health Research Unit

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3094

Planned Funds: [ ]

Activity Narrative: INTEGRATED ACTIVITY FLAG:
RHRU's Basic Care and Support activities are part of an integrated program that includes Other Prevention (#3032, Women At Risk Project), HIV/TB (#3091), ARV Services (#3081), Pediatric ARV Services (#5054) and Counseling and Testing (#3092).

SUMMARY:
The Reproductive Health and HIV Research Unit's (RHRU) Basic Care and Support activities are part of an integrated program and specifically include: (1) palliative care treatment arising from clinical (both ARV and non ARV) services rendered by RHRU staff through the activities described under the ARV Services program area; (2) the provision of psycho social support to sex workers, by CARE, RHRU's sub partner; and (3) the implementation of health provider training in all aspects of palliative care. Major emphasis areas for these activities include human resources and quality assurance/supportive supervision, but also include development of network/linkages/referral systems and training. Populations targeted for these interventions include PLWHA (children, youth and adults), HIV-affected families, commercial sex workers and public health workers.

BACKGROUND:
RHRU is affiliated with of the University of the Witwatersrand in Johannesburg. The RHRU Emergency Plan-funded program provides technical support to the SAG's Comprehensive HIV Care Program, which includes national ARV rollout. RHRU provides regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces, and is initiating an inner city program focusing on providing support to a complete up and down referral network. In addition, RHRU directly provides CT, palliative care (TB and non-TB) and prevention programs. RHRU seeks to develop models of service delivery that can be replicated and expanded, and produce best practice and targeted evaluation.

The success of ARV treatment scale up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary health care programs such as TB, family planning and STI treatment is critical. In FY06, RHRU will focus on further strengthening DOH adult and pediatric treatment, and on developing a family-based approach to HIV care and treatment in the public sector. Furthermore, RHRU will develop strategies to address underserved communities affected by HIV, such as couples, high risk groups (e.g. sex workers), and men.

FY05 Emergency Plan Funds support palliative care provided by RHRU via clinical services, and ongoing health provider training. During the 6 month period from October 2004 to March 2005, RHRU provided palliative care to over 6,000 patients. In the same period, RHRU trained 1,944 health workers in various aspects of palliative care. The psycho social support services are a new feature provided by RHRU's sub partner, CARE.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Palliative Care):
Through comprehensive support and quality improvement programs to the Johannesburg inner city and through the Mobile Clinical Support Teams operating in North West, KwaZulu-Natal (KZN) and Gauteng provinces, RHRU will continue to provide palliative care (OI prevention and treatment, screening for syndromic STIs, provision of regular CD4 counts, and pain and symptom management) in conjunction

with ARV treatment to adults and children in partnership with the DOH. In addition, STI treatment is provided to HIV positive patients at one non-ARV site in the inner city of Johannesburg, and via the Women at Risk Project described in the Other Prevention program area. Furthermore, health care and support is provided to in-patients at a step-down and palliative care facility in KwaZulu-Natal.

ACTIVITY 2 (Psycho Social Support):
In addition, Community AIDS Response (CARE), a sub partner under this initiative, will also provide psychosocial support, through counseling, home-based care, wellness programs and befriending. Care assists with income generation and material support programs, and support group facilitation. Their work is key to the strengthening of adherence initiatives. CARE will also assist RHRU and the DOH in providing continuity and support to the down referral process that must take place to enable ARV program scale up. Currently men are under-represented in seeking ARV treatment, and a family-based approach to care ensures all family members are provided with treatment and prevention initiatives where appropriate. Therefore, RHRU and CARE will also develop and provide specialized services for families and men (gender equity, key legislative issue) in order to improve access for these two key groups.

A total of 25,000 individuals will be reached through activities 1 and 2.

ACTIVITY 3 (Training):
RHRU will continue to provide on site and didactic training to 1,000 DOH and NGO doctors, nurses and counselors, and will specifically target ARV and non-ARV sites that need to be able to care for, manage and appropriately refer HIV-infected clients. RHRU will also provide mentoring to DOH staff via bedside teaching, case reviews, the sharing of quality improvement approaches, and support during consultations.

These activities contribute significantly to both the vision outlined in the USG Five Year Strategy for South Africa and to the 2-7-10 objectives by ensuring 25,000 HIV-positive people are able to access comprehensive care, and by expanding access to these services in both the public and private sector.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	89	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	25,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

HIV/AIDS-affected families

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism: PMTCT and ART Project
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3102
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The approach taken by the PHRU is one of comprehensive high quality care and support. This activity is related to PRHU activities described in the PMTCT (#3103), TB/HIV (#3099), CT (#3100), ARV drugs (#3331) and ARV services (#3101) program areas. These activities are also linked to the NIH-funded activities described in ARV drugs (#3078) and ARV services (#3077).

SUMMARY:

The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to provide comprehensive care and psychosocial support to PLWHA and prepare and transition them to ARV treatment when required, developing linkages and referral systems in Soweto and in Limpopo Province. The major emphasis area for these activities is human resources. The target populations are adults, infants, children living with HIV/AIDS.

BACKGROUND:

PHRU established palliative care programs in 2002 in Soweto and in Limpopo in 2003 to provide care and support to people identified as HIV-positive through PMTCT and CT. The high HIV prevalence in South Africa requires a cost-effective package of care for people with HIV prior to ARV treatment. Primary health care nurses are the main providers of care under physician supervision. The program follows the Department of Health guidelines for HIV care and laboratory testing to ensure compatibility with SAG treatment sites and has been approved by the medical ethical review board of the University of the Witwatersrand. The program prepares and transitions clients onto ARV treatment when required. Where possible people are referred to SAG treatment sites. These programs are predominately accessed by women, however the PHRU is attempting to redress this imbalance (gender equity, key legislative issue). Men are encouraged to participate though CT programs targeting men. Clients are encouraged to bring partners, children and other family members to participate. In addition, a focus of the program is to identify infants and children who are HIV-positive and to provide care and support in a comprehensive program for the children, caregivers and families. Ensuring quality assurance and standards, client retention, monitoring and evaluation form an integral part of the program.

The aim of the program is to delay the progression of HIV to AIDS by providing palliative care and support to HIV-positive clients who do not yet qualify for ARV treatment. Care includes: screening for active tuberculosis, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for opportunistic infections, syphilis screening, symptomatic screening for syndromic STIs, screening for cervical cancer, provision of family planning and regular CD4 counts. Opportunistic illnesses are treated using a formulary based on the South African Essential Drug List.

Support for clients, their families and community members comprises support groups and education sessions at all sites covering issues such as basic HIV/AIDS information, HIV services, PMTCT, ARV treatment, opportunistic infections, TB, prevention, nutrition, stigma (key legislative issue), positive living and adherence. Training of professional and lay staff takes place on a regular basis.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (Soweto, Gauteng):

In 2002 a wellness program was initiated in Soweto, a large urban area south-west of Johannesburg with very high HIV prevalence. In South Africa, a wellness program

covers the period from testing positive to needing treatment. A holistic approach is provided to all enrolled in the wellness program and covers clinical services, psychosocial support, and healthy lifestyle promotion, including exercise, nutrition, and decreasing the use of alcohol and tobacco. In 2003 Weilers Farm, an informal settlement south of Soweto, was identified as a site to expand the program. This program targeted adults and over 3,500 clients have accessed the program. An aim of the program is to prepare and transition people onto ARV treatment when it is required and around 700 people have been transferred to a treatment program funded by NIH in 2004 and others have been referred to SAG rollout sites or other programs in the PHRU. Support groups and education sessions, run by HIV South Africa (HIVSA), are available to all clients.

Since 2004, a focus has been to identify children (0 – 14 years) requiring care, clinical monitoring, ARV treatment and psychosocial support. At PHRU over 200 children are receiving palliative care. Support programs are being developed to assist caregivers and children in the program, in particular around issues of bereavement, disclosure, dealing with stigma and discrimination (key legislative issue), positive living and life skills.

PHRU expects to provide 3,500 clients with pre-antiretroviral care and, when eligible, they will be referred for ARV treatment or OI prophylaxis. This number will include approximately 800 new clients enrolled into the program in FY06. One hundred-fifty nurses and other health care professionals working at the PHRU and its partners (including the Provincial Department of Health) will receive training in all aspects of HIV palliative care, from diagnosis through end of life.

ACTIVITY 2 (Bohlabela, rural Limpopo):
The Bohlabela district in Limpopo is one of the poorest in South Africa with a population of close to a million. Access to information and HIV health care and support is a basic need for all people living with HIV. The PHRU in partnership with Rural AIDS Development Action Research Program (RADAR) and HIV South Africa (HIVSA) established a wellness clinic at Tintswalo hospital and a district wide support network for people living with HIV/AIDS. Support is given to health workers in the primary health care clinics. Since 2003, over 1,200 people have accessed the wellness clinic and more than 2,500 have accessed the support groups. Over 150 lay facilitators and counselors have been trained to provide effective support to people living with HIV/AIDS and basic education on HIV, CT, HIV services and related issues to the broader community and build the capacity of linked local organizations.

Through PHRU's activities in the Bohlabela District, 1,250 clients will be provided with pre-antiretroviral care and, if eligible, will be referred for ARV treatment. Support activities will be provided to at least five primary health care clinics in the catchment area of Tintswalo hospital to set up their own wellness programs. It is estimated a further 250 people will be able to be treated by these peripheral programs.

ACTIVITY 3 (Tzaneen, rural Limpopo):
Since 2003, the University of Limpopo has been supporting the Department of Health to develop a wellness program based in the primary health care clinics in the Tzaneen District. In 2004 the PHRU partnered with the University of Limpopo to formalize and expand the program. The PHRU has mentored the program, assisted with training health workers and has provided infrastructural support. In addition, HIVSA has provided training to support group members to enable them to run more effective support groups, and provide better information to people in the district. The program operates in 12 clinics. Over 200 people participate in the program and about 70 have been referred to Letaba hospital for ARV treatment. People on treatment are supported at the primary care clinics through this program. Through these efforts, 250 clients in the Tzaneen area will be provided with pre-antiretroviral care and if eligible, will be referred for ARV treatment. The program is expected to roll out to four additional clinics.

These activities will contribute to the Emergency Plan objective of providing care and services to 10 million HIV-affected people. The activities will contribute to the USG Five Year Strategy for South Africa by increasing access and improving quality of basic care services.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3106
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to Basic Health Care and Support, Peace Corps Volunteers work in projects to develop indigenous organizational and human capacity in the following program areas: AB (#3797), OVC (#3107) and CT (#3798).

SUMMARY:

Peace Corps Emergency Plan funding will be utilized to strengthen the organizational and human capacity of indigenous organizations that provide palliative and home-based care services in the Northwest and KwaZulu-Natal provinces, as well as Limpopo and Mpumalanga, where Volunteers were placed in FY05. Peace Corps will place three Volunteers in FY06, and an additional 4 Volunteers in FY07, in such organizations. The major emphasis area for these activities is local organization capacity development. HIV-affected families and their caregivers, community leaders and program managers, HBC workers and CBOs and NGOs comprise the target populations for the Volunteers' work.

BACKGROUND:

The proposed activities will build on the accomplishments of Volunteers already in the field in FY05. These Volunteers (USG supported, but not Emergency Plan-funded) are presently supporting over 29 service outlets, have enabled the accredited training of over 50 caregivers, and have facilitated access to improved services to over 10,500 clients in under-resourced rural areas of the Limpopo and Mpumalanga Provinces. The three Volunteers that will be placed in the project in FY06 entered the Peace Corps program as a result of Emergency Plan supported activities in FY05; those who will be placed in FY07 will be recruited and trained in FY06.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Based on the needs of each organization, Peace Corps Volunteers (key legislative issue) will work with their host agency to support SAG-accredited 59-day training for community home-based care givers; provide for follow-up and the professional development of care-givers and NGO leaders; support joint planning and activity reviews between NGOs, CBOs, local government and district health authorities; support the recruitment and retention of committed volunteer caregivers; develop and test manuals and materials for the use of community caregivers, including those that incorporate the needs of women and OVC as a specific beneficiary group; and develop focused financial and patient tracking systems, as well as referral and program development mechanisms. Volunteers will provide ongoing technical support to enable these organizations and related community initiatives to have the necessary organizational, human and programmatic capacity to reach their stated goals, and to measure their progress against these. As the SAG extends the implementation of its treatment program, Peace Corps Volunteers and the community caregivers they work with will play an important role in supporting treatment compliance, referrals and wellness programs.

ACTIVITY 2:

In addition to the in-depth, on-going 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' abilities to delivery 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.

EXPECTED RESULTS:
In FY06 it is anticipated that 12 service outlets will be supported, resulting in increasing quality and consistency of services delivered by 100 caregivers to an estimated 1000 new and existing clients. The work of Peace Corps contributes to the US Mission's country strategy by being closely aligned to the South African Government strategies in each of the provinces in which they work, and by strengthening the ability of partner organizations to contribute to the 2-7-10 goals.

Note: Peace Corps is relying on Emergency Plan funding in FY07 and FY08 in the amount of $928,405 to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Emphasis Areas	% Of Effort
Training	10 - 50
Local Organization Capacity Development	51 - 100
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care *(excluding TB/HIV)*	12	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care	1,000	☐
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Indirect Targets

Peace Corps Volunteers do not provide care, but training, linkages and referrals to individuals needing care.

Target Populations:

Community leaders

Community-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Volunteers

Coverage Areas

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3109
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is linked to QAP activities in PMTCT (#3111), TB/HIV (#3110), CT (#3114) and ARV Services (#3108).

SUMMARY:
Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will support 70 DOH facilities in 4 provinces to improve access to and quality of basic health care and support services for PLWHA. Major emphasis areas for this activity are training and quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems, IEC and policy/guidelines. The activity targets public health workers, program managers and volunteers, and PLWHA.

BACKGROUND:
With FY05 funds, URC/QAP is currently working with 70 government public health care facilities in four provinces to improve the quality of basic healthcare and support services for PLWHA. URC/QAP has developed a number of tools including job aids, checklists, etc. to ensure that both providers and patients comply with treatment and follow-up guidelines. URC/QAP will help facilities better integrate an essential package of activities to ensure that PLWHA receive high quality basic healthcare and support services including treatment of OIs, nutritional counseling, referrals for ARV, counseling, etc. Using continuous quality improvement tools and approaches, URC/QAP will further improve basic health services for PLWHA. Sessional physicians and nurses will be made available to healthcare facilities to initiate provision of basic health services for PLWHA. Providing additional human resources will ensure that PLWHA receive optimal quality basic health care and support at the facilities. URC/QAP will also work with CBOs/FBOs to improve their home-based care services by linking HBC providers to facilities.

ACTIVITIES AND EXPECTED RESULTS:
Specifically, URC/QAP will carry out the following activities in FY06:

Establish facility-level quality improvement teams:
URC/QAP will work with each facility to identify a core team representing clinical services, pharmacy, laboratory, counseling, social services, facility administration, etc. The facility-based teams, with support from URC/QAP coordinators and other district staff, will be responsible for implementing plans for improving access to quality basic healthcare and support services for PLWHA.

Baseline assessments:
Each facility team along with URC/QAP staff will conduct a rapid baseline assessment to identify quality gaps in current services for PLWHA. The assessment will be completed using QA tools (chart audits, observations, knowledge quiz, and interviews).

Interventions:
URC/QAP will assist each facility team in developing and implementing a strategic plan for improving access to quality basic healthcare and support services. URC/QAP will assure that the SAG sites are able to provide the following high quality services: nutrition counseling; diarrhea management; screening, treatment, and referrals for OIs and ARV services; home-based support; linkages with social services; and community-based ART follow-up and adherence support. URC/QAP will train facility staff (healthcare workers, pharmacists, lab staff, counselors, etc.) on various clinical, psycho-social, interpersonal communication and counseling skills. In addition, job-aids,

wall charts, sick-adult treatment algorithms, etc. will be provided to improve compliance with clinical and counseling guidelines. CBOs/FBOs linked to public health facilities will be assisted to expand outreach services to the community, which is crucial for early detection and treatment of OIs with the aim of improving the continuum of care for PLWHA. URC/QAP will also train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. On a monthly basis the staff will use trend lines to see if the interventions are having desired results increasing uptake of basic healthcare and support services.

Core Activities:

On-the-job mentoring:
URC/QAP will visit each facility and CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving clinical skills of staff as well as to ensure that the improvement plans are being implemented correctly. During these visits, URC/QAP will also review program performance data.

Compliance audits:
URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether the staff are in compliance with national guidelines. At least annually, sample-based surveys will be done in a small number of QAP sites to assess compliance and other performance indicators.

Strengthening QA and supervision system:
URC/QAP will train district, facility-level and CBO/FBO supervisors in QA methods and facilitative supervision techniques for improving the quality of basic healthcare and support services.

EXPECTED RESULTS:
These activities are expected to result in the following:
• URC/QAP will improve the continuum of care for 27,000 PLWHA, as they pass through different stages of the disease or through different levels of healthcare system (community-health center-hospital), to ensure that they receive high quality services.
• URC/QAP will support public facilities in providing basic health care services and support to 27,000 individuals affected by HIV/AIDS.
• URC/QAP will improve compliance of healthcare workers with treatment guidelines by training 100 healthcare workers in specific guidelines and quality improvement tools and approaches.

This activity contributes to the Emergency Plan target of 10 million people in care. URC/QAP will assist the Emergency Plan in reaching the vision outlined in the USG/South Africa Five Year Strategy by improving the continuum of care for PLWHA.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	70	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	27,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Program managers

Volunteers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Small Grants Fund
Prime Partner:	US Department of State
USG Agency:	Department of State
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3117
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

In addition to these Basic Care and Support activities, Small Grants Program activities are implemented in the OVC program area (#3118).

SUMMARY:
The Ambassador's HIV/AIDS Small Grants Program will use Emergency Plan funds to continue to support South Africa's most promising small community organizations making significant contributions to the fight against HIV/AIDS. Major emphasis areas for this activity are commodity procurement and human resources. The activities target PLWHA and their families and caregivers, community volunteers, CBOs and FBOs.

BACKGROUND:
The Ambassador's HIV/AIDS Small Grants Program in South Africa has had a tremendously successful first year. Out of over 350 applications, the Mission has entered into agreements with 50 small community-based organizations in the areas of prevention, hospice care, home-based care, treatment support and care for orphans and vulnerable children. Funded programs are located in nine provinces, primarily in rural areas. The average funding amount is under $10,000. Since funding only reached these organizations in September 2005, there are not yet results to report. All programs supported with Small Grants funds provide service delivery that directly impacts communities and people affected by HIV and AIDS.

The Mission has established guidelines and review procedures to ensure that strong applications are considered for funding through a fair and transparent process. All grants must conform to the Emergency Plan Small Grants Guidelines. Grants are supervised through each Consulate by State Department small grants coordinators.

Based on the experience in FY05, the South Africa HIV/AIDS Task Force anticipates the strongest applications in FY06 will be in the areas of (1) care, particularly hospice and community-based care, and (2) orphans and vulnerable children.

ACTIVITIES AND EXPECTED RESULTS:

The next round of applications and approvals for Small Grants will begin in January, 2006 (with FY06 funding). Given the successful applications process to allocate FY05 funds, the USG/South Africa expects to fund similar projects in FY06. Together, the FY06-funded organizations are expected to reach 7,440 HIV-affected people with basic care and support services, including psychosocial support and household support, as well as OI symptom recognition and referrals to health care facilities for OI treatment and ARV services.

Examples of programs funded in FY05 include:

Tshepong Fountain HIV/AIDS Support Group:
This small CBO is located in a township in the North West Province, a community faced with the challenges of unemployment, crime and an ever increasing HIV/AIDS infection rate. This community is fortunate to have a group of volunteers who are providing home-based care and HIV awareness campaigns. The grant of $8,280 will be used to strengthen this home-based care project by purchasing caregivers kits, first aid kits and bicycles. The bicycles will provide needed transportation to efficiently travel between patients. The caregivers will receive a small stipend which will show they are recognized for the contribution that they make in this community.

Maboloka HIV/AIDS Awareness Organization:
This CBO is located in a rural area in the North West Province. Several years ago, a group of young energetic volunteers began an HIV/AIDS Awareness project. Today, they are operating a 10 bed hospice (which serves 160 patients per year), and delivering home-based care to 80 patients on a daily basis. The grant of [redacted] will be used to purchase equipment for the hospice (medicine cabinet, disposable supplies, and a refrigerator to store medications). Funds will also provide caregivers kits to the home-based caregivers. Volunteer caregivers and counselors will attend trainings to improve the services they provide to the patients.

Eastern Cape Gender and Development Program:
This CBO is a volunteer-run home-based care project in the Eastern Cape Province in which home-based caregivers reach out to a community on the outskirts of East London. The community is overcrowded and experiences the challenges of high unemployment, high crime rates and an HIV/AIDS infection rate of 22%. A grant of [redacted] will greatly improve this project and enhance the impact on this community. Caregivers kits and training will improve services rendered to patients. Family workshops and HIV prevention workshops spread a powerful message of living positively and empowering those infected and affected by HIV/AIDS to better understand the disease.

These activities support the South Africa Mission's Five Year Strategy by providing support to and building capacity in small local organizations working at the community level. These activities also contribute to the Emergency Plan goals of providing care and services to 10 million HIV-affected individuals.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	34	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,440	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
People living with HIV/AIDS
Volunteers
Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism: TB/HIV Project
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3139
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

The Medical Research Council's activities included in this section in the FY05 COP are reflected in the TB/HIV entry in the FY06 COP (#2955) in accordance with FY06 COP guidance that the bulk of TB/HIV-related activities should be programmed in the TB/HIV program area of the FY06 COP.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	416	☐

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CompreCare
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3293
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

In the FY05 COP, was set aside under this program area to support CompreCare in undertaking 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. This would have involved 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. This subagreement never materialized because the home-based care subpartner elected not to participate, so USG/South Africa will transfer the funding to the Hospice and Palliative Care Association (HPCA) to carry out the activity with the same two hospices.

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. HBC will include care and support for persons receiving antiretroviral treatment and those co-infected with HIV and TB within the community. 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 PLWHA and their families.

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3303
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This Basic Care and Support activity relates to other activities implemented by Hope Worldwide South Africa in AB (#3302), orphans and vulnerable children (#3304) and counseling and testing (#3305).

SUMMARY:

Hope Worldwide South Africa (HWSA) will continue activities in this area to provide and strengthen comprehensive care and support to the target population of PLWHA and their families. This is achieved through two components: Community-based support groups for PLWHA and Home-Based Care (HBC) programs. Major emphasis areas for the project are community mobilization and development of network/linkages/referral systems.

BACKGROUND:

This activity is part of one of four focus areas addressed by HWSA. All care and support activities are ongoing and are funded by the Emergency Plan in FY05. All basic care and support activities will be implemented by HWSA, with the exception of Soweto HBC activities which are implemented by The Witwatersrand Hospice (Soweto) as a sub-partner. This Hospice is on the forefront of pain and symptom management and holistic care standards. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

HWSA will provide and strengthen quality care and support of PLWHA through community-based support groups. HWSA will facilitate 30 support groups covering five national sites located in Gauteng, Mthatha, Port Elizabeth, Durban and Cape Town. Support groups are integrated primarily into local health centers. New PLWHAs referred to the support groups will attend an eight-week basic HIV/AIDS education course encouraging PLWHA participation. Activities will focus on stigma reduction and provide both prevention and treatment information. Ongoing psychosocial support will be provided to all clients. Non-Emergency Plan funded food parcels will be provided to needy clients identified by support group committees (key legislative issue). Additional educational courses will be provided covering topics such as ARV adherence, nutrition, and income generation. Staff and PLWHAs will also be trained and provided with the skills to facilitate support groups, peer education and counseling. Trained PLWHAs will facilitate support groups and provide other services to support members (e.g. counseling). HWSA will ensure that links to other community stakeholders will be developed and networking strengthened. Where requested, community partners will receive training in Care and Support strategies, as well as where needed in organizational capacity development. A partnership with the food manufacturer Tiger Brands has been developed to increase nutritional support to PLWHA. Further partnerships will be explored with local food manufacturers and suppliers. Support group activities are linked to HWSA's OVC program. Regular program monitoring will be held to assess progress and effectiveness of the program. This activity will build on FY05 successes (reaching 7,600 clients at 24 sites and training 100 people by June 2005) by reaching 8,000 male and female PLWHAs at 30 sites and training 200 people on aspects of care and support. Five organizations will receive training in Organizational Capacity Development.

ACTIVITY 2:

HWSA at all its 60 sites will provide a range of HBC services to clients, including psychosocial support, nutritional support, spiritual support, referrals, and medical

support for PLWHA. Clinical support will be offered only at sites with trained HBC medical personnel. HBC staff will work closely with government HBC efforts as well as HWSA's OVC program. The Witwatersrand Hospice will be provided with a sub grant to continue to support HBC efforts in the Greater Soweto area at 17 sites. Regular program monitoring and review sessions will be held to assess program progress and effectiveness. This activity will build on FY05 successes by conducting 35,000 home visits to 800 individuals in FY06.

These activities contribute to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals, and support the South Africa Emergency Plan Five Year Strategy by increasing the CT service linkages with and referrals to health systems networks and promoting links to integrated care services in the health department and the community.

Emphasis Areas	*% Of Effort*
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	60	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	8,800	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Community-based organizations
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Food

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3319
Planned Funds:	
Activity Narrative:	Columbia University's work in Basic Care and Support is one activity receiving support from two funding sources (Track 1: Activity #3828; Country-funded: Activity #3319). All targets for this activity are reported in this Country-funded submission.

INTEGRATED ACTIVITY FLAG:
This country-funded activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's capacity to provide quality basic health care and support services in urban and rural communities. Activities are carried out to support implementation and expansion of comprehensive HIV treatment and care primarily through human resources and infrastructure development, technical assistance and training and community education and support. The major emphasis area for this program will be human resources, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, infrastructure, local organization capacity development, and SI. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), PLWHA and health care workers in the public and private sectors.

BACKGROUND:
Columbia will continue its ongoing efforts to enhance and implement comprehensive HIV treatment and care in healthcare facilities in the Eastern Cape province. These efforts, which began in FY04 with Emergency Plan funding, will continue in FY06. Six service outlets were identified in FY05, and two additional service outlets in Port Elizabeth will be added by September 30, 2007 (for a total of eight ART sites):. Emergency Plan funds will continue to support palliative care services provided at five public health facilities and their associated 19 primary care clinics in the OR Thambo, Alfred Nzo and Amatole districts of the Eastern Cape province, and at the Ikhwezi Lokusa Wellness Center, an NGO-run health center in East London. (One ART site includes the public health facility that is accredited to manage patients on ART, and its identified primary health care clinics.)

In FY06, two additional sites in Port Elizabeth - Dora Nginza and Livingstone Hospitals - will be the recipients of Columbia's technical and financial assistance for pediatric HIV care. All major and minor program areas will be carried out by Columbia University in collaboration with its implementing partners. Columbia will implement these programs by building on its experience and successes in providing HIV care to over 5,700 patients and ART to 1,124 in the Eastern Cape (as of the end of June 2005).

ACTIVITIES AND EXPECTED RESULTS:
All activities are in line with SAG policies and protocols, and activities will be undertaken to create sustainable programs that offer comprehensive HIV care to PLWHA. Columbia will strengthen referral linkages by assisting in the down-referral of patients to primary health care clinics. Primary health care clinics that provide HIV care and support services will receive support from Columbia in three areas.

ACTIVITY 1 (Clinical monitoring):

Patients accessing HIV related services in all the supported health facilities will receive relevant HIV laboratory monitoring such as CD4, viral loads, full blood counts, liver and renal function tests in preparation to initiating antiretroviral therapy (ART). Management of HIV opportunistic infections (OIs) including prompt diagnosis and treatment of OIs is an ongoing supported activity. In FY06, more focus will be given to the care of infants and children affected and/or infected with HIV, by improving and increasing enrollment of eligible infants and children to HIV care services.

ACTIVITY 2 (Development of community-based support networks):
Focus will be given to creating a supportive network for all HIV/AIDS patients through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV care services. These wellness centers will serve as additional entry points to care and hubs for prevention activities.

ACTIVITY 3 (Training for primary care staff):
Columbia will continue to support the training of community health care workers and peer educators to offer psychosocial and HIV adherence counseling and support. Training of health care providers is didactic and also has a preceptorship/mentorship component.

These activities will help de-congest the referral hospital and improve access to services. Columbia's level of involvement with each site will vary, depending on need, however all of the emphasis areas note above will be performed at each site.

By providing basic health care and support to over 15,000 people by September 2007, Columbia's activities will contribute to the realization of the Emergency Plan's goal of providing care to 10 million people. These activities will also support efforts to meet HIV/AIDS care and support objectives outlined in the USG Five Year Plan for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	10	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,450	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Family planning clients
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers
Private health care workers

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Aurum Health Research
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3323
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Aurum's basic care and support activities are part of an integrated program also described in the TB/HIV (#2914), Counseling and Testing (#2915), ARV Drugs (#2913) and ARV Services (#2912) program areas.

SUMMARY:
Aurum Health Research (Aurum) will use FY06 Emergency Plan funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to workplace programs in eight provinces and provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum clinical research sites. The major emphasis area for this program will be human resource development, with minor efforts in commodity procurement and logistics, local organization capacity development, quality assurance and supervision, SI and training. Target populations will include HIV-infected and non-HIV-infected infants and children, HIV-infected pregnant women, other women of childbearing age, men, street youth, PLWHA and their families, and FBOs.

BACKGROUND:
Aurum is 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 Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of HIV/TB, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees.

This program was originally funded in FY05 to function within existing employee health clinics. Although the project continues to target the same population in the same geographic areas, for management reasons the project has been redesigned and is now working through general practitioners, community clinics and public facilities.

Aurum's Emergency Plan-funded program started with training of staff in November 2004. As of mid-August 2005, 15 of the sites identified as candidates for the program had been enrolled. Thirty-two nurses, 49 doctors, and 65 other health care professionals (including counselors) had been trained. Patient recruitment started in March 2005. By mid-August 2005, 619 patients had joined the HIV care program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (General Practitioners):

Aurum will use FY06 Emergency Plan funding to continue an ongoing clinical program that includes prevention and diagnosis of opportunistic infections, patient referrals for treatment, and assessment of patient eligibility for antiretroviral therapy. This program has identified more than 30 candidate sites and in FY06 will expand to three additional public sector sites as well as a number of general practitioner sites. This program works through general practitioners in each targeted community to provide

HIV counseling and testing, HIV care and ART. With the current shortage of medical professionals in the country, general practitioners are an important means to provision of HIV services to the large numbers that require it, and are a promising avenue for delivery of quality care to HIV-infected populations. Aurum provides significant clinical training that benefits the entire community, and drugs to treat dependents and partners of Anglo Group employees and Anglo Group contractors (increasing gender equity in HIV/AIDS programs, key legislative issue).

Clinical protocols in line with the national ARV guidelines are in use at all sites. If a patient has a CD4 count >300 cells/mm3, the patient will be seen every six months until eligible for ARV. If the CD4 count is <300 cells/mm3, the patient will be seen at three monthly intervals until eligible for ARV. At each visit, the patient will receive a full medical examination. This exam will look for opportunistic infections (OI), assess the patient's need for medication to prevent OIs, and to conduct testing to determine eligibility for ART. When a patient becomes eligible for ART, he or she will join the ART services program. The protocols used to initiate patients into ART will follow South Africa's national ART guidelines.

ACTIVITY 2 (Community Clinics):
Aurum is also developing community clinics in resource-poor areas. This aspect of the program currently targets areas where health education and awareness activities are already in place through Aurum's clinical research activities, including the Medical Research Council's (MRC) clinical trial sites in KwaZulu-Natal and an HIV vaccine trial site in the North West Province.

ACTIVITY 3 (Public Facilities):
In a new activity that will begin in FY06, Aurum will work with managers at three public facilities to provide training, data management support and additional human resources to enhance the national ARV rollout program. Sites will include Tshepong Hospital in the North West Province, Madwaleni Hospital in the Eastern Cape, and Chris Hani Baragwanath Hospital in Soweto (Gauteng Province).

Emergency Plan funds will be used to pay staff salaries (consistent with Emergency Plan regulations) and to fund staff training. Emergency Plan funds will also be used to purchase, procure, store and distribute pharmaceuticals, diagnostic and medical equipment, medical commodities and supplies. The development, sourcing and distribution of educational material; the leasing of facilities and procurement of equipment, furniture and supplies; the provision of patient transport, where necessary to facilitate patient access; the review and dissemination of program guidelines and protocols; and site visits to monitor and report on standards and progress will also be funded by the Emergency Plan.

In FY06, Aurum expects to have 73 sites enrolled in the program and at least one doctor and one other healthcare professional trained in each site. In total, Aurum anticipates training at least 186 healthcare professionals and reaching at least 10,295 patients on the Basic Health Care and Support program by September 30, 2007.

Through these activities aimed at caring for more than 10,000 patients by September 30, 2007, Aurum will contribute to the achievement of the goals outlined in the USG Five Year Strategy for South Africa by providing treatment-related services in the private and public sectors. By providing services to these patients, Aurum will substantially contribute to the Emergency Plan goal of providing care and support to 10 million HIV-affected individuals.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	78	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,295	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults
Faith-based organizations
Street youth (Parent: Most at risk populations)
Infants
People living with HIV/AIDS
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3805
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Basic Care and Support activity is linked to its country-funded activities in ARV Services (#2917) and ARV Drugs (#3806) and to its Track 1 activities in Basic Care/Support (#3808), ARV Services (#3296) and ARV Drugs (#3297).

SUMMARY:
In FY05, EGPAF's HEART (Helping Expand ART) program (Track 1 funds) will reach more than 8,000 HIV-positive patients with palliative care services. In FY06, through the resources provided by this and the accompanying Track 1 COP submission, the Foundation plans to embark on a growth strategy -- building on the experience and success achieved in FY05 -- to reach more than 17,000 patients by the end of September 2006 and 24,000 patients with Palliative Care services by the end of September 2007. This growth in patient numbers will be achieved through a combination of expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of government departments of health at the provincial and district levels. The major emphasis in this program area is on training, with several additional emphasis areas also contributing to program success (see below). The activities target infants, children, youth and adults living with HIV/AIDS, HIV-affected families, health care workers (doctors, lab workers, nurses and pharmacists) working in private facilities, NGOs and country coordinating mechanisms.

BACKGROUND:
HEART/SA is part of a larger worldwide initiative by EGPAF to support Care and Treatment Services. HEART/SA was initiated in 2004 with PEPFAR funds, and has grown substantially since then. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment of pregnant mothers, partner testing and screening for TB. McCord Hospital, a faith-based organization, and the Africa Centre, an NGO, are ongoing HEART partnerships that will continue with FY06 funds. New HEART partners include (i) 2 government Health Departments (Free State and KwaZulu-Natal), and (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban, a high prevalence community.

ACTIVITIES:
Through Aids Healthcare Foundation's (AHF) Ithembalabantu Clinic Care and Treatment program in Durban, the Foundation provides adults, children and their families with a family centered model of care. This includes symptom assessment (including screening for TB), psychological and spiritual support, clinical monitoring, laboratory diagnosis, management of opportunistic infections (including cotrimoxazole prophylaxis), and other HIV/AIDS related complications (e.g. adverse events and side effects of ART). AHF provides nutritional support, training and support of caregivers, and establishes links with CBOs. The clinical and psychosocial support staff use a locally developed highly effective treatment education program that has resulted in sustained rates of therapy success.

Integration of palliative care services with other services occurs at two levels viz. ARV services and TB services. All HIV positive adults and children are routinely screened for TB, as part of the clinical assessment that is conducted to identify those that are eligible for HAART. Those who are diagnosed with TB are referred to a local PHC facility for further management. CD4 testing is routinely offered to all HIV positive individuals and based on eligibility they are started on treatment or referred to the on-site wellness clinic. For early diagnosis, HIV exposed infants are offered PCR

testing and cotrimoxazole prophylaxis at 6 weeks. Infants who test positive on PCR are managed onsite.

Another focus area is the up or down referral system (outreach program), the main objective of which is to provide sustained comprehensive management of HIV positive children and adults at the PHC level, with ongoing support from Ithembalabantu Clinic. This system will ensure increased uptake and accessibility for new patients to be enrolled/initiated at Ithembalabantu while the stable patients are cared for at the PHC level. The key activities will include training of health workers, development of sustainable channels of communication and referral, evaluation and management of nutrition, psychosocial counseling, and assessment of adherence.

EGPAF together with sub-partners will identify gaps/needs in the program at the individual site level and implement activities to address the needs through technical assistance, financial and in-kind support, and establishment of evaluation and monitoring of programs. EGPAF's intent is to facilitate the National/Provincial plans and work together to ultimately transition programs and patients to South Africa government support.

Activities undertaken in order to achieve the program's objectives include:
• Site Assessments, quality assurance and supportive supervision;
• Training of health care providers and development of training materials, capacity building for implementation and management
• M&E support including a focus on data management systems;
• Development of linkages and referral systems between palliative care services and PMTCT, TB, and ARV services
• TB screening, screening and treatment of opportunistic infections, and cotrimoxazole prophylaxis;
• Identification of eligible HIV positive adults and children for HAART, staging, and on-site disease management;
• Creation of core teams to support and train PHC level staff in the management and follow-up of children and adults in the outreach care and treatment program; and
• Provision of nutritional and psychosocial support to patients and their families.

EGPAF's activities directly contribute to the Emergency Plan goal of providing HIV-related care to 10 million people, and support USG/South Africa's Five Year Strategy to expand access to care and support for individuals affected by HIV.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Country coordinating mechanisms

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	track 1
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	N/A
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3808
Planned Funds:	$0.00

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Track One Basic Care and Support activity is linked to its Track 1 activities in ARV Services (#3296) and ARV Drugs (#3297) and to its country-funded activities in Basic Care/Support (#3805), ARV Services (#2917) and ARV Drugs (#3806).

SUMMARY:
In FY05, EGPAF's HEART (Helping Expand ART) program (Track 1 funds) will reach more than 8,000 HIV positive patients with palliative care services. In FY06, with the resources provided by this and the accompanying country-funded project, EGPAF plans to embark on a growth strategy -- building on the experience and success achieved in FY05 -- to reach more than 17,000 patients by the end of September 2006 and 24,000 patients with Palliative Care services by the end of September 2007. This growth in patient numbers will be achieved through a combination of expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of government health departments at the provincial and district levels. The major emphasis in this program area will be training, with additional efforts in the development of networks/linkages/referral systems, human resources, local organization capacity development, needs assessments, quality assurance and supportive supervision, and SI. The target populations include: infants, children, youth and adults living with HIV/AIDS, HIV-affected families, health care workers (doctors, lab workers, nurses and pharmacists) in private facilities, and NGOs.

BACKGROUND:
HEART/SA is part of a broader initiative by EGPAF to support care and treatment services worldwide. It was initiated with FY04 Emergency Plan funds and has grown substantially since then. The program is focused on integrating PMTCT services into a family-centered model of care that includes access to treatment for pregnant women, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are current HEART partners which will continue with FY06 funds. New HEART partners will include (i) two government DOH (Free State and KwaZulu-Natal through the Pediatric Outreach Program), and (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban.

ACTIVITIES:
Through the McCord Hospital and Africa Centre integrated care and treatment programs, EGPAF provides HIV-infected adults, children and their families with clinical services including symptom diagnosis (e.g., TB screening), psychological and spiritual support, clinical monitoring, laboratory diagnostics, and the management of opportunistic infections (including cotrimoxazole prophylaxis) and other HIV/AIDS related complications (e.g., adverse events and side effects from ART). The sub-partners provide limited nutritional support for malnourished HIV-positive patients, training and support for caregivers, and help to establish links with CBOs.

The integration of PMTCT and TB palliative care services occurs at two levels. At McCord, all HIV-positive pregnant women in the PMTCT program are routinely screened for TB as part of the clinical assessment to identify those eligible for ART for prevention or treatment. Women diagnosed with TB are initiated on TB treatment on-site and referred to a local primary healthcare facility for further management (improving gender equity in HIV/AIDS programs, key legislative issue). CD4 testing is routinely offered to all HIV-positive pregnant women in the PMTCT program. Eligible women are started on treatment or referred to a wellness clinic. For early diagnosis, HIV-exposed infants are offered PCR testing and cotrimoxazole prophylaxis at six weeks. Infants that test positive by PCR are referred to the on-site

care and treatment program for management.

Another focus area is the referral system. The main objective of this system is to provide sustained and comprehensive care and treatment for HIV-positive children and adults at the primary healthcare facility level, with ongoing support from the referral hospital. This system is designed to increase uptake by facilitating accessibility for new patients. In this way, new patients are enrolled and/or have treatment initiated at the hospital while existing (stable) patients are cared for at the primary healthcare facility level. Key activities will include training of healthcare workers, the development of sustainable channels of communication and referral, the evaluation and management of patients' nutritional status, psychosocial counseling (stigma and discrimination, key legislative issues), and assessments to support patient adherence with the ART.

EGPAF and its sub-partners will identify and address program gaps and needs at each participating site. Activities to address program needs will include the provision of technical assistance and financial and in-kind support, as well as M&E. EGPAF's intent with these activities is to facilitate national and provincial HIV/AIDS care and treatment plans with the goal of ultimately transferring the programs described above to the SAG.

Activities undertaken in order to achieve the program's objectives include:
• Developing training materials and training local healthcare providers.
• Building program management capacity at local sites.
• M&E support.
• Developing links and referral systems between palliative care services and other services (e.g., between PMTCT, TB, and ARV services).
• TB screening, screening and treatment of opportunistic infections, and cotrimoxazole prophylaxis.
• Identifying eligible HIV-positive pregnant women and HIV-infected children for ART and referring them to care and treatment sites.
• Creating core teams to support and train primary healthcare facility staff in the management and follow-up of children and adults in the care and treatment referral program.
• Providing nutritional and psychosocial support to patients and their families.

By providing basic health care and support services to an estimated 24,000 by the end of September 2007, EGPAF will make a substantial contribution to the Emergency Plan's goal of providing care and support to 10 million HIV-affected people. EGPAF's work also supports the USG/South Africa Five Year Strategy by integrating TB and PMTCT services in this region of South Africa.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	21,000	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults
Country coordinating mechanisms
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Free State

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism: CAPRISA NIH

Prime Partner: University of Kwazulu-Natal

USG Agency: National Institutes of Health

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3814

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Basic Care and Support activities are one component of CAPRISA's HIV/AIDS treatment and care program described in the Counseling and Testing (#3071) ARV Drugs (#3073) and ARV Services (#3072) sections of the COP.

SUMMARY:

CAPRISA will continue to provide care to HIV-positive patients with CD4 counts >200 cells/mm3 at CAPRISA's two established treatment sites in KwaZulu-Natal. The major emphasis area for these activities is human resources, with additional emphasis on development of network/linkages/referral systems. The target group for the intervention is PLWHA. This activity is a continuation of activities approved in the FY05 COP.

BACKGROUND:

The current CAPRISA AIDS Treatment (CAT) Program provides an integrated package of prevention, care and treatment services and provides an innovative method of providing ART by integrating TB and HIV care at both an urban and rural site. The CAPRISA eThekwini Site is attached to the Prince Cyril Zulu Communicable Disease Clinic which is a large local government clinic for the diagnosis and treatment of STIs and TB, for which SAG provides free treatment. The HAART provision at the CAPRISA clinic integrates HIV care into the existing SAG TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and HAART for patients identified as HIV-infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment.

The CAPRISA Vulindlela Clinical Research Site is a rural facility located about 150 km west of Durban, KwaZulu-Natal, South Africa. The Vulindlela district is home to about half a million residents whose main access to health care is at seven Primary Health Care Clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and for advice and referral.

ACTIVITIES AND EXPECTED RESULTS:

At the eThekwini Site, patients are referred from the SAG TB clinic or other CAPRISA research studies, and the Hope Centre (FBO next door). The clinic is open Monday–Friday and is operated by three full-time doctors, two part-time doctors, four nurses, three counselors, an assistant and a pharmacist. No inpatient facility is available at this clinic and all hospitalizations are referred to the local district hospitals, or to King Edward VIII hospital. Patients from throughout the greater Durban area who may have TB are routinely evaluated at the SAG clinic and are routinely offered CT and HIV testing. HIV-negative patients are invited to participate in ongoing prevention activities. Patients who test positive for HIV are offered HIV specific care through the CAT Program. The CAT Program offers extensive counseling and education around HIV, wellness maintenance, disclosure, and HIV treatment adherence. Patients are also encouraged to bring partners in for testing. In addition counselors network with social welfare departments and other CBOs, to assist in enhancing social support for patients. Other general HIV care offered include cotrimoxazole prophylaxis, treatment of minor opportunistic infections (OIs), referral to tertiary level facilities when indicated for investigations or hospital admission, and contraception and pap smears for female participants. Patients with CD4 counts 200-350 cells/mm3 are seen at three month intervals, those with CD4 counts 350-500 cells/mm3 are seen at six month intervals and those with CD4 counts >500 cells/mm3 are seen at nine month intervals. All patients in the CAT Program with CD4 counts <200 cells/mm3 see a clinician monthly for clinical and laboratory follow-up

and are initiated on ART.

Patients at Vulindlela are referred from the Mafakatini Primary Health Care clinic, from research activities (e.g., microbicide trial, adolescent cohort), from the community based CT Project and from community referrals (community health workers, community advocates and 30 youth peer-educators). The CAT program in Vulindlela aims to address issues of stigma and discrimination and is linked to an Oxfam funded project which addresses Stigma and Discrimination in the community. The CAT program provides support for disclosing to family members and assists patients in obtaining disability grants. CAPRISA has an extensive community program which supports and facilitates community involvement and informed participation for all CAPRISA projects. Comprehensive services are provided to HIV-infected participants where appropriate. This includes pre and post test counseling for HIV infection, treatment and adherence education and support, implementation of ARV treatment, prophylaxis of OIs, and management of OIs and adverse events. These are done at the clinic and through appropriate referral channels when needed.

EXPECTED RESULTS:
The CAT Program will be continued at the two established sites; the rural primary care clinic in Vulindlela and the eThekwini Clinical Research Site based at the Prince Cyril Zulu Communicable Disease Centre in Durban. By the end of June 2005, 230 people had been initiated on ART, with a total of 903 people in care, but not on ART, at the Vulindlela Site. At the eThekwini Site, which was initiated in September 2004, 214 people had been initiated on ART by the end of June 2005 and 1,024 people were in care, but not on ART. CAPRISA anticipates expanding the treatment program by a further 800 people by the end of FY05. CAPRISA anticipates the number of HIV-positive patients in care but not yet on treatment to be 4,050 by the end of FY06.

These activities support the USG/South Africa's Five Year Strategy and the Emergency Plan goals of providing care to 10 million people infected or affected by HIV.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,950	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas

KwaZulu-Natal

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 1

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: Palliative Care: Basic health care and support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 3828

Planned Funds: $0.00

Activity Narrative: Columbia University's work in Basic Care and Support is one activity receiving support from two funding sources (Track 1: Activity #3828; Country-funded: Activity #3319). All targets for this activity are reported in the Country-funded submission (#3319).

INTEGRATED ACTIVITY FLAG:
This track 1 activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's capacity to provide quality basic health care and support services in urban and rural communities. Activities are carried out to support implementation and expansion of comprehensive HIV treatment and care primarily through human resources and infrastructure development, technical assistance and training and community education and support. The major emphasis area for this program will be human resources, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, infrastructure, local organization capacity development, and SI. The target population will include infants, children and youth (non-OVC), men and women (including pregnant women and family planning clients), PLWHA and health care workers in the public and private sectors.

BACKGROUND:
Columbia will continue its ongoing efforts to enhance and implement comprehensive HIV treatment and care in healthcare facilities in the Eastern Cape province. These efforts, which began in FY04 with Emergency Plan funding, will continue in FY06. Six service outlets were identified in FY05, and two additional service outlets in Port Elizabeth will be added by September 30, 2007 (for a total of eight ART sites). Emergency Plan funds will continue to support palliative care services provided at five public health facilities and their associated 19 primary care clinics in the OR Thambo, Alfred Nzo and Amatole districts of the Eastern Cape province, and at the Ikhwezi Lokusa Wellness Center, an NGO-run health center in East London. (One ART site includes the public health facility that is accredited to manage patients on ART, and its identified primary health care clinics.)

In FY06, two additional sites in Port Elizabeth - Dora Nginza and Livingstone Hospitals - will be the recipients of Columbia's technical and financial assistance for pediatric HIV care. All major and minor program areas will be carried out by Columbia in collaboration with its implementing partners. Columbia will implement these programs by building on its experience and successes in providing HIV care to over 5,700 patients and ART to 1,124 in the Eastern Cape (as of the end of June 2005).

ACTIVITIES AND EXPECTED RESULTS:
All activities are in line with SAG policies and protocols, and activities will be undertaken to create sustainable programs that offer comprehensive HIV care to PLWHA. Columbia University will strengthen referral linkages by assisting in the down-referral of patients to primary health care clinics. Primary health care clinics that provide HIV care and support services will receive support from Columbia in three areas.

ACTIVITY 1 (Clinical monitoring):
Patients accessing HIV related services in all the supported health facilities will receive relevant HIV laboratory monitoring such as CD4, viral loads, full blood counts, liver and renal function tests in preparation to initiating antiretroviral therapy (ART). Management of HIV opportunistic infections (OIs) including prompt diagnosis and treatment of OIs is an ongoing supported activity. In FY06, more focus will be given to the care of infants and children affected and/or infected with HIV, by improving and increasing enrollment of eligible infants and children to HIV care services.

ACTIVITY 2 (Development of community-based support networks):
Focus will be given to creating a supportive network for all HIV/AIDS patients through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV care services. These wellness centers will serve as additional entry points to care and hubs for prevention activities.

ACTIVITY 3 (Training for primary care staff):
Columbia will continue to support the training of community health care workers and peer educators to offer psychosocial and HIV adherence counseling and support. Training of health care providers is didactic and also has a preceptorship/mentorship component.

These activities will help de-congest the referral hospital and improve access to services. Columbia's level of involvement with each site will vary, depending on need, however all of the emphasis areas note above will be performed at each site.

By providing basic health care and support to over 15,000 people by September 2007, Columbia's activities will contribute to the realization of the Emergency Plan's goal of providing care to 10 million people. These activities will also support efforts to meet HIV/AIDS care and support objectives outlined in the USG Five Year Plan for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3832
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program described in country-funded activities in ARV Drugs (#3309) and ARV Services (#3288), and Track 1-funded activities described in Basic Health Care and Support (#3833), ARV Drugs (#3287) and ARV Services (#3286).

SUMMARY:

Catholic Relief Services (CRS) will use Emergency Plan funds to provide basic health care and support to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support provision of palliative care under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. The major emphasis area will be developing linkages with other sectors and initiatives, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, and human resources. The target population will include children (boys and girls, non-OVC), adults (men and women, including those of reproductive age), PLWHA and their families, volunteers, CBOs, FBOs and NGOs.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In FY05, local USG Mission funding was received to support central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the SAG ARV rollout. The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

Basic palliative care services will be provided by the 24 field sites to patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness, by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections (including TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-suitable and religiously-appropriate end-of-life care. Basic health care and support also includes clinic-based and home-/community-based support; social and material support and training and support of caregivers (who in most cases are volunteers). The above described palliative care services will be provided in support of other activities (ARV Services and procurement of ARV Drugs).

All activities will continue to be implemented in close collaboration with the NDOH

HIV/AIDS Unit and the respective Provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP. Under the proposed activity, an estimate 14,000 patients will be provided with basic palliative care services (this total is the combined total from Track 1 and local country funding). Palliative care services are provided to all people who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Palliative care services are provided by SACBC and IYD-SA at their respective sites, through the provision of services aimed at optimizing quality of life for HIV-infected patients and their family members, psychological support, management of opportunistic infections (where necessary), other HIV/AIDS related illnesses, and end-of-life care provided either at the clinic level (where available) or through home-based care mechanism. Field sites managed by SACBC provide a vast range of services, ranging from basic (home-based care) palliative support, to in-house, facility-based beds and full palliative care services, depending on the specifics of each site. IYD-SA also provide a different range of palliative care services, from referral to other SA Government clinics in the area, to home-based carers who provide compassionate and valuable services to palliative care patients.

By providing access to basic health care and support in underserved communities in South Africa, these activities will contribute to the realization of the Emergency Plan's goal of providing care to 10 million people living with HIV/AIDS. These activities are also in line with objectives for expanding access to care outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,799	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 3833
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated Track 1-funded program described in the ARV Drugs (#3287) and ARV Services (#3286), and in country-funded activities described in Basic Health Care and Support (#3832), ARV Drugs (#3309) and ARV Services (#3288) program areas.

SUMMARY:

Catholic Relief Services (CRS) will use Emergency Plan funds to provide basic health care and support to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support provision of palliative care under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. The major emphasis area will be developing linkages with other sectors and initiatives, with minor emphasis given to community mobilization and participation, the development of network/linkage/referral systems, and human resources. The target population will include children (boys and girls, non-OVC), adults (men and women, including those of reproductive age), PLWHA and their families, volunteers, CBOs, FBOs and NGOs.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In FY05, local USG Mission funding was received to support central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the SAG ARV rollout. The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

Basic palliative care services will be provided by the 24 field sites to patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families throughout the continuum of illness, by means of symptom diagnosis and relief; psychological and spiritual support; clinical monitoring, related laboratory services and management of opportunistic infections (including TB) and other HIV/AIDS-related complications (including pharmaceuticals); and culturally-suitable and religiously-appropriate end-of-life care. Basic health care and support also includes clinic-based and home-/community-based support; social and material support and training and support of caregivers (who in most cases are volunteers). The above described palliative care services will be provided in support of other activities (ARV Services and procurement of ARV Drugs).

All activities will continue to be implemented in close collaboration with the NDOH

HIV/AIDS Unit and the respective Provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG's own rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

This project is a component of an integrated service delivery program described in the ARV Services section of the COP. Under the proposed activity, an estimated 14,000 patients will be provided with basic palliative care services (this total is the combined total from Track 1 and local country funding). Palliative care services are provided to all people who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Palliative care services are provided by SACBC and IYD-SA at their respective sites, through the provision of services aimed at optimizing quality of life for HIV-infected patients and their family members, psychological support, management of opportunistic infections (where necessary), other HIV/AIDS related illnesses, and end-of-life care provided either at the clinic level (where available) or through home-based care mechanism. Field sites managed by SACBC provide a vast range of services, ranging from basic (home-based care) palliative support, to in-house, facility-based beds and full palliative care services, depending on the specifics of each site. IYD-SA also provide a different range of palliative care services, from referral to other SA Government clinics in the area, to home-based carers who provide compassionate and valuable services to palliative care patients.

By providing access to basic health care and support in underserved communities in South Africa, these activities will contribute to the realization of the Emergency Plan's goal of providing care to 10 million people living with HIV/AIDS. These activities are also in line with objectives for expanding access to care outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	10,184	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Twinning Project
Prime Partner:	American International Health Alliance
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	3900
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is closely related to the twinning activity described in the ARV Services (#3337) program area.

SUMMARY:
American International Health Alliance (AIHA) will continue a South-South twinning partnership to strengthen the ability of two district hospitals in rural North West province to provide high-quality, integrated HIV, TB, and palliative care services to patients seeking treatment at hospitals/clinics in the city of Brits referral network, in North West. The major emphasis area for the activity is local organization capacity building, with additional emphases in training, development of network/linkages/referral systems, human resources, quality assurance and supportive supervision, and strategic information. The activity targets public health care providers at the public facilities, and PLWHA and HIV-affected families using their services.

BACKGROUND:
AIHA facilitates the twinning partnership (key legislative issue) between The Foundation for Professional Development (FPD) and Brits District Hospitals (facility-based treatment sites), which commenced on a limited basis in September FY05 with AIHA core funding. AIHA is a new partner for the USG South Africa, but the FY06 activities under this program area represent a continuation of FY05 start-up activities that will continue to be implemented directly by the FPD (South Africa) through a South-South Twinning Partnership with district hospitals. A US-based partner (including a volunteer component, key legislative issue) may be selected in order to rapidly build capacity according to evolving needs identified by the partners. The activities under this program area are partially funded via the USG SA Emergency Plan allocation and partially through central AIHA Emergency Plan funding.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will take place as a result of this partnership:

ACTIVITY 1:
The objective of this activity is to strengthen the operational/management systems in the Brits HIV/AIDS Clinic. FPD will:
- Place a clinic manager to analyze the facility situation and suggest improvements in patient booking and tracking; patient flow; patient records; infection control procedures; and linkages to other clinics, including the pharmacy, SI, etc.;
- Develop policies/guidelines that define the roles of nurses and other personnel within the clinic;
- Develop activities/programs to help recruit and retain clinic staff (e.g., "care for the caregiver" programs; creative, non-monetary incentives; addressing fear and stigma, etc.) and improve the physical working environment of staff.

Where needed clinical and managerial staff will be seconded by FPD to support the achievement of this objective.

ACTIVITY 2:
To assist in the development of an Integrated HIV/TB/Palliative Care model, FPD will:
- Improve communication between relevant services at Brits Hospital (e.g., HIV [adult and pediatric], TB, palliative care, pharmacy);
- Share and adapt successful programs and operational systems across units;
- Strengthen and coordinate VCT across relevant HIV services;

- Determine where services can be integrated and where they should remain separate;
- Provide technical assistance/training to appropriate Brits' administrative personnel in the areas of fund raising and creating public/private partnerships;
- Provide technical assistance for fundraising.

ACTIVITY 3:
Down-referral refers to strengthened linkages with community-based treatment facilities for ongoing care, thereby increasing throughput capacity in the specialist clinic for evaluation, initiation of ART and difficult cases. To strengthen Brits Hospital's HIV/AIDS Down-referral System to Odi Hospital, FPD will carry out the following:
- Increase communication and information sharing between the units in the referral network;
- Ensure that the down referral site is adequately staffed, equipped and that the physical working environment is adequate (such support could include placement of staff from FPD and minor refurbishment);
- Develop and implement a strategic plan to provide training and technical assistance to referral hospitals and clinics.

The Twinning Center activities support the vision outlined in South Africa's Five Year Strategy by establishing a formal, substantive, long-term robust South-South partnership that strengthens the capacity of government health care facilities to integrate HIV/TB/Palliative care and treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,500	☐
Indirect number of service outlets/programs providing general HIV-related palliative care		☑
Indirect number of individuals provided with general HIV-related palliative care		☑
Indirect number of individuals trained to provide general HIV-related palliative care		☑
Indirect number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care		☑

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

Northern Cape

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	IMPACT
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4002
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information to reviewers. No FY06 funding is requested for this activity.

Through the IMPACT project, FY05 Emergency Plan funds are supporting Family Health International's (FHI) work in capacity development to the NDOH and its partners to reach more children and adults with quality care and support. With FY05 funding, 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 is providing continued support to a number of discrete projects and personnel, including personnel in the DOH, which, when combined, provide significant contributions to systems strengthening in care and palliative care. Since FHI/IMPACT has reached its funding ceiling, USG, FHI IMPACT and FHI CRTU staff, both local and HQ, decided that FHI CRTU would receive FY06 funds, under the Treatment: Basic Care and Support (#2925), Counseling and Testing (#3923), and ARV Services (#2927) program areas.

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

South Africa has one of the highest estimated TB rates in the world, ranking 8th among high burden countries. In 2004, there were >279,000 reported cases of TB, a rate of 599/100,000 population. South Africa adopted the DOTS Strategy in 1986 and all districts have now implemented the core DOTS components. Despite SAG investments in TB control, progress to reach program objectives is slow. For the 2003 cohort, treatment outcomes were stagnant, with a 56.7% cure rate for new smear positive cases and 70.4% successful completion. The default rate decreased slightly from 13% to 12.4%.

55% of TB patients in South Africa are co-infected with HIV. The SAG Comprehensive Plan recognizes that integration of TB and HIV services is essential to ensure that patients affected by the co-epidemics receive appropriate care and treatment. As described in the Five Year Strategy, USG efforts are consistent with the NDOH and the WHO TB/HIV Framework which highlights the need for integrated programming, decreasing the burden of TB among PLWHA and increasing the HIV care available for TB patients. The SAG is now linking TB activities with accredited HIV treatment sites. USG efforts bolster the SAG's capacity to address challenges to the effective expansion of collaborative TB/HIV activities, including uneven access to CT for TB patients, poor recording and reporting systems for improving program management, and the difficulties of TB diagnoses in HIV patients.

In FY05, USG resources and technical assistance complemented SAG efforts in a broad range of TB/HIV activities. A "Best Practice" model of increasing access to HIV services (including routine CT, HIV care, wellness and ART) among TB patients was implemented and this model will be replicated in additional provinces in FY06. Support for TB/HIV surveillance continues to yield valuable data for monitoring/program management. 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 will continue to expand access to TB/HIV services, including cotrimoxazole preventive therapy and expansion of access to ART and isoniazid preventive therapy (IPT) among PLWHA, critical interventions in the integration of patient care. (While IPT is recommended as part of the SAG Comprehensive Plan, Emergency Plan targets for IPT are relatively low due to a lack of consensus in South Africa as to its public health impact, as well as poor adherence in certain sites.)

The Emergency Plan funds a variety of programs supporting TB services represented in other COP programmatic areas, such as the CAPRISA treatment program associated with one of the largest TB clinics in South Africa, the Measure Evaluation project with the KwaZulu-Natal Department of Health to study determinants of ARV adherence with a particular focus on TB patients, and the NICD National TB Reference Laboratory project.

A significant increase in resources for TB/HIV activities is programmed for FY06. The USG team will continue to promote the integration of TB/HIV care into core programs, and efforts to improve the standard of care for TB/HIV co-infected patients by Emergency Plan partners, particularly those in care/treatment, PMTCT and VCT).

South Africa was awarded Round 2 TB funding by the Global Fund. Once an agreement with the Global Fund is finalized, it is anticipated that these funds will reach program level in 2005. Other major donors supporting TB/HIV activities include The Gates Foundation, funding community-based trials of new strategies to combat TB in high HIV prevalence settings, and the Belgian Technical Cooperation (BTC), providing infrastructure and personnel support for expansion of TB/HIV Training Districts.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	582
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	4,494
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	12,091
Number of HIV-infected clients given TB preventive therapy	2,451

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 2914
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Aurum's TB/HIV activities are part of an integrated program also described in the Basic Care and Support (#3323), Counseling and Testing (#2915), ARV Drugs (#2913) and ARV Services (#2912) program areas.

SUMMARY:
Aurum Health Research (Aurum) will use Emergency Plan funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to workplace programs in eight provinces and provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum clinical research sites. The major emphasis area for this program will be commodity procurement with a minor effort in healthcare financing. Target populations include infants, children and youth; adults, including men and women of child-bearing age; HIV-infected infants and children; street youth; and other PLWHA.

BACKGROUND:
Aurum is 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 Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of TB/HIV, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees.

This program was originally funded in FY05 to function within existing employee health clinics. Although the project continues to target the same population in the same geographic areas, for management reasons the project has been redesigned and is now working through general practitioners, community clinics and public facilities.

Aurum's Emergency Plan-funded program started with training of staff in November 2004. As of mid-August 2005, 15 of the sites identified as candidates for the program had been enrolled. Thirty-two nurses, 49 doctors, and 65 other health care professionals (including counselors) had been trained. Patient recruitment started in March 2005. By mid-August 2005, 619 patients had joined the HIV care program.

ACTIVITIES AND EXPECTED RESULTS:
HIV-positive patients enrolled in the TB/HIV program area, including dependents and partners of Anglo Group employees and Anglo Group contractors (increase gender equity in HIV/AIDS programs), receive 300 mg of isoniazid daily for six months (after excluding tuberculosis). This is repeated every 24 months. Of the 619 patients enrolled in the program as of August 2005, 19 had been started on isoniazid prophylaxis. This number is expected to increase to match the Aurum workplace program (which has been in place longer), where 10% of all patients receiving care for HIV receive isoniazid preventive therapy. Since the target for patients in the HIV care program is 10,295 by September 2007, the expectation is to have at least 1,030 patients receiving isoniazid preventive therapy.

Specific areas in which Emergency Plan funding will be used include the purchase, procurement, storage and distribution of pharmaceuticals; the review and dissemination of guidelines and protocols for the program; site visits for monitoring for adherence to the standards; and reporting on the progress and training of staff involved in the care of people infected with HIV.

By treating more than 1,000 HIV-positive patients with isoniazid, Aurum's program will contribute to meeting the Emergency Plan goal of providing care for 10 million PLWHA. In conjunction with Aurum's ARV programs in the same clinics, this program area will also contribute to the Emergency Plan goal of providing treatment to two million PLWHA. This program will likewise contribute to meeting the USG Five Year Strategy objective of providing PLWHA in South Africa with access to a full range of HIV treatment services.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Health Care Financing	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	78	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	196	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy	1,030	☐

Target Populations:

Adults

Faith-based organizations

Street youth (Parent: Most at risk populations)

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Capacity Building 1
Prime Partner: JHPIEGO
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 2940
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to TB/HIV, JHPIEGO also implements activities in the ARV Service program area (#2939).

SUMMARY:
JHPIEGO will help the NDOH TB unit to decentralize use of training data, including TB/HIV linkages in four provinces (Eastern Cape, Gauteng, Limpopo and North West). These activities are in addition to and supplement the systems working at the national level. The target populations are the national AIDS control program staff and the NDOH staff that will use the Training Information Monitoring System (TIMS) program. The primary emphasis areas are local organization capacity development and strategic information.

BACKGROUND:
JHPIEGO is an international NGO that assists host country policy makers, program managers and trainers to increase access to and improve quality of health care services. 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 within decentralized settings, it is currently difficult to calculate both the number of training activities and their geographical reach. TIMS allows program managers to capture these data, and use it to improve allocation of resources and provider deployment, as well as inform policy decisions.

JHPIEGO, with FY05 Emergency Plan funding, is installing TIMS and training program managers at NDOH TB unit and is in the process of linking data collection at provincial sites to the national level TIMS, by installation of TIMS at four provincial DOH TB units.

ACTIVITIES AND EXPECTED RESULTS:
In FY06, JHPIEGO will roll out the installation and use of the TIMS to four provincial TB Units. It is expected that provincial health training information monitoring systems will be strengthened in the four provinces, assisting provinces to track the TB/HIV training for provincial health providers. JHPIEGO will assist the sites to move from data collection for reporting only, to use of data for deployment, determining training needs and program management as well.

Use of TIMS will indirectly contribute to the overall Emergency Plan strategy for South Africa by providing policy makers and program managers with information on trained personnel, training gaps and deployment of trained personnel. The tool can be used to identify training needs for increased access to TB and HIV/AIDS services, furthering the Emergency Plan goal of providing 10 million people with palliative care and TB services.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Indirect Targets

This activity will strengthen the ability for the National Department of Health to manage their training program for TB service providers. This along with other partner activities, contributes indirectly to overall improvements in TB service delivery.

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

Eastern Cape

Gauteng

Limpopo (Northern)

Western Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: TB/HIV Project
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 2955
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to MRC activities described in the ARV Services (#2953) and ARV Drugs (#2954) program areas.

SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to support a comprehensive best-practice approach to integrated TB/HIV care at three ongoing sites and one new site. The project will improve access to HIV care for TB patients by strengthening the role of TB services as entry point for delivery of HIV/AIDS care, and by strengthening links between TB and HIV/AIDS programs. Project results will be used for policy formulation. The major emphasis area for this program will be the development of network/linkage/referral systems, with minor emphasis given to human resources, IEC, policy and guidelines, SI and training. TB patients constitute the principal target population, including pregnant women and children; additional populations targeted for this activity include PLWHA and their caregivers, CBOs, program managers, SAG policy makers and USG in-country staff, and public healthcare workers.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by MRC with FY04 Emergency Plan funding. Early activities include a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ART site (CH Baragwanath Hospital (CHBH), Gauteng, which will serve as an evaluation site throughout this work). Implementation of a model site (Richmond Hospital, KwaZulu-Natal) began in FY05. Expansion of the best-practice approach to two additional sites in different geographical settings (Witbank TB Hospital, Mpumalanga and Randfontein Hospital, Gauteng) was started in FY05 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with DOHs, and the challenges posed by obtaining ethics approval. Activities in the three best-practice sites (Richmond, Witbank, Randfontein) will continue in FY06, together with expansion to an additional site in the North West Province (TBD). Activities are implemented directly by MRC in two of the five sites and by sub-partners in the remaining three (Life Esidimeni, two sites, Wits University, one site).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Implementation of Best Practices Approaches):

Each of the five sites is a hospital providing in-patient TB care (usually through the end of the intensive phase). Activities include provider-initiated HIV counseling and testing, referral to appropriate services (PMTCT, STI, partner-counseling) and enrollment in relevant HIV care programs (wellness, treatment). One (accredited ARV) site is supported to document the HIV care of 350 confirmed TB patients over a 12-month period, including evaluation of HIV counseling and testing policies and practices, strengths and weaknesses of TB/HIV referral systems, human resource analyses, and conventional TB treatment outcomes. Four (as yet non-accredited for ARV) sites are supported to implement a best-practice approach to integrated TB/HIV care, involving clinical management (CT, ARVs, management of drug adverse effects, STI management, preventive therapy), nursing care (patient education, treatment adherence, HIV prevention), integrated TB/HIV information, education and communication, nutrition intervention, and palliative HIV/AIDS care and support. Stigma around HIV/AIDS and TB (key legislative issue) is specifically addressed through patient education and targeted intervention strategies such as peer group counseling and advocacy campaigns.

From now until the end of September 2007 an estimated 7,391 TB patients will be offered HIV counseling and testing under the best-practice approach in the four sites. HIV-negative patients will be counseled on HIV and STI prevention and TB treatment adherence. Based on 80% CT uptake and expected levels of HIV infection and eligibility for ARVs, an estimated 3,718 co-infected TB patients will undergo further evaluation (including ARV eligibility), 2,174 will receive HIV care including ARVs and nutritional support, and 1,544 will receive HIV wellness care. All four sites will be supported to acquire governmental accreditation for ARV rollout, which would provide the necessary continuity of care and ensure increased access to HIV care for future TB patients. CT centers will be established at each site to promote self-referral for HIV testing by contacts of TB patients and surrounding communities once site accreditation has been granted. (Consistent with COP guidance, the wellness and CT activities association with this integrated TB project are included within this program area.)

Emergency Plan funding will support renovation of the sites to meet accreditation requirements for ARV rollout, site staff training, supervisory site staff training to maintain quality standards, hiring of key personnel to carry out appropriate tasks under the best-practice approach, development of patient educational material, procurement of the required commodities, and establishment of appropriate referral linkages, including those with governmental ARV sites to ensure continuity. Pick-up of patients after referral will be closely monitored and documented. Funding will also be used to develop and implement an integrated electronic patient information system at the different sites to support routine data collection, to facilitate patient referral and to allow data transfer to the national routine TB recording and reporting system (ETR.Net), which is now integrating HIV testing and service data.

ACTIVITY 2 (Policy Development):
Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care while increasing and improving access to HIV care of co-infected TB patients. Implementation of lessons learned in the model-based best-practice approach will facilitate rapid identification of systems and operational needs and corrective action. The documented strengths and weaknesses of an expanded approach to integrated TB/HIV management will be evaluated in order to facilitate national scale-up of comprehensive programs for patients with dual infection. The report will be widely disseminated to national and provincial DOHs as well as other partners involved in TB and TB/HIV care.

TB services will in the future form a vital link to accredited government ARV sites. This project will contribute to strengthening of the role of TB services as points of delivery of ARVs, by ensuring that human, financial and infrastructure needs for comprehensive TB/HIV programs are met through equitable allocation of scarce resources.

These activities contribute to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals, and support the USG Five Year Strategy for South Africa by expanding access to and quality of TB/HIV services. TB is a major killer of persons living with HIV. As a patient population in which 55% are co-infected with HIV, activities targeting this group offer potential for high-yield in identifying candidates for care and treatment.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	30	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,012	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

Community-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

USG in-country staff

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3040

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:

The Eastern Cape Regional Training Center (ECRTC) will use Emergency Plan funds to support palliative care programs for patients in the Eastern Cape who are co-infected with TB and HIV. This support includes training and capacity building activities, as well as clinical support. TB/HIV palliative care activities include training and ensuring the screening of HIV-infected patients for TB and TB patients for HIV; treating those diagnosed with TB and providing prophylaxis for HIV-positive patients without active TB; and training health workers to provide quality care to these populations. The major emphasis area for this program will be training, with minor emphasis given to logistics, quality assurance and supportive supervision, and SI. Target populations include adults and HIV-infected children, and public health care workers.

BACKGROUND:

Currently about 55% of TB patients are HIV-positive. The ECRTC has introduced voluntary HIV screening in the Umtata General Hospital and plans to expand this to other sites. Currently active TB cannot be excluded in 50% of patients screened who have CD4 counts <200 cells/mm3. By the end of FY05, the ECRTC will have developed the training materials and standard operating procedures to integrate HIV and TB services and will have used these materials to train three people in each of the 11 model clinics and one person from each Local Service Area (LSA) in the Eastern Cape province.

ACTIVITIES AND EXPECTED RESULTS:

The ECRTC is working within the Eastern Cape Department of Health facilities and works closely with mid-level program managers at the LSA level to integrate HIV and TB services. Many of the activities for FY06 involve training and mentoring existing Department of Health staff within the existing care programs to improve quality of service. The ECRTC will use the materials developed in FY05 to train 292 nurses and doctors throughout the province in screening and treatment techniques for TB by the end of September 2007.

TB services at the primary clinic level also need additional support in view of the HIV epidemic. Screening for TB will involve increased clinical detection and sputum examinations. X-rays will be requested as a normal routine service in selected patients. ECRTC supported clinics will: 1) Screen 480 TB patients for HIV and conduct CD4 testing; 2) Screen 3,364 HIV-infected patients for TB in Umtata General Hospital TB clinic and HIV clinic, respectively; 3) Initiate preparations to begin co-infected TB patients on ART when necessary; 4) Initiate full TB treatment to co-infected HIV patients not yet on such treatment; and 5) Initiate INH prophylaxis in all HIV-positive patients with CD4 counts <200 cells/mm3 who do not have evidence of active TB.

ECRTC will introduce routine HIV screening for TB patients in all 34 established sites in FY06 and in 50 clinics linked to new sites by September 2007. It will also introduce TB screening for HIV patients in the same clinics. Patients without active TB will receive INH prophylaxis in the subsequent year.

By improving integrated TB/HIV screening in the Eastern Cape, ECRTC will help more than 3,800 HIV and/or TB patients receive appropriate care for either infection or both infections. The screening and provision of INH prophylaxis will also help prevent new TB infections among HIV-positive patients. These accomplishments will directly contribute to the Emergency Plan's goal of providing care for 10 million people living with HIV/AIDS. These activities will also support the palliative care objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	150	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	244	☐
Number of HIV-infected clients given TB preventive therapy	621	☐

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CDC Support
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3045
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a multifaceted project for which the Medical Research Council also requests funding in the ARV Drugs (#2954) and ARV Services (#3138 and #2953) program areas, and also is integrated with the Department of Health's overall TB/HIV surveillance activities.

SUMMARY:
This project will improve systems and software to enhance NDOH's capacity to conduct TB/HIV surveillance and monitor TB/HIV program performance, strengthen the integration of HIV and TB services, and improve services for co-infected individuals in all nine provinces. This activity targets people affected by HIV/AIDS, host country government (NDOH) and public health workers. Emphasis areas for the activity include development of networks/linkages/referral systems, and strategic information (particularly surveillance and information systems for program management).

BACKGROUND:
This is an ongoing activity that was partially supported with Emergency Plans funds in FY05. WamTechnology, a private South African information systems provider, has been selected to assist CDC South Africa and the National Tuberculosis Control Program (NTCP) to develop software and provide user support for this activity.

ACTIVITIES AND EXPECTED RESULTS:
NTCP is working to include HIV testing and treatment data within the routine TB surveillance system. Routine surveillance of HIV among TB patients is recommended by WHO as a key activity in settings with a generalized HIV epidemic given the magnitude of co-infection (58% HIV co-infection in TB patients in South Africa). This is an important activity given the driving impact of HIV on the TB epidemic. Efforts are underway to expand access to provider-initiated HIV counseling and testing for TB patients as an entry point for HIV care and support services. The pace and coverage of this expansion can be better evaluated as HIV testing and care data are linked to the routine TB recording and reporting system. It can also help to inform the degree to which TB patients are being offered opportunities for expanded HIV care and treatment.

WamTechnology, a private South African IT firm, has been 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 which was developed in collaboration with WamTechnology is already successfully deployed by the NTCP to monitor key TB indicators in all nine provinces. This software has been modified to track HIV testing and care services among TB patients. The TB/HIV module is being field tested in designated TB/HIV training districts in four provinces and three Emergency Plan sites.

Expected results include the strengthening of the TB/HIV recording and reporting system to include patient-level data collection on TB/HIV (TB patients counseled and tested for HIV, started on CTX, referred for HIV care and starting ART). This will in turn be used to bolster referral systems between services leading to more comprehensive care for TB/HIV patients. Integration of TB/HIV data into the routine TB recording and reporting system (ETR.Net) will facilitate the generation of routine TB/HIV indicators to monitor progress of TB/HIV collaboration.

Due to the magnitude of TB/HIV co-infection, and the fact that TB is the most important cause of mortality and morbidity among PLWHAs, coupled with the fact

that only an estimated 10% of HIV-positive persons know their status, settings offering TB services are a logical point-of-entry for expanded HIV care and treatment services thereby contributing to Emergency Plan 2-7-10 objectives.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	15	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Host country government workers

Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Wits Health Consortium, Reproductive Health Research Unit

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3091

Planned Funds: [ ]

Activity Narrative: INTEGRATED ACTIVITY FLAG:
RHRU's TB/HIV activities are part of an integrated program that includes Other Prevention (#3032, Women At Risk Project), Basic Care and Support (#3332), ARV Services (#3081), Pediatric ARV Services (#5054) and Counseling and Testing (#3092).

SUMMARY:
This section describes the ongoing provision of TB clinical services and the expansion of referral networks and service integration in a deprived inner city area of Johannesburg, South Africa. In addition, in KwaZulu-Natal (KZN), the RHRU will support commencement of ARV services at three TB hospitals (Don McKenzie, Charles James & FOSA). Major emphasis areas include training and development of network/linkages/referral systems, with minor emphasis in quality assurance and supportive supervision. Target populations for the TB/HIV work include PLWHA (adults) and public health doctors and nurses.

BACKGROUND:
The Reproductive Health & HIV Research Unit (RHRU) is affiliated with the University of the Witwatersrand in Johannesburg. The RHRU Emergency Plan-funded program provides technical support to the South African Government's Comprehensive HIV Care Program, which includes national ARV rollout. RHRU provides regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces, and is initiating an inner city program focusing on providing support to a complete up and down referral network. In addition, RHRU directly provides CT, palliative care (TB and non-TB) and prevention programs. RHRU seeks to develop models of service delivery that can be replicated and expanded, and produce best practice and targeted evaluation.

It should be noted that the success of ARV treatment scale up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary health care programs such as TB, family planning and STI treatment is critical. In FY06, RHRU will focus on further strengthening DOH adult and pediatric treatment, and on developing a family-based approach to HIV care and treatment in the public sector. Furthermore, RHRU will develop strategies to address underserved communities affected by HIV, such as couples, high risk groups (e.g. sex workers), and men.

Although approximately 60% of TB patients in South Africa are HIV infected, published data have shown that a low number of patients are referred from surrounding TB sites to ARV services. A large percentage of these patients will qualify for immediate ARV treatment, and represent an untapped population requiring immediate access to ARVs. RHRU has been working with the local authority to provide TB clinical services and training, with the support of Emergency Plan-funding. In the period October 2004-March 2005 RHRU integrated TB into general palliative care training, trained 1,944 health providers in these areas, and treated 300 HIV positive people for TB. In FY06, RHRU will build on this program by training health care providers, and expanding on-site technical support to an inner city network of primary health care clinics and their referral facilities.

ACTIVITIES AND EXPECTED RESULTS:
RHRU will form a team of clinical staff to work within the existing inner city TB services in Johannesburg to expand CT, CD4 staging, initiation of opportunistic infection prophylaxis (cotrimoxazole) and preliminary ARV adherence advice. RHRU will also facilitate direct referral of correctly staged patients into ARV treatment sites, and

ensure that other patients accessing ARVs in RHRU sites in the 2 provinces are referred for TB treatment where necessary. RHRU will continue to develop and scale up TB/HIV training programs for 1,000 TB service providers operating at all levels of facilities in Johannesburg. The primary focus will be on increasing access to ARV services from TB services through continual training and engagement with TB managers. RHRU anticipates that this approach will maintain a steady stream of patients into their ARV programs (see ARV Services section for more information).

This activity will contribute to both the vision outlined in South Africa's 5 Year Strategy and to the 2-7-10 goals by identifying and directing more people to ART, and by increasing access to care.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	89	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	1,000	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,815	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Public health care workers

Table 3.3.07: Activities by Funding Mechanism

Mechanism: PMTCT and ART Project
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3099
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The approach taken by the PHRU is one of comprehensive high quality care and support. This activity is related to PRHU activities described in the PMTCT (#3103), Basic Care and Support (#3102), CT (#3100), ARV drugs (#3331) and ARV services (#3101) program areas. These activities are also linked to the NIH-funded activities described in the ARV drugs (#3078) and ARV services (#3077) program areas.

SUMMARY:

The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to continue its TB program services to patients accessing care in Soweto, and in two rural facilities in Limpopo Province. The PHRU TB program is integrated into the palliative care program providing screening, referring people with active TB to National TB treatment sites and providing preventative treatment for latent TB. The emphasis areas for the TB activities are human resources and local organization capacity building. The target populations are HIV-positive and negative adults, infants, children and families.

BACKGROUND:

PHRU established palliative care programs in 2002 in Soweto, a large urban area south-west of Johannesburg with very high HIV prevalence, and in the Bohlabela district in Limpopo, one of the poorest in South Africa with a population of close to a million. Limpopo Province programs were established in 2003 to provide care and support to people identified as HIV-positive through PMTCT and CT. The high HIV prevalence in South Africa requires a cost-effective package of care for people with HIV prior to ARV treatment. Primary health care nurses are the main providers of care under physician supervision. The program follows the DOH guidelines for HIV care and laboratory testing to ensure compatibility with SAG treatment sites and has been approved by the medical ethical review board of the University of the Witwatersrand. The program prepares and transitions clients onto ARV treatment when required. Where possible people are referred to SAG treatment sites. These programs are predominately accessed by women, however the PHRU is attempting to address this imbalance (gender equity, key legislative issue). Men are encouraged to participate though CT programs targeting men. Clients are encouraged to bring partners, children and other family members to participate. In addition, a focus of the program is to identify infants and children who are HIV-positive and to provide care and support in a comprehensive program for the children, caregivers and families. Ensuring quality assurance and standards, client retention, monitoring and evaluation forms an integral part of the program.

Care includes: screening for active TB, preventative treatment for latent TB infection, cotrimoxazole prophylaxis for opportunistic infections, syphilis screening, symptomatic screening for syndromic STIs, screening for cervical cancer, provision of family planning and regular CD4 counts. Opportunistic illnesses are treated using a formulary based on the South African Essential Drug List.

Support for clients, their families and community members comprises support groups and education sessions at all sites covering issues such as basic HIV/AIDS information, HIV services, PMTCT, ARV treatment, opportunistic infections, TB, prevention, nutrition, stigma (key legislative issue), positive living and adherence. Training of professional and lay staff takes place on a regular basis.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (Soweto, Gauteng):

In 2002 a Wellness program was initiated in Soweto, a large urban area south-west of Johannesburg with very high HIV prevalence. In 2003 Weilers Farm, an informal settlement south of Soweto, was identified as a site to expand the program. This program targeted adults and over 3,500 clients have accessed the program. An aim of the program is to prepare and transition people onto ARV treatment when it is required and around 700 people have been transferred to a treatment program funded by NIH in 2004 and others have been referred to SAG rollout sites or other programs in the PHRU. Support groups and education sessions, run by HIVSA, are available to all clients. All clients attending wellness services will be symptom screened for TB at each visit and it is expected that approximately 300 adults will be provided with preventive treatment and approximately 150 adults could be referred for TB treatment to the government TB treatment clinics.

ACTIVITY 2 (Bohlabela, rural Limpopo):
The Bohlabela district in Limpopo is one of the poorest in South Africa, with a population of close to one million. Access to information and HIV health care and support is a basic need for all people living with HIV. The PHRU in partnership with Rural AIDS Development Action Research Program (RADAR) and HIV South Africa (HIVSA) established a Wellness clinic at Tintswalo hospital and a district wide support network for people living with HIV/AIDS. Support is given to health workers in the primary health care clinics. Since 2003, over 1,200 people have accessed the wellness clinic and more than 2,500 have accessed the support groups.

Over 150 lay facilitators and counselors have been trained to provide effective support to people living with HIV/AIDS and basic education on HIV, CT, TB HIV services and related issues to the broader community. All clients attending Wellness services will be screened for active TB at each visit. Approximately 150 clients could be given preventative treatment and 75 could be sent to TB clinics for treatment.

ACTIVITY 3 (Tzaneen, rural Limpopo):
Since 2003, the University of Limpopo has been supporting the DOH to develop a wellness program based in the primary health care clinics in the Tzaneen District. In 2004 the PHRU partnered with the University of Limpopo to formalize and expand the program. The PHRU has mentored the program, assisted with training health workers and has provided infrastructural support. In addition, HIVSA has provided training to support group members to enable them to run more effective support groups, and provide better information to people in the district. The program operates in four clinics and is expanding to other clinics. Over 200 people participate in the program and about 70 have been referred to Letaba hospital for ARV treatment. People on treatment are supported at the primary care clinics through this program. All clients attending Wellness services will be screened for active TB at each visit.

These activities will contribute to the Emergency Plan objective of providing care and services to 10 million HIV-affected people. The activities will contribute to the USG Five Year Strategy for South Africa by increasing access and improving quality of basic care services.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	30	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	380	☐
Number of HIV-infected clients given TB preventive therapy	600	☐

Target Populations:

Adults

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 3110

Planned Funds: [redacted]

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to QAP activities in Basic Health Care & Support (#3109), PMTCT (#3111), Counseling and Testing (#3114) and ARV Services (#3108).

SUMMARY:
URC/QAP will work the DOH through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will assist 70 DOH health centers and hospitals in 4 provinces to improve the quality of services for TB/HIV co-infected patients. Major emphasis areas for this activity are training and quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems, IEC and needs assessment. The activity targets public health workers, NGOs and community leaders, program managers and volunteers, and PLWHA.

BACKGROUND:
Since 2001, URC/QAP has worked with DOH on improving quality of TB services. A number of challenges continue to hamper the TB/HIV program, including lack of clear operational guidelines for coordinated activities. Provider knowledge and skills about TB, and poor access to labs and supervision further hinder the ability of facilities to implement TB screening, treatment and follow-up of HIV patients.

URC/QAP will continue to support 70 public health facilities in the 4 priority provinces (KwaZulu-Natal, Mpumalanga, Limpopo and Eastern Cape) to improve screening, referral, treatment, and follow-up of HIV patients to identify PLWHA co-infected with TB and to provide them with appropriate services. URC/QAP will help health facilities offering HIV services to better integrate TB screening and treatment services into their programs. URC/QAP, working with TASC II TB, will train 100 healthcare staff in proper TB diagnosis among HIV patients. URC/QAP will also help facilities in complying with national TB/HIV treatment protocols. URC/QAP will provide small grants to selected local CBOs/FBOs to integrate TB screening, referral and follow-up into their home-based care programs for PLWHA.

ACTIVITIES AND EXPECTED RESULTS:
Specifically, URC/QAP will carry out the following activities in FY06:

Establish facility-level quality improvement teams:
URC/QAP will work with each participating facility to identify a core team representing TB and HIV service providers as well as staff from pharmacy, laboratory, counseling, social services, facility administration, etc. The facility-based teams, with support from URC/QAP coordinators and district staff, will be responsible for implementing plans for improving access to TB screening, treatment, and follow-up among PLWHA.

Baseline assessments:
Each facility team along with URC/QAP staff will continue to conduct a rapid baseline assessment for facilities where this has not already been completed, to identify quality gaps in current services for screening, treating and following up HIV-positive patients for TB. The assessment will be done in 2-4 hours using QA tools (chart audits, observations, knowledge quiz, and interviews).

Interventions:
URC/QAP will assist each facility team in developing a strategic plan for improving access to quality TB services for HIV-positive clients of the CT sites where feasible. HIV service providers will receive training in TB screening and counseling. Infection

control and prevention guidelines will be developed and implemented to ensure that HIV-positive people do not get infected with TB in hospital settings. URC/QAP will provide job-aids, wall charts, etc. to improve compliance with clinical and counseling guidelines. URC/QAP will work with CBOs/FBOs to develop strategies for providing TB screening, referrals, and DOT support as part of their home-based programs. URC/QAP will train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use trend lines to see if the interventions are having desired results increasing uptake of basic healthcare and support services on a monthly basis.

On-the-job mentoring:
URC/QAP will visit each facility and CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving skills of HIV staff in TB screening and treatment as well as to ensure that the improvement plans are being implemented correctly. During these visits, URC/QAP will review program performance data.

Compliance audits:
URC/QAP will conduct at least quarterly assessments in each facility/CBO/FBO to assess whether the staff is in compliance with national TB/HIV guidelines. At least annually, sample-based surveys will be conducted in a small number of QAP and non-QAP sites to assess the differences in compliance and other performance indicators.

Strengthening QA and supervision system:
URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of TB/HIV coordinated activities at facility and community-levels.

EXPECTED RESULTS:
These activities are expected to result in the following:
• URC/QAP will assist facilities to provide 7,000 HIV-positive clients with TB screening, referral, and treatment as a result of increased HIV provider knowledge and skills about TB disease in 70 facilities.
• 100 HIV staff will comply with TB guidelines for screening, referring, treating and follow-up of TB/HIV co-infected patients as a result of continuous mentoring and supervision support.
• URC/QAP will support 100 facility staff to increase the number of TB/HIV co-infected patients on cotrimoxazole prophylaxis due to improved dissemination of TB/HIV treatment guidelines.
• URC/QAP will increase the number of TB/HIV co-infected patients on ART due to an improved referral system.

URC/QAP will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy for South Africa by facilitating the expansion of HIV CT to high risk groups (TB patients), and increasing recognition of TB in HIV-infected individuals. URC/QAP's work contributes to the Emergency Plan goal of providing care to 10 million people affected by HIV.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	70	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,000	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.07: Activities by Funding Mechanism

Mechanism: TB - TASC
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3112
Planned Funds:
Activity Narrative: SUMMARY:

TASC II TB, the TB project of University Research Corporation, will increase screening, referrals, treatment, and follow-up of TB, HIV, and TB/HIV co-infected patients. In addition to TB and HIV patients, other primary target populations include public and private health care providers and host country government workers. The major area of emphasis will be training.

BACKGROUND:
This is an ongoing activity and is part of a larger project, TASC II TB, started in September 2004 and funded by USAID with TB funds. The TB/HIV collaboration component is funded by the Emergency Plan. To date, the project has focused on strengthening the program management capacity as well as improving health care provider knowledge and skills in TB and TB/HIV screening, referral, and case management.

TASC II TB is working with the NDOH, provincial departments of health and district health offices in five provinces to develop and implement an integrated TB/HIV screening, referral, diagnosis, and treatment strategy covering both public and private providers. The TB/HIV strategy will be implemented using a collaborative approach to rapidly scale up integrated TB/HIV services in the target provinces. The focus will be on increasing access to CT for TB patients and early referral for ARV therapy. For HIV services the project will improve TB case detection among HIV positive patients.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Integration of Services):
TASC II TB will provide technical support to health facilities and community-based organizations (CBOs) and faith-based organizations (FBOs) in integrating TB and HIV with other health services to reduce missed opportunities, as well as to improve the continuum of care. This will be done by promoting routine HIV counseling and testing to TB patients, routine TB screening for HIV patients including pregnant women and assisting the district health offices and HIV/AIDS, STI and Tuberculosis committees to develop implementation strategies to ensure that TB patients can receive HIV services with ease. The project will work with the National TB Control Program (NTCP) and local health departments to establish referral systems between clinical services, including centers, ARV treatment centers and between different levels of the system (community, clinic, referral hospitals). Working with the NTCPs in patient care units, TASC II TB will improve operationalization of various strategies to better link NGOs and general hospitals with district hospitals and community health centers to reduce interruption rates and facilitate defaulter tracing. The project will provide CBOs/FBOs with limited funds to expand community-based TB/HIV activities by providing health education, DOT support and tracers, and promoting HIV testing. These activities will result in an increased number of TB patients knowing their status early and receiving appropriate care, and early detection of TB among HIV positive clients.

ACTIVITY 2 (Compliance with Guidelines):
TASC II TB will assist health facilities and health care workers to improve their compliance with national guidelines and protocols for TB/HIV. Healthcare workers will be trained to improve knowledge and skills about TB/HIV screening, referrals, treatment, and follow-up. This activity will result in improved compliance with clinical and interpersonal communication and counseling norms for TB and HIV positive patients. To date TASC II TB has trained 28 managers in improved program planning

activities. In addition, 297 service providers have been trained in TB and TB/HIV screening, referral, and case management.

ACTIVITY 3 (Reduce Stigma):
TASC II TB will support grassroots advocacy through CBOs/FBOs to counter stigma (key legislative issue) and promote a supportive environment for people with TB and HIV. This activity will be implemented through awareness campaigns (TB day, school-based programs, etc.) and promoting HIV counseling of TB patients.

ACTIVITY 4 (Monitoring and Surveillance):
TB/HIV monitoring and surveillance systems will be strengthened by training healthcare providers in data collection, data analysis, and on-going problem solving functions. This activity will result in an increased number of facilities and districts with active monitoring and surveillance systems.

ACTIVITY 5 (Policy and Systems Strengthening: Public and Private):
Managers and service providers will be trained to: improve knowledge and skills in TB/HIV management and service delivery issues; strengthen capacity of private providers and medical schemes to better manage co-infected patients by ensuring that TB services are included along with HIV/AIDS as part of a comprehensive package of services; improve HIV services in the TB facilities; develop and implement policies for cotrimoxazole and IPT prophylaxis: and strengthen linkages with nutritional and social support agencies.

ACTIVITY 6 (Targeted Evaluations):
TASC II TB will conduct and support targeted evaluations of innovative TB/HIV programming and of cross-referrals for TB/HIV and ARV treatment.

This project will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by working with the National TB Control Program to build the capacity of the health workers to provide HIV counseling and testing for all TB patients; screen all HIV-infected persons for active TB; and ensure cross-referral of clients between the TB and HIV/AIDS programs so that people with TB are placed and continued on ART and other services and patients receiving HIV/AIDS services receive appropriate TB diagnosis and management. These activities will also contribute to the 2-7-10 goals for South Africa by providing TB care to an estimated 55,000 HIV-infected clients attending HIV care/ treatment services.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	300	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	2,000	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	55,000	☐
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Indirect Targets

Many of the activities that URC implements are at the national or provincial level, rather than at the facilities level - training, guidelines, targeted evaluations, etc. Therefore, the provincial numbers for TB were used, taking 55% as the co-infection rate, as an estimated as indirect reach.

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

International counterpart organizations

People living with HIV/AIDS

Pregnant women

Host country government workers

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Horizons
Prime Partner:	Population Council
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	3273
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity will feed into the activity implemented by Measure Evaluation in conjunction with the DOH in KwaZulu-Natal (#3278).

SUMMARY:
Population Council/Horizons will document models of TB/HIV integration being used by Emergency Plan-funded partners in South Africa, including network approaches, linkages and referral systems, and practices in management of HIV/TB co-infection.

BACKGROUND:
With FY05 Emergency Plan funding (received August 2005), Horizons will document models of ART delivery by selected Emergency Plan partners, in an activity approved in the FY05 COP. Building on this activity to address an emergent need to understand current practices in TB/HIV integration and related network models, this new activity will focus on documenting these current models and practices at the service delivery level including contact tracing, routine testing, symptom screening and diagnosis of TB in HIV patients, HIV testing among TB patients, and TB prophylaxis for HIV-infected patients.

ACTIVITIES AND EXPECTED RESULTS:

Horizons will conduct an analysis of models to integrate HIV and TB services being used by Emergency Plan partners. The partners will be selected in joint consultation with the NDOH and USG team. Through case studies, the network approaches used by these partners will be thoroughly documented, including the network components, approaches to the integration of HIV and TB, and types of linkages and referral systems. Analysis of the network model will address the strengths and weakness of various configurations and approaches to linking and increasing the coverage and quality of HIV and TB services. The study will also explore practices in management of HIV/TB co-infection with regard to initiation of ART in HIV-positive patients co-infected with TB, follow up of these clients, links between the services, and compliance of these programs with national guidelines. This analysis will contribute to determining which models of TB/HIV integration address the continuum of needs of beneficiaries and have the potential for scale-up and sustainability.

The key activities will include: a consultative workshop with expert practitioners and stakeholders to introduce the study, familiarize the study investigators with the activities and context of each site, identify key issues in TB/HIV integration, and obtain input and recommendations regarding the study design and instruments; data collection utilizing a range of qualitative and quantitative methods, namely, facility observations; semi-structured questionnaires administered to facility and program managers and health care providers; structured questionnaires administered to clients at the services; data analysis; a consultative workshop post-fieldwork to present and interpret the findings with program managers and practitioners; and dissemination of findings.

This activity will contribute to the objectives of caring for 10 million HIV infected or affected individuals. The study results will contribute to improved design and management of treatment of TB and HIV, monitoring of services, and counseling and educational activities relevant to prevention of these conditions. Lessons learned from this activity will inform the design and scale-up of new and existing programs. The activity will also provide strategic information for policy and program strengthening for the NDOH as well as for donors.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Target Populations:

Public health care workers

Private health care workers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Right To Care, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3276
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This TB/HIV activity is part of an integrated program that includes activities described in the Basic Care and Support (#3275), CT (#2972), ARV drugs (#2974) and ARV services (#2973) program areas.

SUMMARY:

Right to Care (RTC) will use FY06 Emergency Plan funds in three provinces to strengthen the capacity of health care providers to deliver TB/HIV services, to identify TB and HIV co-infected individuals, and to improve the overall quality of clinical and community-based health care services. Other target populations include physicians and nurses. The major area of emphasis is human resources.

BACKGROUND:

In high TB incidence/prevalence areas with case rates ranging from 300-1500:100,000 (national average 599/100,000), emphasis needs to be placed on the diagnosis and treatment of TB. HIV-positive patients have a high risk of developing TB (10% annual risk) and up to 55% of patients attending TB clinics are co-infected with HIV.

RTC, a South African NGO established in 2001, is focused on building public and private sector capacity to deliver safe, effective and affordable care and support and ARV therapy. RTC's TB/HIV activities have thus far not received specific TB funding from the Emergency Plan, and were initially limited to the sub-awarding of funds to four NGO treatment sites which are government-accredited TB clinics. Although the sub-awards are earmarked for CT, Care and Support, ARV Drugs and ARV Services, the TB activities of these clinics benefit from these funds as resources from the above areas are freed up and can be redirected towards TB. Funding support for human resources at several SAG ARV treatment sites similarly benefits TB services at these sites.

ACTIVITIES AND EXPECTED RESULTS

In consolidating and expanding its TB/HIV activities, RTC will support the SAG's TB program. RTC will facilitate the accreditation of ARV treatment sites as TB sites.

Emergency Plan funds will largely continue to be used for human resources at all RTC-supported TB/HIV clinics, in the form of sub-awards for NGO and FBO clinics and in the form of consultant support for government sites. Emergency Plan funds will also be used to address minor infrastructure needs of sputum rooms and nebulization for the diagnosis and infection control of TB transmission. TB/HIV activities will focus on increasing support for the diagnosis of TB, especially sputum positive TB.

At TB treatment sites, emphasis will be placed on identification of co-infected individuals, through promoting routine HIV counseling and testing for TB patients and routine TB screening of HIV-positive patients. Co-infected patients who are on ARV treatment and TB treatment simultaneously will receive additional clinical monitoring in connection with an increased risk of Immune Reconstitution Syndrome, and challenges in the profiling of side effects. Emphasis is placed on adherence support to address the heightened risk of non-compliance due to high pill burden, and to cope with higher incidence of side effects due to drug interaction and overlapping hepatotoxicity. Where possible, the Directly Observed Treatment (DOT) approach will be supported with training of family or community members to improve adherence.

Whereas the current government policy is not to provide access to TB primary

prophylaxis, RTC will introduce INH prophylaxis at the Helen Joseph Hospital with targeted evaluation to monitor the adherence and incidence of TB at the hospital. Emergency Plan funds will be used for human resources and infrastructure, but not for the INH prophylaxis. The findings of the introduction of TB prophylaxis will be used to discuss further implementation with the NDOH.

TB/HIV training is incorporated in all ART courses for doctors and nurses by RTC's Training Unit. In addition, several of RTC's sub-partners will continue to incorporate TB/HIV training in ART courses for doctors and nurses to assure a continually high quality of care.

By reaching close to 3,000 patients with TB/HIV therapy at 12 outlets, RTC will contribute to the Emergency Plan goal of providing services to 10 million HIV-affected individuals. In addition, the activities support the USG Five Year Strategy for South Africa by training 200 healthcare workers in TB/HIV services, significantly strengthening TB/HIV services and their integration into HIV and primary health care services.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	200	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,800	☐
Number of HIV-infected clients given TB preventive therapy	200	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Columbia University Mailman School of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3320
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This country-funded activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:

Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's capacity to provide quality palliative care to patients co-infected with TB and HIV in urban and rural communities. In 2006 Columbia will expand the current "Best Practices" project to the Eastern Cape Province, strengthen systems to monitor and evaluate collaborative TB/HIV activities through technical assistance, decrease the burden of TB in HIV-infected children, increase prevention and early detection of TB in HIV-infected children and support provincial TB/HIV training activities. The area of major emphasis will be the development of network/linkage/referral systems, with minor emphasis given to needs assessments, policy and guidelines, quality assurance and supportive supervision, SI and training. The target population will include PLWHA, USG in-country staff, public sector doctors and nurses, and CBOs.

BACKGROUND:.

To improve access to HIV care and treatment for TB patients in South Africa, the Medical Research Council of South Africa, in partnership with Provincial Departments of Health and CDC, has embarked on a project to implement TB/HIV integrated activities at selected sites in various provinces. Currently, there are no Eastern Cape sites involved in the Best Practices project. Columbia proposes to expand the Best Practices model in sites in the Eastern Cape. The goal is to increase access to TB and HIV services among co-infected individuals and to add to the evidence base on issues related to TB/HIV collaboration and integration. Nkqubela Hospital is a TB hospital in East London managed by Life Healthcare, a private company which provides TB services in a public-private partnership with provincial departments of health. This facility is located in close proximity to Cecilia Makiwane Hospital where Columbia provides support for HIV care & treatment. Implementing best practice models of care in Nkqubela/Cecilia Makiwane Hospitals will be important to guide provincial and National TB/HIV collaboration and integration efforts. As policies and procedures are developed for integration of TB and HIV services, this site will be able to evaluate the efficiency and effectiveness of such endeavors, and provide feedback on ways that TB/HIV integration protocols can be improved to better serve the TB/HIV co-infected population. Of particular importance will be the networks and referral mechanisms constructed between TB and HIV services as these are critical to comprehensive care.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Best Practices Model):

Columbia will work with its partners to establish the 'best practices' model in Nkqubela TB hospital. Activities will include: (1) Recruit and hire a best practice program coordinator and a wellness program director; (2) Determine barriers to HIV Counseling & Testing uptake among TB patients through targeted evaluation; (3) Educate and train staff at both hospitals on the TB/HIV best practice model including early WHO staging of TB patients found to be HIV- infected and evaluation for commencement of ART; (4) Develop and implement protocols for referral of

HIV-infected TB patients to HIV care & treatment services; and (5) Determine operational barriers to referral of TB/HIV co-infected patients into HIV care & treatment and methods to overcome these barriers.

ACTIVITY 2 (Monitoring and Evaluation):
Columbia will provide technical support to improve M&E of TB/HIV co-infection activities in East London at three ART sites (Cecilia Makiwane, Frere Hospitals & Ikhwezi Lokusa Wellness Center) and the two TB Hospitals (Fort Grey and Nkqubela hospitals). Activities include: (1) Hire a TB/HIV M&E technical advisor to support TB/HIV M&E in the Eastern Cape. (2) Evaluate existing HIV and TB M&E systems and patient medical records at three ART sites and two TB hospitals. (3) Develop a system to track/monitor referrals and patients between HIV and TB programs. Columbia will also collaborate with CDC and the provincial health department to implement HIV surveillance among TB patients at these sites through implementation of the HIV module of the ETR.Net, an electronic TB and HIV register already in use, thereby linking HIV testing and service data to the routine TB recording and reporting system.

ACTIVITY 3 (TB screening and case finding):
Columbia will implement routine TB screening and intensified case finding in HIV-infected patients at all six Columbia supported facilities (St. Patrick's, Holy Cross, Rietvlei, Frere, Cecilia Makiwane hospitals, and the Ikhwezi Lokusa Wellness Center). Activities will include: (1) Develop and implement a screening tool for active TB in HIV-infected patients; (2) Develop methods to capture, monitor and report TB screening in HIV care and treatment settings; (3) Establish and implement protocols for referral and treatment of HIV-infected patients with active TB; and (4) Establish and implement protocols for engaging families into care when TB is found in HIV-infected patients (such as home visits to screen for TB infection and disease in the household).

ACTIVITY 4 (Targeted Evaluations):
Columbia will support targeted evaluations for: (1) TB screening and case finding in two heath facilities undertaking pediatric HIV Care & Treatment activities (Livingstone and Dora Nginza hospitals); and (2) a TB screening & diagnosis algorithm for HIV-infected patients (in three ART sites in East London: Frere and Cecilia Makiwane hospitals and Ikhwezi Lokusa Wellness Center).

ACTIVITY 5 (Support TB/HIV training activities):
Columbia will hire a short-term trainer with knowledge of TB/HIV to train 10 nurses in TB/HIV clinical and program management at each of eight Columbia supported ART sites (St Patrick's, Holy Cross, Rietvlei, Frere, Cecilia Makiwane, Dora Nginza and Livingstone Hospitals, and Ikhwezi Lokusa Wellness Center) and at the two TB hospitals. This training will use South African and Columbia training curricula and include classroom instruction and on-the-job mentoring. An assessment of training activities will be completed to inform future interventions and follow-up needs.

By improving the level of care available for HIV patients in the Eastern Cape who are co-infected with TB, Columbia University will contribute to the realization of the Emergency Plan's goal of providing care for 10 million and treatment for two million HIV-infected patients. These efforts to improve comprehensive HIV care and treatment programs in the Eastern Cape Province strongly support the care and treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	100	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,590	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

USG in-country staff

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Eastern Cape

Table 3.3.07: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 3752
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The TB/HIV activities of the project form one component of a comprehensive approach to HIV/AIDS treatment, care and support described in Basic Care and Support (#2909), AB (#2911), CT (#2910) and ARV Services (#2908) sections of the COP.

SUMMARY:

Africare's Hewu Comprehensive HIV/AIDS Project provides HIV/AIDS, care and support to the Whittlesea community surrounding the Hewu hospital in the Eastern Cape. Africare will scale up its home-based care (HBC) activities to new clinic catchment areas using the project's successful approach of linking HIV positive patients seen at the clinic to a community caregiver (CCG). The major emphasis area for the activity is training, with additional emphasis in IEC. The activities target PLWHA and HIV-affected families and their caregivers, public health nurses, community volunteers and other public health care workers.

BACKGROUND:

Initiated in September 2004, the Hewu Project is part of a comprehensive prevention, treatment, and care and support project that includes community mobilization, step-down and palliative care, and prevention activities. In the care program area, the project links HIV positive patients seen at the clinic to a community caregiver (CCG), under the supervision of a service corps volunteer (SCV).

Africare will scale up its activities from 8 Hewu hospital's clinic catchment areas to the remaining 9 Hewu hospital clinics and 5 additional clinic catchment areas surrounding the Frontier hospital, bringing the total to 25 clinic catchment areas. Patients with TB/HIV co-infection will be identified by the CCG, who are also TB DOTS supporters and have had basic orientation in identifying TB suspect cases. Those patients will be provided with treatment, monitoring, care and support services.

ACTIVITES AND EXPECTED RESULTS:

The project will expand its palliative care activities by providing care to patients with TB/HIV co-infection. The HBC training will be expanded and CCGs will be trained on care and treatment of TB infection. The training will develop the skills of the CCGs to provide quality TB/HIV care to clients by identifying family members that are at-risk of TB infection and referring them to the TB treatment services at their local clinic. Training for CCG is extensive, preparing them as generalist community health workers, HBC providers, PLWHA supporters, and TB treatment supporters. Training will include identification of risk factors, these use of a simple algorithm for referral to the clinic for TB, and documentation of TB symptomatics, referrals made, outcomes, and a refresher training on TB DOTS support. This training will also be provided to the nurses and counselors at the health facility, and those CCGs and SCVs trained in FY05. Thereafter, during visits by CCGs to the homes of HIV positive patients assigned to them, they will be expected to reinforce compliance to patients that are on ART and treatment for tuberculosis (TB), train family members, and identify family members at risk of contacting TB infection. Particular emphasis will be on identifying children below 6 years and caretakers, most of whom are women (key legislative issue). Home-based care monitoring forms will be modified to include information on TB co-infection.

In addition, nurses and other health facility staff working in the TB clinics will be trained in HIV/AIDS counseling and testing. The referral system will be expanded to ensure that patients that are diagnosed HIV positive at the TB clinics are linked to a

CCG. This ensures that there is a continuum of care for TB/HIV co-infected clients from the health facility to the homes. In is anticipated that with the expansion of the project to new clinic catchment areas, the project will provide palliative care to an estimated 3,500 people living with HIV/AIDS, through identifying those TB patients with HIV (1,750 based on an estimated 55%), and HIV patients with active TB (estimated 10-15%). The project will continue to develop a variety of IEC materials, with new messages that show the relationship between TB and HIV/AIDS, focusing on reaching TB patients who do not know their HIV status, for HIV clients that do not know their TB status, and messages reinforcing sound TB DOTS management. The materials will be disseminated by the CCGs during home visits (as part of DOTS support activities) and by the health facility staff (nurses, counselors and SCVs).

Africare's activities strongly support the vision outlined in South Africa's 5 Year Strategy by expanding quality palliative care services including reducing the burden of TB/HIV co-infection. These activities contribute to the Emergency Plan goal of providing services to 10 million HIV-affected individuals.

Emphasis Areas	% Of Effort
Training	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	27	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	388	☐
Indirect number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)		☑
Indirect number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB during the reporting period		☑
Indirect number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,750	☐
Number of HIV-infected clients given TB preventive therapy		☑

Target Populations:

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Volunteers

HIV positive infants (0-5 years)

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

South Africa's HIV/AIDS epidemic has left thousands of children orphaned, neglected and vulnerable. More than 1.5 million children in South Africa under the age of 15 years have lost one or both parents. By 2010, UNICEF estimates that 16% of South Africa's children will be orphaned and millions more left extremely vulnerable. In South Africa, the HIV/AIDS epidemic is shattering children's lives and shifting the burden of child and family care upwards to the elderly, outwards to relatives, friends, neighbors or even strangers and downwards to children themselves. Stigma, discrimination and poverty result in these children being denied access to basic services such as healthcare, education and social services.

The Department of Social Development (DSD) recently released a policy framework for orphans and other children made vulnerable by HIV and AIDS which reflects the collective commitment of government, FBOs, NGOs, CBOs and others. The framework seeks to promote an enabling environment for more effective delivery and increased access to services that provide children with their basic rights to food, education, shelter, health care, parental care and protection from abuse and exploitation. Consistent with the SAG strategy, USG will continue support to programs selected and supported by the DSD to address the needs of OVC. In addition to supporting implementing partners providing services to OVC, the USG will also provide a technical advisor to the DSD to strengthen M&E at the national level.

The OVC programs supported by the USG in South Africa address all of the Global Framework's key strategies and the USG Five Year strategy, including training and mentoring for CBOs to strengthen their capacity at the community and family level for the protection and care of OVC. One example is NOAH, a local NGO that targets assistance to OVC in rural areas through a 12-step program that assists communities in setting up their own network of care for OVC. These networks, referred to as Arks, mobilize community leaders, train volunteers and establish resource centers for children identified by the community to receive educational, nutritional, psychosocial support and assistance in accessing government funding. NOAH supports the USG goal of providing service delivery in under-resourced communities. With USG funding, Save the Children UK in partnership with local government in two provinces and ward councilors, established child care forums that identify OVC and ensure that they receive essential services (healthcare, nutrition, education, etc.). Another example is the FBO Hope Worldwide, which coordinates OVC support groups and emphasizes life skills and play therapy to equip OVC, especially adolescents, with the skills to actively participate in decision making about their future growth and development.

Providing care for OVC is an important part of meeting the Emergency Plans 2-7-10 goals. Over the last year, the USG has built up an array of partners that support a comprehensive response to OVC needs and cover all the essential elements (health, education, nutrition, household economic strengthening, legal support, accessing child care grants, psychosocial support etc.) in a mutually reinforcing manner across sectors to provide comprehensive care and support for OVC. In FY06 the USG will continue to support current implementing partners in strengthening the capacity of families and communities to meet the needs of OVC. The significant increase in funding for OVC programs in FY06 enables the USG to acquire new OVC implementing partners through the APS process.

Other major donors supporting OVC activities in South Africa include UNICEF, Save the Children, JICA and DFID. The USG program complements the efforts of the DSD and other donors to ensure that there is no duplication of efforts.

Program Area Target:

Number of OVC served by OVC programs	160,252
Number of providers/caretakers trained in caring for OVC	15,328

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: N/A

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 2922

Planned Funds: [ ]

Activity Narrative: SUMMARY:

In collaboration with local FBOs and CBOs, Family Health International (FHI) will continue to rapidly scale-up and strengthen the SAG's efforts to support and care for Orphans and Vulnerable Children (OVC) in FY06 by building local capacity and implementing innovative activities aimed at increasing coverage, improving quality of services, and filling gaps. Although the direct targets and beneficiaries will be the OVC, the program will work with, train and collaborate with many others: members of households, PLWHA, caregivers, community leaders, volunteers, religious leaders as well as Government counterparts in health and other sectors. The major emphasis area for the activities is local organization capacity building, with additional emphasis on training, development of network/linkages/referral systems, linkages with other sectors/initiatives, and quality assurance and supportive supervision.

BACKGROUND:

FHI's main sub partner is the FBO, South African Catholic Bishop's Conference (SACBC). A significant portion of SACBC's funding under this project will be distributed to local CBOs and FBOs who will provide direct care and support services to 27,000 OVC over the next four years. The major components of the SA portion of this regional Track One program are: 1) capacity building – both of SACBC and their rapid grant recipients; 2) collaboration and coordination with government and existing government programs for the provision of quality support to OVC; and 3) effective monitoring and evaluation (M&E).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Capacity Building):

FHI will build the capacity of SACBC by providing technical assistance to help strengthen their grant disbursement mechanism, to improve their overall technical knowledge and skills in OVC programming, and to increase their ability to effectively coordinate and sustain OVC programs of their member organizations. FHI will also work with SACBC to strengthen the capacity of their sub-grantees in project and financial management, OVC technical areas, and M&E to support quality OVC activities. This support will include training, supportive supervision and mentoring/twinning, and will provide the local partners with skills to set priorities/target services, expand coverage, improve quality of programs and work to reduce stigma and discrimination (key legislative issue).

ACTIVITY 2 (Collaboration and Coordination):

During FY06, SACBC and 15 partners will expand and strengthen current OVC services. Through community mobilization, training of caregivers and community leaders, and coordination and advocacy with local government authorities and community leaders, these sub-grantees will provide OVC with psychosocial support, access to educational programs (key legislative issue), food security and nutrition support (nutritional supplements and education on nutrition, and referrals and linkages to programs that distribute food, key legislative issue), basic health care, life skills, and critical linkages to livelihood opportunities (e.g., income-generating activities and access to entitlements and grants). Current home community and home-based care (CHBC) programs will be expanded to include OVC as recipients of support. These local partners will also define and target the most vulnerable populations, identify local resources, and advocate with local authorities and communities to develop linkages with other services over the life of the project. FHI, SACBC and local partners will work closely with government partners, including the district and provincial authorities to ensure they are supportive of project activities and are linking the projects to appropriate services. Through these linkages and referrals the

broader needs of the OVC and their caretakers are met (i.e. programs for addressing *economic vulnerability, micro-credit, food security and improved access to health* services, etc.). In efforts to address issues of stigma and discrimination, the project will work with a variety of groups, community leaders, FBOs, child care forums, family members, etc. in order to create an enabling environment for OVC, respond to the best interest of the children, and facilitate a supportive social context.

ACTIVITY 3 (Monitoring and Evaluation):
An additional critical component to the success of the OVC program is effective and reliable data collection systems for monitoring and planning. This project will create a M&E project database that will be used to monitor and report on the programs, and inform current and future programming. Project staff will work closely with government counterparts to ensure that data collected are in line with SAG strategies and expectations as well as compatible and able to feed into existing systems. In addition to the creation of the system, the project will compile, integrate, and analyze existing and new data. FHI will train key program and implementing partner staff to manage the project M&E system and to use the information to assess priorities/opportunities, and target interventions for the program's future fiscal years.

EXPECTED RESULTS:
The following intermediate results will be accomplished during FY06 in order to achieve the program's goal of improving the quality of life for OVC:
• Reach 3,000 OVC through increased community-level services, through 15 FBO *programs in 15 communities in Free State, Gauteng,* KwaZulu-Natal, Limpopo and Mpumalanga provinces;
• Strengthen the capacity of SACBC, its member organizations, and its sub-partners to effectively coordinate and sustain programs of local level;
• Enhance skills and knowledge of 150 people through direct training in psychosocial *support and integrate with existing services being provided to OVC.;*
• Establish a Monitoring and Evaluation System to support and inform program planning and monitoring; and
• Increase partners' capacity to collect, manage and use data for program improvement and to identify under-served areas in need of OVC services.

Through these activities, FHI will assist the SAG to achieve its HIV/AIDS and OVC goals and the Emergency Plan to reach its goal of supporting care for 10 million people infected and affected by HIV/AIDS, including OVC. These activities support the USG/SA Five Year Strategy by building community and organizational capacity to *provide quality care for OVC in their communities.*

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,000	☐
Number of providers/caretakers trained in caring for OVC	150	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	4,000	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Program managers

Volunteers

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism: ASPH Cooperative Agreement
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: *08*
Activity ID: 2933
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Harvard School of Public Health received its Emergency Plan funding late in FY05. The project will support 21 programs to strengthen the capacity of national and provincial systems to coordinate outreach and services to OVCs in four provinces. The OVC-focused activities will not be continued in FY06 because of funding *adjustments to allocate money to meet legislative budgetary requirements*, particularly in the area of A/B.

The targets associated with this activity are from FY05.

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC	43	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	1,140	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	TASC2: Intergrated Primary Health Care Project
Prime Partner:	Management Sciences for Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	2950
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity relates to additional IPHC activities described in PMTCT (#2952), Basic Care and Support (#2949), VCT (#2951) and ARV services (#2948) sections of the COP.

SUMMARY:

The Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with between 20 and 50 local NGOs and FBOs will provide care and support to OVC and their families, linking them to Government resources e.g. social assistance grants, health and educational services and providing nutrition, psycho-social and economic support. The objective of this program is to create a supportive environment that helps OVC live a productive life; support the interventions of the Departments of Health and Social Development; and promote the rights of OVC and improve their socio-economic condition. The primary emphasis area for these activities is community mobilization with additional efforts in development of network referrals, local organization capacity development, quality assurance and supportive supervision and strategic information.

BACKGROUND:

The activity is continuing from activities initiated in FY05 with the support of the Emergency Plan. IPHC will be working with at least 20 NGOs and grassroots CBO's that are implementing activities aimed at supporting OVC in 10 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). These NGOs are identified in collaboration with the Department of Health and the Department of Social Development at district level. This process has ensured that all stake holders are involved and are supportive of this intervention at district level and avoids duplication of services and funding to the same organization. IPHC will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy by providing care for OVC through the expansion of local communities' capacity to deliver quality care for the vulnerable children in their communities. In addition IPHC will also increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and the Department of Social Development.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

IPHC will facilitate training for 500 primary caregivers, including grandmothers, on psychosocial aspects of working with orphans and understanding the developmental needs and requirements of OVC. With IPHC project support a cadre of skilled community workers will be developed. The capacity of existing organizations and community support structures for OVC will be enhanced through workshops and trainings for NGOs and CBOS, government departments and caregivers. These workshops will increase knowledge related to children's needs and rights, as well as the promotion of organizational capacity. Through this training the primary caregivers will gain access to essential information which will increase the access of children to a wide range of resources and services. The training will include advocacy campaigns to change policy relating to vulnerable children, for example the inclusion of orphans and vulnerable children initiatives in the Integrated Development Plan at the municipality level.

ACTIVITY 2:

IPHC will provide support to at least 20 NGOs to provide a comprehensive package of care and support to 4,000 OVC. This includes social support to obtain Birth

Certificates and Identification documents, social grants and legal aid. Psychosocial support includes counseling, emotional and spiritual support where needed. Support for child-headed households will also be provided as well as access to the child *protection unit and life skills education. Referral services that will ensure that* OVC are referred to health service, social services and ensure that the OVC have effective links to access special provision in the form of school fee exemptions (key legislative issue).

ACTIVITY 3:
IPHC will build the capacity of at least 20 NGOs and FBOs to effectively and efficiently implement OVC service programs, in terms of administrative, financial, monitoring and reporting capacity. This will strengthen the community networks of NGOs and FBOs for future sustainability.

These three activities support the vision outlined in the USG/South Africa's Five Year Strategy for OVC by increasing OVC access to government support, expanding linkages and referral systems with other health and social services, and strengthening and expanding OVC policies and guidelines. In addition, the activities directly contribute to the Emergency Plan's 2-7-10 goal of providing care to 10 million people affected by HIV, including OVC.

Emphasis Areas	**% Of Effort**
Quality Assurance and Supportive Supervision	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC	400	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	5,000	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Public health care workers

Key Legislative Issues

Education

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A

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

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 2961

Planned Funds:

Activity Narrative: SUMMARY:

The Nelson Mandela Children's Fund (NMCF) will use Emergency Plan funds to (1) strengthen local organizations to support OVC; (2) strengthen households and communities to respond and cope with the effects of HIV and AIDS on children; and (3) to stimulate local government's response to provide integrated service delivery. Major emphasis areas for the NMCF Goelama Project are community mobilization and participation and developing the capacity of local organizations. The Emergency Plan provided funding for these activities in three provinces (Mpumalanga, Limpopo, and KwaZulu-Natal) in FY05 and will continue to fund activities in FY06. The major emphasis areas for this project are community mobilization and local organization capacity development, with additional attention given to development of network systems, IEC, linkages with other sectors and initiatives and training. Primary target populations include OVC, and community members and organizations.

BACKGROUND:

The NMCF Goelama Project started in 2001 with initial funding from USAID in Mpumalanga, Limpopo and KwaZulu-Natal provinces. The Emergency Plan funded the activities of the NMCF Goelama Project in the same provinces in the three result areas outlined above. NMCF partners with NGOs, CBOs and FBOs that focus on household, community and OVC empowerment. Currently, NMCF's five partners implement the Goelama project in three provinces with technical assistance provided by NMCF. The NMCF project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Strengthen Local Organizations):

With Emergency Plan funding, NMCF through its sub-partners will continue to implement the following activities: integrating OVC and child-headed households within extended family structures; facilitating information transfer to enable OVC to get the required assistance (birth certificates, etc.); ensuring economic stability for households through income generating activities (IGAs), and focusing on micro-finance programs (key legislative area) to increase women's access to income and productive resources (key legislative area). NMCF will continue to support sub-partners to facilitate access to services such as health, nutrition (key legislative area), education (key legislative area), social services (i.e. social grants etc.), psychosocial counseling and support, and material support for OVC. NMCF will reach 12,500 OVC with FY06 funding. NMCF will facilitate implementation, monitor progress and provide capacity building support to sub-partner organizations. Wrap around activities that are supported by other donors include resource leveraging by operating micro-finance groups that are able to make savings. OVC are normally located in communities where the supported IGAs are operational. Using other sources of funding NMCF will continue to implement IGA. The NMCF program facilitates linkages to other initiatives that provide food parcels such as the Social Development Poverty Alleviation program and local businesses.

ACTIVITY 2 (Strengthen Households and Communities):

With Emergency Plan funding, NMCF through its sub-partners will continue to implement awareness raising and community mobilization activities. Through these community mobilization interventions, such as Advocacy Campaigns, communities affected by HIV/AIDS will be able to exert social demand for services that can mitigate the suffering of OVC and hold local government accountable for service delivery. NMCF will support the formation and strengthening of child care/OVC committees to improve outreach to orphans and vulnerable children in the

community and decrease stigma and discrimination. NMCF will provide training to improve the capacity of these committees to address the needs of children, integrate marginalized children in households, provide counseling and support, and link OVC to external resources (local municipalities, government resources).

NMCF activities will enhance leadership by increasing the involvement of religious and traditional leaders and ward councilors in raising and supporting OVC issues, as well as promoting stronger communities. Churches provide food, clothing, spiritual counseling, and education on moral values and abstinence awareness. Results anticipated include strengthened community leadership, and improved community support systems and capacity of local organizations. Volunteers and program managers facilitate activities.

ACTIVITY 3 (Stimulate Local Government's Response):
NMCF activities will influence local government and other government departments (e.g. Social Development, Education, Health) to integrate OVC in service delivery. NMCF will collaborate with local government agencies and will undertake advocacy activities to influence policy makers and planners to include OVC needs in the district and municipal Integrated Development Plans (IDPs). Regarding other advocacy issues, NMCF will focus on exemptions of OVC from school fees to increase OVC access to education (key legislative issue); school awareness programs for teachers to support OVC in schools; facilitating access to child health care services (e.g. OVC vaccinations); linkages with local public health governance structures (clinic health committees, etc.); and increasing public health worker awareness of issues surrounding OVC access to health care services. NMCF will also provide capacity strengthening interventions and will support coordination and linkage structures at the local level. Local organisation capacity building will focus on improving sub-partner monitoring and evaluation systems, technical capacity through training in psychosocial support, resource leveraging, financial management and governance.

By reaching 12,500 OVC in FY06, NMCF will substantially contribute towards reaching the Emergency Plan goal of providing services to 10 million individuals affected by HIV, including OVC. NMCF will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy by improving local organization and community capacity to deliver quality care for orphans and vulnerable children in their communities. In addition, NMCF will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and Social Development.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	12,500	☐
Number of providers/caretakers trained in caring for OVC	100	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Program managers

Teachers (Parent: Host country government workers)

Volunteers

Caregivers *(of OVC and PLWHAs)*

Religious leaders

Key Legislative Issues

Food

Microfinance/Microcredit

Education

Increasing women's access to income and productive *resources*

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Masibambisane I
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 2980
Planned Funds:
Activity Narrative: OVC activities form one component of Masibambisane's comprehensive approach to HIV/AIDS prevention, care and support described in AB (#2977) Other Prevention (#2978), Basic Care and Support (#2979), CT (#2982), Strategic Information (#2981) and ARV Services (#3339) sections of the COP.

SUMMARY:
Masibambisane will implement OVC intervention plans developed with FY05 Emergency Plan funding in four sites. Planned activities include training caregivers, establishing an OVC drop in center, and developing services to provide psychosocial support and palliative care, increased access to education (key legislative issue), economic support, targeted food and nutrition support (key legislative issue), reduction of stigma and discrimination in the identified communities (key legislative issue) and legal aid. Emphasis areas for this activity include community mobilization/participation and development of networks/linkages, with additional effort in IEC, infrastructure, linkages with other sectors/initiatives, local organization capacity building, needs assessment, policy/guidelines, quality assurance/supportive supervision, SI and training. The activities target several populations within the *military: OVC, HIV positive infants and children and their caregivers, community* volunteers, CBOs and NGOs.

BACKGROUND:
The Masibambisane program initiated the OVC program in FY05 by establishing a database on "military" OVC and initiating pilot projects at four sites to determine the needs and direction of services to OVC. The underlying principle was to establish networks within communities and to address the needs of "military" OVC through collaborative partnerships. The four pilot projects will reach implementation phase in FY06 and will provide additional information for expansion in the future. It is however clear from the needs assessments that the projects at the various sites will differ and will address activities that could include training caregivers, increasing access to education, economic support, targeted food and nutrition support, legal aid, as well as psychosocial support and palliative care.

The project is coordinated by the Directorate Social Work in the Military Health Services as a sub-program of Masibambisane and is implemented at the four sites through a local coordinator and a collaborative workgroup from the communities. The projects at the four sites will be expanded to other appropriate regions and integrated with home-based palliative care where appropriate.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Implementation of the intervention plans developed by the four sites as a pilot program and establishment of more collaborative site programs in the other provinces; development of a model and strategy for OVC care and support within the DOD. The emphasis areas will be community mobilization/participation; development of networks of services; training; local community capacity building and linkages with other sectors.

ACTIVITY 2:
Establishment of OVC drop-in center in a larger military community with provisioning of basic day care, after school care and nutrition if indicated. This will involve some infrastructure establishment, training and IEC material.

ACTIVITY 3:
Training of OVC caregivers and provision of psychosocial support to OVC and caregivers. Masibambisane began pilot projects in four areas in FY05 and will expand the activity based on the needs assessment.

These activities support USG/South Africa's Five Year Strategy by expanding services for OVC and their caregivers. Activities also contribute to the Emergency Plan goal of providing care to 10 million people affected by HIV.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	400	☐
Number of providers/caretakers trained in caring for OVC	160	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	400	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community-based organizations

Military personnel (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Volunteers

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Food

Education

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 2990
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The OVC activities described here are part of an integrated program also described in the AB (#2988), CT (#2991), ARV Services (#3274) and Other Prevention (#2989) program areas.

SUMMARY:

The Johns Hopkins University/Center for Communication Programs Health Communication Partnership (HCP) OVC intervention will build networks of support around OVC and their caregivers and educators. OVC, caregivers and educators will be supported in accessing basic needs and psychosocial support. The target populations for this program are OVC, HIV-positive children, caregivers, out-of school youth, community and religious leaders, volunteers, teachers, nurses and community and faith-based organizations. The major emphasis area for the activity is community mobilization and participation, with additional emphasis placed on IEC, training, needs assessment and linkages with other sectors/initiatives.

BACKGROUND:

This program, now entering its second year, focuses on using new tools developed in year one to work with communities, caregivers and OVC. Through the Caring Communities project (CCP) organized by DramAidE and the Valley Trust's OVC program and working with schools, FBOs and CBOs, OVC will be identified and assisted in receiving needed services. These services include access to food, proper sanitation in the house, adult supervision, assisting in proper documentation for IDs, grant applications and school fees exemption. A new partnership with the Anglican Church of the Province of Southern Africa (CPSA) will increase the project's reach into the Western Cape, Northern Cape and Eastern Cape while still serving OVC in KwaZulu-Natal (KZN). HCP will work with the church's networks of mothers and other caregivers to identify and support OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The first major activity under this program is the mobilization of communities, caregivers and educators to identify and understand the needs of OVC and build their capacity to provide access to much needed services and resources. Key interventions will include needs assessments, training and the creation and dissemination of new communication materials on how to access the various services within their communities.

ACTIVITY 2:

The Valley Trust and DramAidE will work in Kwa Zulu-Natal to identify and provide training and assistance to OVC by working with children in and out of the classroom on bereavement assistance with memory boxes as well as other psychosocial support. Community facilitators (CFs) will be trained to work in communities to assist OVC to gain access to basic material needs and ongoing psychosocial support activities. In addition to providing direct assistance to OVC, CFs will also work with the communities, FBOs, NGOs, educators and caregivers to lay the foundation for community action in support of these OVC. The interventions are interactive using drama, story-telling and workshops. CF's will assist OVC and their caregivers to get child grants and provide training in community gardens.

In addition, CPSA will involve its Mothers Union members, as a pilot program, and their community network of one million mothers to reach a potential five million OVC across the country over the course of five years. The goal of this existing network

will be to support and provide services in the OVC homes such as ensuring access to food, proper sanitation in the house, adult supervision, assisting in proper documentation for IDs, grant applications and school fees exemption. The project will scale up the Mothers Union's support to OVC within their home environment by providing daily visits.

These activities will contribute towards meeting the vision outlined in the USG Five Year Strategy for South Africa by providing care for children made vulnerable by HIV and AIDS through the expansion of community capacity to deliver good quality care in their communities. In addition HCP will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as health, education and Welfare. These activities will also help reach the Emergency Plan 2-7-10 goal by providing services to an estimated 30,000 OVC directly and an additional 50,000 OVC indirectly with FY06 funding.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	30,000	☐
Number of providers/caretakers trained in caring for OVC	6,000	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	50,000	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Teachers (Parent: Host country government workers)

Volunteers

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Coverage Areas

Eastern Cape

KwaZulu-Natal

Northern Cape

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Salvation Army
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 2994
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to OVC activities, The Salvation Army carries out activities in the AB (#2992) and Basic Care and Support (#2993) program areas.

SUMMARY:

The Salvation Army will use FY06 Emergency Plan funding to set up community Kid's Clubs overseen by trained community members (known as Children's Workers) to meet children's psychosocial and emotional needs. The Children's Workers identify specific children who are orphaned or vulnerable so that they can be provided with further services such as assistance to access government grants. Training is the primary emphasis area, and OVC the primary target population.

BACKGROUND:

The Salvation Army Matsoho A Thuso project is a holistic care and prevention model that began in November 2004 with Emergency Plan funding. The training of community members known as Children's Workers began in May 2005, and 31 have been trained to date. Additional Children's Workers will be trained, and there will be one child care worker for each of the 100 communities in which the project operates. The Children's Workers are equipped to identify OVC using community conversations. Children's Workers are trained in the physical, emotional and psychosocial needs of each OVC and the provision of basic psychosocial support through play therapy activities in Kid's Clubs. Childrens' workers are equipped to assist OVC and their caregivers to access government grants, including school fee exemptions for eligible families. They are also encouraged to refer cases to relevant service providers which they themselves are not equipped to deal with (e.g. child abuse). The Salvation Army project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Children's Workers will be trained and equipped to set up Kid's Clubs in their communities, providing children with psychosocial support services. This psychosocial support is delivered primarily through play therapy where children are exposed to activities that increase their self esteem and reinforce values such as trust (in adults and in each other), teamwork, perseverance, life skills, acceptance of others, etc. These Kid's Clubs are open to any child who wishes to join, irrespective of whether or not they fit the definition of OVC. (To separate OVC from non-OVC in this context may lead to further stigmatization of OVC.) However, most of our sites are in rural or peri-urban areas with low or very low levels of socio-economic activity. The linkage between poverty and vulnerability to HIV/AIDS is well established, and we estimate that over 65% of children in our Kid's Clubs from these areas can be categorized as vulnerable. The Kid's Clubs are used by the Children's Workers to build relationships with children and families in their communities to enable them to identify the neediest and vulnerable children so they can be provided with additional services or referred to other service providers.

ACTIVITY 2:

For those children identified as OVC, Children's Workers will work with the caregivers to ensure that they are accessing government grants. Children's Workers will act as advocates on behalf of these children and their families, assisting them to access birth certificates, identity documents and government grants (including identifying which type of grant may be applied for, providing assistance in completing the application form and lodging it with the Department of Social Development, and

tracking the progress of the application). In addition, Children's Workers are trained to identify other resources in the community that can be mobilized on behalf of children in need of these services (i.e. social workers, community feeding schemes, etc.). Children's Workers will also advocate on behalf of OVC who are not in school to assist them to gain entrance to school through school fee exemption (key legislative issue).

Emergency Plan funding will be used to train 100 Children's Workers, to equip 100 communities with Kid's Club kits consisting of balls, rope, a first aid kit and other types of play equipment, and to cover the costs associated with helping OVC and their caregivers access government grants or make referrals to other service providers. The Salvation Army will reach 2,100 OVC directly and 2,800 indirectly with FY06 funding. The Salvation Army will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy for South Africa by supporting the provision of quality care for OVC through local communities. In addition, the Salvation Army will also increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and Department of Social Development. These activities contribute to the Emergency Plan goal of providing care to 10 million individuals affected by HIV.

Emphasis Areas	% Of Effort
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,100	☐
Number of providers/caretakers trained in caring for OVC	100	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	2,800	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Orphans and vulnerable children

Volunteers

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Education

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CARE USA
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3008
Planned Funds: $0.00
Activity Narrative: SUMMARY:

CARE's Local Links project provides support to OVC and strengthens family units affected by HIV/AIDS. Local Links works through locally based partners to stimulate and support the use of locally available resources (human, economic and knowledge systems) for the well being and protection of these vulnerable groups. Major emphasis in these activities is on community mobilization/participation, with additional work in development of network/linkages/referral systems, human resources, training, linkages with other sectors and initiatives and local organization capacity development. Target populations for the activity include community and religious leaders, volunteers, program managers, CBOs, FBOs and NGOs. In addition, the project targets children and youth, OVC, PLWHA and HIV-affected families and their caregivers.

BACKGROUND:
CARE Local Links is part of CARE (USA) two-country program funded through the Emergency Fund. Activities focus on (1) establishing economic security for OVC and their families through the voluntary savings and loan model (VSL); (2) strengthening institutional capacity of local organizations to provide a range of innovative OVC services and (3) promoting advocacy efforts that are sensitive to the voices of OVC.

Local Links will continue to implement in the two districts of the Free State and Limpopo provinces, working with 10 -14 sub-partners. CARE will continue to work with and provide technical support to implementing partners to strengthen the child-centered approach in their activities, and provide innovative and comprehensive services to OVC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Voluntary Savings and Loans, VSL):
The VSL (microfinance, key legislative issue) is an entry point to strengthen vulnerable families and communities. The VSL is a group savings and internal lending model that creates a base for economic security for vulnerable families. Usually, a VSL group has a minimum of six members who have been trained. Groups meet monthly for saving and internal lending; the loans are circulated among group members based on individual emergency needs, which usually are medication, transport to health service, school fees and uniforms for children, food and shelter for families, etc. In addition to economic security, VSL members use the groups as a social safety net and as a support structure that helps them to cope with family stresses including death. For the first 6 months each group is monitored by CARE field staff and gradually there is a reduction of support, to allow for group independence. When VSL members have met their basic needs, CARE facilitates training in income generation activities (IGA, key legislative issue). By July 2005, 198 VSL groups were benefiting 1,836 individuals from family units. In the next 12 months, 620 new groups, reaching 3,720 adults and 11,200 children will be established. 200 VSL members will receive IGA training. CARE will adapt the model to work directly with affected adolescent children. The VSL mobilizing activities range from community meetings, church services, women's groups, parent-teacher meetings to door-to-door campaigns and contribute to the indirect reach.

ACTIVITY 2:
CARE supports local partners in developing OVC programs. These partners reach OVC and PLWHA through home-based care (inclusive of children), counseling (psychological or spiritual), children's support groups, referrals for social grants, legal documentation, after school care centers which provide home work supervision and

recreational activities, health services, nutrition and food security (key legislative issue), ensuring access to education (key legislative issue), participation in cultural activities; and community-based child safety nets. These services are primarily delivered through women volunteers from the community, many of whom are vulnerable themselves. CARE will ensure that volunteers have economic security, for example, participation in VSL activities, facilitate access to government stipends, and provide for ongoing debriefing on managing the burden of care (care for the caregivers). By the end of July 2005, 6,840 OVC (3,405 males and 3,435 females) had received services directly and an additional 1,819 adults in families have been reached through home-based care, psychosocial support, food relief etc. The planned direct reach of OVC with FY06 funding is 18,000 OVC which is based on current reach and the capacity of between 10-14 local organizations to increase their reach. NGOs who work directly with children and/or PLWHA will be considered for support. Working through locally based partners has proven to be an effective way of reaching the most vulnerable in communities. Each sub-partner has been allocated targets based on their present reach, the quality of service they provide, their capacity to expand and the extent of vulnerability of the community each partner serves. At least 11 of the sub-partners provide home-based care (HBC) to adults and children. CARE strengthens the HBC by building other support services around it, for example, counseling, support groups, referrals, access to health care and strengthening the family's economic security.

ACTIVITY 3:
CARE completed focus group interviews with OVC in schools and in families affected by HIV and AIDS which revealed the intense burden children carry in caring for sick adults, fear of stigma and discrimination (key legislative issue), and difficulty in accessing essential services. In the next year CARE will strengthen the capacity of implementing partners to intensify the focus on issues of stigma and discrimination, legal framework for OVC, accessing education services (exemptions from school fees and accessing of text books, key legislative issue), accessing government social grants and access to essential services and to strengthen child care forums (CCF) to ensure partnerships and linkages between government and local organizations to leverage essential services and resources. Partnerships with local and provincial government, and engaging national government departments (e.g. Social Development, Education, Health) is critical to address issues that affect OVC and their families. CARE will also continue to actively participate in relevant OVC policy forums with the government. In the next twelve months CARE will seek to address the economic and social vulnerability of volunteers and the burden of care. Planned indirect reach with FY06 funding is 23,000 children and adults.

CARE's activities support USG/South Africa's 5 year strategy by supporting service delivery by local and community-based organizations, and the Emergency Plan's goal of providing care to 10 million people affected by HIV/AIDS, including OVC.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	18,000	☐
Number of providers/caretakers trained in caring for OVC	5,496	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	23,000	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Program managers

Teachers (Parent: Host country government workers)

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Increasing women's access to income and productive resources

Stigma and discrimination

Food

Microfinance/Microcredit

Education

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Nurturing Orphans of AIDS for Humanity, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3052
Planned Funds:
Activity Narrative: SUMMARY:

Nurturing Orphans of AIDS for Humanity (NOAH) mobilizes and strengthens the capacity of communities through a community development model of orphan care to improve the quality of life [health (nutritional/psychological), education, economic status] of orphans and vulnerable children affected by HIV/AIDS in a sustainable manner throughout Gauteng, one community in the North West, and KwaZulu-Natal. Major emphasis areas for the activities are community mobilization/participation and training, with lighter emphasis on infrastructure, quality assurance and supportive supervision, and strategic information. Target populations for funded activities include: community and religious leaders, volunteers, CBOs, FBOs and NGOs, OVC, and HIV-affected families and their caregivers.

BACKGROUND:

NOAH was established in 2000, and will continue into the third year of Emergency Plan funding with its results-based management of both existing and new OVC programs. The NOAH model is based on three pillars of support: a committee of community leaders, a volunteer group and a resource center. NOAH has developed a 10-step program allowing motivated individuals and leaders from a community to be guided to set up their own network of care for their orphaned and vulnerable children, identifying and reaching individual OVC and their families, and providing cost-effective services capable of being scaled up throughout South Africa. Emergency Plan funding is utilized in all phases of the NOAH model, including the training of committees, volunteers and resource centre staff, the operational costs of resource center facilities as well as the operational costs of NOAH administration staff to support and mentor all communities. The NOAH project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The NOAH model is divided into two phases: During the first phase, NOAH focuses on community mobilization and participation in developing local community networks or "Arks" across Gauteng, in one community in North West, and KwaZulu-Natal to support HIV/AIDS affected families and their orphaned and vulnerable children. Through the establishment and training of NOAH committees (which targets all major stakeholders within each community: private sector, community and religious leaders, etc.) and a group of volunteers within each community, the OVC are identified and served by building capacity at grassroots level to provide care and support. The NOAH training of committee members focuses on leadership and project management, as well as on basic financial skills. NOAH also encourages active youth participation by the children who receive NOAH services. The group of volunteers in each community is trained in HIV/AIDS Bereavement and Counseling, Children's Rights and Parenting Skills, Child Abuse, Government Grants and Permaculture gardening (key legislative issue). This training equips the volunteers with sufficient skills to identify OVC, register them, and follow-up by conducting home visits to the NOAH-registered OVC to monitor their status, and based on needs, link them to the appropriate government social service for assistance. During FY06, it is estimated that a minimum of 500 people will be trained to provide comprehensive care and support to more than 10,000 registered OVC from at least 41 communities. In addition, two NOAH staff members, one in each province, will focus on the role of "quality assessor" to ensure that programs are being effectively implemented and that active and innovative youth participation is encouraged and sustained.

ACTIVITY 2:

The second phase of the model provides for the possibility of resource centers, satellite offices or satellite feeding schemes (key legislative issue) to be established and equipped to increase services available to these OVC. Through these additional centers, NOAH is able to provide daily nutritious meals, which are designed by a nutritionist, for an estimated 5,500 OVC (of the 10,000 registered OVC). Depending on the facility, these children may also have access to educational support (key legislative issue) which is offered through comprehensive day and after school care programs. The economic and psychosocial needs of OVC are addressed through the training of staff and volunteers to obtain social grants and other services, as well as to provide basic bereavement and trauma counseling. Some of the centers have vegetable gardens, computer connectivity and a library which add to the comprehensive and holistic model of care and support which is established.

Emergency Plan funding will continue to be channeled towards the infrastructure and operating costs of these centers, as well as the training of committee members, center staff and volunteers across Gauteng, the North West and KwaZulu-Natal.

With Emergency Plan funding, NOAH has worked in 41 communities and has trained more than 900 people to provide both direct and indirect services to more than 10,500 children in the three provinces. NOAH will assist the Emergency Plan in reaching the vision outlined in the South Africa Five Year Strategy by providing care for OVC through the expansion of local communities' capacity to deliver quality care for the vulnerable children in their communities. In addition NOAH will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as health, education (key legislative issue) and Department of Social Development.

Emphasis Areas	% Of Effort
Training	51 - 100
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	☐
Number of providers/caretakers trained in caring for OVC	500	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	2,500	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Volunteers

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

Religious leaders

Key Legislative Issues

Food

Education

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Save the Children UK
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3054
Planned Funds:	
Activity Narrative:	SUMMARY:

Save the Childrern-UK (SCUK) Child Responsive Integrated Support Project (CRISP) will use FY06 Emergency Plan funds to support the creation of local networks providing comprehensive care and support for OVC through the following components: building family and community capacity by training and mentoring Child Care Forums, FBOs and other relevant CBOs; improving local, provincial and national coordination of OVC programming; and supporting local government OVC programming. Major emphasis areas for this project are community mobilization/participation and development of networks/linkages/referral systems with additional efforts in local organization capacity development, needs assessment and training. The activities target OVC, community and religious leaders, program managers and community volunteers, teachers, CBOs, FBOs and NGOs.

BACKGROUND:
The CRISP project builds on a pilot initiated in 2003 in one municipality in the Free State. In FY05, Emergency Plan funding has been used to take the project to scale across two additional municipalities in the District of Thabo Mafutsanyane in the Free State and one municipality of Vhembe District in Limpopo. Activities will be carried out in the Free State by Save the Children and in Limpopo by Centre for Positive Care. The Project works in partnership with local Municipal authorities in support of their program initiatives to promote community responses to OVC. The South African Policy framework for OVC made vulnerable by HIV/AIDS is used as a guiding reference in this work. The SCUK project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Through continued support to 70 Voluntary Child Care Forums (CCFs) and by establishing an additional 18 CCFs, the project will serve (directly & indirectly) over 15,000 OVC. The project will work with communities in 84 wards across a total of five Municipalities (four in the Free State, one in Limpopo). Emergency Plan funding will be used to pay for a team of eight community coordinators who will build local capacity to provide care and support for OVC. By providing direct mentoring support to the CCFs and in conjunction with Department of Social Development (DSD), particular emphasis will be placed on developing local referral systems for OVC by providing technical support to other groups and structures such as home based care groups, schools, FBOs, preschools and youth groups. Referrals will continue to be to government services, including schooling (key legislative issue), health care and social services, as well as civil society such as day care, support groups, feeding schemes (key legislative issue), after school recreational activities and nutrition programs.

By maintaining last year's achievements (in excess of 7,000 OVC reached; 375 CCF members trained; 36 new CCFs formed; door-to-door household surveys conducted in wards to identify OVC and assess their needs; three Municipal OVC coordinating Task Teams formed; government and non-government funds leveraged in support of project and Emergency Plan objectives) and continuing to mobilize communities around the DSD CCF model, the project will maintain close links with local government structures to demonstrate that comprehensive and compassionate care can be provided on the scale commensurate with the emergency and in a manner which offers positive prospect of sustainability. The project will ensure that OVC are consulted and that their perspectives are recorded and responded to in the Integrated Development Planning process of the municipalities through CCF participation in the planning process.

FY06 Emergency Plan funding will be used to fund the training of 100 new CCF members and continued training of existing members. The project is working with DSD at the national level and the National Action Committee for Children Affected by HIV/AIDS (NACCA) to develop a 12 day training curriculum and manual for CCFs that will be used throughout the nation. Ways of promoting male involvement with the work of CCFs will be pursued (of 375 trained in FY05, 66 were male).

ACTIVITY 2:
In FY05, with Emergency Plan funding and in conjunction with NDOH, 801 people were trained in HIV/AIDS treatment literacy in Thabo Mafutsanyane District (Free State). In FY06, SCUK will provide post-training support to groups trained in one municipality in order to strengthen family care for OVC by keeping parents and caregivers alive longer. Emergency Plan funding will pay for one person to motivate and support the Local Aids Council to establish a Care and Support Task Team in Maluti-a-Phofung Municipality in order to improve local co-ordination of HBC and other related programs. The project will use the Task Team as a vehicle to bring child health issues, especially children made vulnerable by HIV and AIDS issues, to the agenda of the Local Aids Council.

ACTIVITY 3:
In FY06, SCUK will continue to strengthen vertical and horizontal linkages between Coordination Structures to support Children affected by HIV/AIDS to ensure that significant numbers of OVC will indirectly benefit from Emergency Plan funding. At the municipal level, the project will increase the co-ordination capacity and institutional strength of the three recently formed and one additional OVC Task Teams. At the District level, SCUK will continue to represent the project through active membership of the District Aids Council (DAC) and vigorously encourage the Local AIDS Council's ability to provide coordination and leadership for programs to combat HIV and AIDS throughout the district. At the Provincial level in the Free State, Emergency Plan funds will continue to be used to provide material and technical support to the newly formed DSD post of Coordinator of the Provincial Action Committee for Children Affected by HIV & AIDS (PACCA). The project will use this support to leverage collaboration between different stakeholders and the districts to rapidly expand OVC programming. We will encourage exchange between provincial and district level coordination mechanisms so that the PACCA receives and responds to inputs from the districts. We will ensure that there are linkages between the PACCA and that they meet with the NACCA on a regular basis. These activities will strengthen the Government's systems and structures at multiple levels to protect and prioritize the most vulnerable children.

These activities support USG/South Africa's Five Year Strategy by expanding care to over 15,000 OVC in rural areas, and the Emergency Plan goals of providing care and support to 10 million individuals affected by HIV, including OVC.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	9,800	☐
Number of providers/caretakers trained in caring for OVC	100	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	7,040	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Adults

Community leaders

Community-based organizations

Country coordinating mechanisms

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Program managers

Volunteers

Children and youth (non-OVC)

Religious leaders

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Education

Food

Coverage Areas

Free State

Limpopo (Northern)

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Child Welfare South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3060
Planned Funds:
Activity Narrative: SUMMARY:

This project is being implemented at the request of the SAG Department of Social Development (DSD). Child Welfare South Africa (CWSA) will use Emergency Plan funds to facilitate the recruitment and training of community volunteers who work together in teams to identify and meet the needs of orphans, vulnerable children and HIV/AIDS affected households, and to uphold children's rights. This program gets community involvement in the identification and care of OVC, sensitizes communities to the rights of children and establishes foster care and safe homes. Key aspects of the Program are that it is HIV/AIDS specific, consistent with CWSA policy on community-based care, aimed at prevention and early intervention, child-centered in approach and targets children and enforcing access for children, their caregivers and community volunteers through legal means. The activities also target teachers, CBOs, FBOs and NGOs. The major emphasis area for this activity is training along with additional efforts in human resources, community mobilization, development of networks and referral systems, IEC, and needs assessment.

BACKGROUND:

HIV/AIDS and the Care of Children is a nationally driven and nationally co-coordinated program that facilitates community-based care and support to orphans and vulnerable children in under-serviced and disadvantaged communities via the comprehensive infrastructure and collective action of Child Welfare South Africa, its member organizations and trained groups of volunteers. Since 1992 the South African National Council for Child & Family Welfare (SANCCFW) now called Child Welfare South Africa (CWSA) has been exploring ways to manage the effects of HIV/AIDS on children, and to guide the response of Child Welfare to the pandemic. This has been in support of the SAG Strategic Plan 2000-2005 and which in relation to children aims to provide: Quality comprehensive and compassionate care for AIDS orphans and other vulnerable children to help assure they grow up to be healthy, educated and socially well-adjusted adults. To reach this aim, government has adopted the approach of home/community-based care. CWSA therefore developed and implemented a community-based-care model in 2001, in line with the SAG Strategic Plan. This model has been refined to incorporate lessons learned from previous pilots, resulting in the present National Program that is now a Child-Focused Strategy. Program implementation began in August 2005, focusing predominantly on orphans and children aged 0-18 years made vulnerable due to HIV and AIDS. The CWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

CWSA will provide holistic services for OVC and their families and caregivers. Volunteer and social worker services and support are provided to the relevant people who may be living with HIV/AIDS in a child's life, the family as well as caregivers. Volunteers are the foundation of the program, who through the support of Project Teams provide a comprehensive support system to OVC through regular home visits, assistance with access to education (key legislative issue), grants, identity documents, food, housing, psychosocial support and alternate care placements when needed. With Emergency Plan funding CWSA will emphasize the following areas of programming in the next year:

- Mobilization of CWSA infrastructure and 21 communities in all 9 provinces to achieve program goals and objectives;
- Modify, adapt and utilize two standardized training manuals;
- Training of CWSA personnel to manage the program at a community level; and

recruitment, screening and training of 30 volunteers to ensure quality service delivery. Volunteers become a central human resource to the program as they assist over-burdened social workers to reach the neediest OVC.
- Development and application of organizational and administrative support including quality control and the deployment of volunteers to facilitate and provide appropriate community-based responses to children and households affected by HIV/AIDS. This includes linking and networking with other CBOs, FBOs, NGOs and local government to ensure that all needs of children are met.
- Development and implementation of monitoring and evaluation tools to track all aspects of the National Program;
- Provision of volunteers with additional support and guidance through weekly supervision as well as monthly in-service training sessions. These mechanisms develop volunteers' skills and serve to monitor the program;
- Dissemination of information and educational activities in communities regarding HIV/AIDS and its impact on children's rights, through monthly community awareness raising talks and activities.

The program areas will be in 21 sites in all nine Provinces. It is expected that CWSA will reach 10,000 OVC directly with FY06 funding.

Child Welfare will contribute to the Emergency Plan's vision outlined in the USG Five Year Strategy for South Africa by providing care for OVC through the expansion of the local communities' capacity to deliver quality care for the vulnerable children in their communities. In addition Child Welfare will also increase OVC access to the SAG support systems and strengthen linkages and referral systems with other social services such as health, education and Social Development. This activity will contribute to the Emergency Plan goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	% Of Effort
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	☐
Number of providers/caretakers trained in caring for OVC	580	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	1,900	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Program managers

Teachers (Parent: Host country government workers)

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Education

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Starfish
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3061
Planned Funds:
Activity Narrative: SUMMARY:

Starfish will use Emergency Plan funds to provide a holistic package of services to care for OVC through community-based programs in 5 provinces. Primary target populations for the interventions are OVC, their families and their caregivers. Major emphasis areas for the project are community mobilization/participation and training with additional efforts in infrastructure, linkages with other sectors and initiatives and local organization capacity development.

BACKGROUND:
Starfish aims to ensure that as many OVC in South Africa as possible grow up in their own communities to be healthy, educated, socially well-adjusted adults. Starfish funds local partner organizations to provide care and support to OVC and their primary caregivers. Currently, Starfish supports 53 communities in eight provinces, through 20 implementing partners. In addition, Emergency Plan funding supports the Starfish Cares 4 Kids project implemented by two local sub-partners, Heartbeat and Hands at Work, in 26 communities in five provinces. The Starfish project is managed through an umbrella agreement with PACT, Inc.

HANDS AT WORK IN AFRICA (HAW) is based on the Masoyi Home-Based Care model which equips local volunteers and communities to provide for themselves; provides quality care for terminally and chronically ill patients, especially those with HIV and AIDS; provides care to OVC; and provides school dropouts and post-matriculants the opportunity to learn life skills.

HEARTBEAT (HB) aims to alleviate the suffering of OVC by facilitating change in communities through six primary programs: Volunteer; Advocacy; Community support; Relief (material and nutritional); Parenting; and Children's Empowerment (including psychosocial support, child protection and participation, social security, health care and education). Their model is based on four principles: children's rights, community-based care, holistic service delivery and partnerships.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Starfish through HAW and HB will contribute towards the work of community care workers (CW) and Primary caregivers (PCG) who have OVC assigned to their care. CW build strong bonds with these OVC, often fulfilling the role of a substitute parent. Weekly visits allow them to determine nutritional and schooling needs; refer OVC for medical attention; impart home skills; and detect abuse and exploitation. CW are the backbone of the Starfish programs. To contribute towards a safe and secure environment, blankets and mattresses and some school uniform items will be provided for OVC.

ACTIVITY 2:
Educational and psychosocial support programs link OVC to psychological and emotional care. Starfish will support a youth development program, kids' camps, OVC support groups, primary caregiver support groups, a homework assistance program (including after-school centers), memory workshops, child participation training and buddy training. Kid's camps and children support groups will focus primarily on life skills such as gender equality, child protection, sexuality, HIV/AIDS and STDs, and reproductive health. The youth development plan, "Survive Your Life", focuses particularly on abstinence and faithfulness.

ACTIVITY 3:

Training conducted with CW and PCG focuses on food gardening, basic counseling skills, basic health assessment (biannual), dealing with children's grief, child participation, and civil rights and responsibilities (being able to identify child abuse and speaking out about it). PCG support groups will create a network of carers who will provide peer support for each other, mitigating their individual burden of care. It will also be a forum to disseminate information about community and government resources. OVCs with acute health problems identified by PCG will be referred to a trained community nurse or to nurses who may manage or refer the OVC to higher levels of care.

The project includes sustainable food and nutrition interventions (key legislative issue) through maintaining existing food gardens and or establishing new ones. Emergency-feeding schemes distributing soya porridge to severely malnourished OVC will be implemented. A garden nursery will be established as an income-generating project for PCG, from which seedlings for project gardens will also be obtained. Thirty PCG (each supporting a family) will also receive sewing and beading training, increasing their access to income. Another 120 OVC will be trained in marketable skills i.e. a one year skills-building training where welding, plumbing, and brick making and laying skills are provided. (These activities increase women's access to income and productive resources, a key legislative issue.)

ACTIVITY 4:
Starfish will support government social workers to assist and increase OVC access to economic support by accessing social grants and providing legal aid by obtaining birth certificates. Starfish will support the training and mentoring of PCG from newly formed community OVC organizations over a two-year period, capacitating them to run successful community-based OVC programs and thereby extending reach.

Almost 6,000 OVC will be reached in FY05. Starfish contributes in particular to the Emergency Plan's goal of providing care to 10 million people, including OVC by caring for OVC and their primary caregivers. Starfish and its two sub-partners will assist USG South Africa team in reaching the vision outlined in the USG Five Year Strategy by supporting the provision of care for OVC through local communities and improving their capacity to deliver quality care for OVC in their communities. In addition, Starfish will also increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education (key legislative issue) and Social Development.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Community Mobilization/Participation	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	14,000	☐
Number of providers/caretakers trained in caring for OVC	690	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	7,900	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community-based organizations

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Increasing women's access to income and productive resources

Food

Education

Coverage Areas

Free State

Gauteng

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3107

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to OVC, Peace Corps Volunteers work in projects to develop indigenous organizational and human capacity in the following program areas: Basic Health Care and Support (#3106), AB (#3797) and CT (#3798).

SUMMARY:

Peace Corps Emergency Plan funding will be utilized to strengthen the organizational and human capacity of indigenous organizations that provide care and support to orphans and vulnerable children in the Northwest, Limpopo, Mpumalanga and KwaZulu-Natal provinces. Peace Corps will place three Volunteers in FY06, and an additional five Volunteers in FY07, in such organizations. The major emphasis area for these activities is local organization capacity development with additional efforts in strategic information, IEC, quality assurance and supportive supervision and training. Target populations for these interventions are CBOs, FBOs and NGOs programs that impact children and youth, including street and out of school youth, OVC, HIV infected families and their caregivers.

BACKGROUND:

The proposed activities will build on the accomplishments of Volunteers already in the field in FY05. These Volunteers (USG supported, but not PEPFAR-funded) are presently supporting over 15 programs and are providing direct services to 168 HIV-positive children. In addition to this, Volunteers have enabled the training of 500 caregivers and counselors who have supported over 3,700 children in under-resourced rural areas of the Limpopo, Northwest and Mpumalanga Provinces. The Volunteers that will be placed in the project in FY06 entered the Peace Corps program as a result of PEPFAR supported activities in FY05; those who will be placed in FY07 will be recruited and trained in FY06.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Peace Corps Volunteers (key legislative issue) will provide on-going technical support that assists these organizations and related community initiatives to develop the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure their progress in serving OVC. Based on the needs of each organization, Peace Corps Volunteers will work with their host agency to improve project planning and development processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; support the delivery of quality and comprehensive care and services for OVC; and improve the networking and referral mechanisms between NGOs and CBOs, and between local organizations and government departments/institutions.

ACTIVITY 2:

In addition to in-depth, on-going capacity development of identified organizations, Peace Corps South Africa will provide support to additional community groups with which Peace Corps Volunteers are collaborating in order to strengthen the groups' abilities to deliver consistent, comprehensive and high quality services to OVC and their educators and caregivers. By supporting the skills development of community groups and schools, and supporting the development of appropriate referral systems, people living in rural areas will have increased access to quality and professional care. Particular emphasis will be placed on working with local groups to ensure that violence and coercion (key legislative issue) are reduced and that referrals are made to appropriate authorities.

Grants and technical assistance in this area may include (1) Supporting accredited training for community and home-based caregivers with particular emphasis on child care, the psycho-social needs of OVC and related fields; (2) Supporting follow-up and professional development of caregivers, counselors and the leaders of NGOs, CBOs and FBOs to ensure that services are rendered in the context of evolving guidelines for the care and support of OVC; (3) Working with schools and educators to develop guidelines for "early warning systems" for OVC; (4) Working with street children and out-of-school youth to promote healthy-seeking behaviors, develop skills for income generating activities, and develop the necessary life skills and self-esteem to maintain new behaviors; (5) Extend and develop crisis line services for children at risk to enable more holistic and community-centered support for abused and neglected children and their mothers; (6) Supporting joint planning and review activities between non-governmental service providers, local government and district health and welfare authorities; (7) Supporting referral processes which result in an increased registration of OVC as beneficiaries of the Child Support Grant; (8) Developing and testing manuals and handbooks for the use of community and home-based caregivers, child counselors and other stakeholders supporting OVC; and (9) Developing focused financial and client/child tracking and referral systems.

The work of Peace Corps contributes to the US Mission's Five Year Strategy for South Africa by being closely aligned to the SAG strategies in each of the provinces in which they work, and by strengthening the ability of partner organizations to contribute to the 2-7-10 goals.

Note: Peace Corps is relying on Emergency Plan funding in FY07 and FY08 in the amount of [redacted] to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Emphasis Areas	% Of Effort
Training	10 - 50
Local Organization Capacity Development	51 - 100
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC	50	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	3,300	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Street youth (Parent: Most at risk populations)

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Program managers

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

Out-of-school youth (Parent: Most at risk populations)

Religious leaders

Key Legislative Issues

Reducing violence and coercion

Volunteers

Coverage Areas

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Small Grants Fund
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3118
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to these OVC activities, Small Grants Program activities are implemented in the Basic Care and Support program area (#3117).

SUMMARY:
The Ambassador's HIV/AIDS Small Grants Program will use Emergency Plan funds to continue to support South Africa's most promising small community organizations making significant contributions to the fight against HIV/AIDS. Major emphasis areas for this activity are infrastructure and human resources. The activities target OVC, HIV infected infants and children, their families and caregivers, community volunteers, CBOs and FBOs.

BACKGROUND:
The Ambassador's HIV/AIDS Small Grants Program in South Africa has had a tremendously successful first year. Out of over 350 applications, the Mission has entered into agreements with 50 small community-based organizations in the areas of prevention, hospice care, home based care, treatment support and care for orphans and vulnerable children. Funded programs are located in eight provinces, primarily in rural areas. The average funding amount is under Since funding only reached these organizations in September 2005, there are not yet results to report. All programs supported with Small Grants funds provide service delivery that directly impacts communities and people affected by HIV and AIDS.

The Mission has established guidelines and review procedures to ensure that strong applications are considered for funding through a fair and transparent process. All grants must conform to the PEPFAR Small Grants Guidelines. Grants are supervised through each Consulate by State Department small grants coordinators.

Based on the experience in FY05, the South Africa HIV/AIDS Task Force anticipates the strongest applications in FY06 will be in the areas of (1) care, particularly hospice and community-based care, and (2) orphans and vulnerable children.

ACTIVITIES AND EXPECTED RESULTS:

The next round of applications and approvals for Small Grants will begin in January, 2006 (with FY06 funding). Given the successful applications process to allocation FY05 funds, the USG/SA expects to fund similar projects in FY06. Together, the FY06-funded organizations are expected to reach 1,720 OVC with care and support services.

Examples of programs funded in FY05 include:

Christine Revell Children's Home in Athalone, Western Cape, is home to 49 children between birth and five years. Some are orphaned after their parents have died of AIDS, and currently 35% have tested positive for HIV. The home addresses special needs of young children and emphasizes placing children with foster families or relatives before age five. Many of the children are sick and suffer from recurring illnesses. The grant of will purchase medical supplies, support HIV training for staff members, and fund the installation of appropriate safety equipment, including fire extinguishers and emergency exits.

Mother of Peace is an FBO in Lower Illovo, KwaZulu-Natal operating an orphan home and drop-in center on the premises of an abandoned hostel. Currently there are 22 children residing on the property, most between the ages of 6 months and two

years. Five are HIV-positive. Emergency Plan funds [redacted] will enable Mother of Peace to provide proper equipment for the drop-in center to serve an estimated 60 additional orphans, including infirmary equipment, classroom material, a filing cabinet and rubbish bins.

The Nazareth House/Lizo Nobanda Day Care Center operates a day care center and residential project for HIV-positive, orphaned or abused children in Kyayelitsha Township. The center operates out of a former pre-school building originally designed for 40 children, but now serving 70 or more children daily. A [redacted] grant will be used to purchase medical kits, eating utensils and a washer and dryer. The grant will also fund early childhood educational training for five staff members.

These activities support the South Africa Mission's Five Year Strategy by providing support to and building capacity in small local organizations working at the community level. These activities also contribute to the Emergency Plan goals of providing care and services to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Infrastructure	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	1,720	☐
Number of providers/caretakers trained in caring for OVC	72	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
Volunteers
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID GHAI

Prime Partner: National Association of Childcare Workers

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 3128

Planned Funds:

Activity Narrative: SUMMARY:

The National Association of Childcare Workers (NACCW) in collaboration with the Department of Social Development (DSD) will use Emergency Plan funds to provide accredited child and youth care training to 768 workers and volunteers in 6 provinces to support and expand holistic services to 19620 OVC through the Isibindi model. Funding will be used primarily in the emphasis area of training with additional efforts in community mobilization/participation, development of network referrals, needs assessment, policy and guidelines, and quality assurance and supportive supervision. Primary target populations for the interventions include OVC, HIV-infected families and their caregivers, and CBOs, FBOs and NGOs.

BACKGROUND:

"Isibindi – Creating Circles of Care" model is a community-based program that trains unemployed community members in an accredited child and youth care course and provides integrated child and youth care services to child headed households and vulnerable families through the partnership between the NACCW and local NGOs and FBOs. This project is part of a larger initiative of the NACCW to replicate the Isibindi Model nationally in partnership with the DSD. In the last year with Emergency Plan funding NACCW has replicated the Isibindi Model in 6 sites in 3 provinces – KwaZulu-Natal, Limpopo and Eastern Cape. In the period January 2005 – June 2005 NACCW has provided services to 663 children through 56 trained child and youth care workers. The 6 Emergency Plan funded sites and the 6 sites originally selected through Anglo American Chairman's Fund make up 12 sites of the 25 sites NACCW has targeted for replication by the end of 2005. The NACCW project is managed through an umbrella agreement through PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Accredited child and youth care training will be offered to adults known as child and youth care workers and selected volunteers in all 12 sites. It is expected that 768 workers and volunteers will complete all 14 modules of the accredited child and youth care course by the end of FY06 with the appropriate assessment, reaching 19620 OVC. Under the supervision of NACCW, child and youth care works will provide and ensure services to children within a child rights framework. A child rights framework is aimed at centering the best interest of the child and fostering full participation of the children and families in decision making. Child and youth care works will ensure that children and their families are taught their rights, attending school or other relevant courses, and have access to social security and medical care. Other child care services provided under this activity include life space counseling, developmental care, grief-work, management, developmental programs and assessment in the context of ordinary daily events like bath-times, mealtimes, study times and playtimes. The child and youth care workers and volunteers interact with children in their life space – this means in their homes, in schools, in drop-in centers and in parks. To respond to a large number of children requiring after-care services and less intensive support the programs will create safe parks – safe places where children can play with access to child and youth care workers. The safe park will provide for homework supervision, organized sports fixtures, group discussions, cultural activities and the opportunity for children to connect with safe adults. It is estimated that 7520 vulnerable children and youth will be indirectly supported through the activities in the safe park. Monitoring of service provision will include the use of data such as number of visits per family, number of children daily in the safe parks, number of after-care contacts, number of referrals, and number of children and family members linked to ARVs.

The Isibindi Model translated national policy for OVC into practice and is therefore also able to inform policy making. Advocacy ensures that children's rights are protected and all relevant resources are accessed to the child such as education, social security, food parcels, social services, health care and ARVs. The community leaders and others in the community are resources to the project and serve on the relevant committees and assist in the selection of the child and youth care workers for the projects.

ACTIVITY 2:

The maintenance of the Isibindi project and its future sustainability is dependent on active networking and maximizing utility of resources for the project. Linkages will be made between the project, government resources and community support systems to enhance sustainability. Setting up resources in communities that are under-resourced will be a key focus of the project including safe parks, life centers for teenagers heading households, family and community food gardens, income generating programs, foster care programs and volunteer programs. These resources will directly impact the lives of OVC in those communities and contribute to achieving the Emergency Plan 2-7-10 goal.

The National Association of Child Care Workers will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by providing care for children made vulnerable by HIV and AIDS through the expansion of community capacity to deliver good quality care for the vulnerable children, particularly in under-resourced communities. In addition NACCW will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as health and education (key legislative issue). These activities all support the Emergency Plan goal of providing care and support to 10 million HIV-affected individuals, including OVC.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	11,232	☐
Number of providers/caretakers trained in caring for OVC	270	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	4,260	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Education

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Gauteng

Mpumalanga

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: MEASURE Evaluation
Prime Partner: University of North Carolina
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3277
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is part of a larger strategy of SI activities with the SAG. The MEASURE M&E Advisor will assist in coordinating the Department of Social Development activity fully described in the IBM Strategic Information activity (#3023). In addition to this OVC activity, MEASURE Evaluation will implement activities described in the ARV Services (#5059) and SI (#3075) program areas.

SUMMARY:
A MEASURE Evaluation Resident Monitoring and Evaluation Advisor (M&E Advisor) will work under the direct day-to-day supervision of the Chief Director of the HIV and AIDS Unit within the Department of Social Development (DSD) to support the development of an M&E component for the DSD, and assist in the operationalization of this plan. In addition, the M&E Advisor will provide program management support to the organization selected to develop a management information system (MIS) to track OVC at district, provincial and national levels. The major emphasis areas for this activity are human resources and strategic information with additional efforts in local organization capacity development, policy guidelines, quality assurance and supportive supervision and training. The activity targets policymakers and OVC.

BACKGROUND:
This activity was initiated in the second half of FY05 with Emergency Plan funding and will be implemented through Tulane University. In FY05, in collaboration with DSD, a job description was developed, the job announcement was widely disseminated and a candidate selected. The Minister of Social Development has made M&E a priority in the next year in order to better plan OVC interventions.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The M&E Advisor will assist the DSD in developing and implementing an M&E strategy to complement their OVC policy framework. The M&E Advisor will be an integral part of the DSD strategy development process to integrate M&E. Starting with the strategy document, the M&E Advisor will further develop the M&E section into an operational plan and timeline and assist the DSD in implementation of the operational plan.

ACTIVITY 2:
The M&E Advisor will develop the M&E capacity of staff within the DSD and local partners. A strategy has been developed for the M&E Advisor to mentor one or two DSD staff persons to assume responsibility for OVC M&E activities in the DSD by 2008. The M&E Advisor will coordinate M&E training needs within the DSD and of local implementing partners, conduct site visits to local and provincial sites in order to assess gaps in skills and knowledge in M&E and provide technical assistance to meet such needs. The M&E Advisor will evaluate and modify data utilization and flow within DSD.

ACTIVITY 3:
An essential component of the DSD M&E system in South Africa will be the Management Information System (MIS) for OVC. The M&E advisor will serve as the liaison between DSD, the MIS contractor, implementing partners and other donor agencies, oversee major time-lines for the MIS Contractor, and provide technical assistance to the MIS Contractor. Technical assistance will be provided in the following areas: guidance on database design issues relevant to DSD M&E strategy and operational plan to ensure key objectives of DSD are met with the system;

oversight on functionality and user interface, ensuring that data quality and integrity are maintained; and coordination of training needs of the users at the local and provincial level once the MIS system is fully developed.

These activities support the South Africa Mission's Five Year Strategy by supporting the SAG to effectively plan and implement programs that provide services to OVC, and will directly contribute to the quality of services received by OVC throughout the country. These activities support the Emergency Plan's goal of providing care to 10 million people affected by HIV/AIDS, including OVC.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

This activity is being undertaken at the request of the Department of Social Development (DSD). The DSD does not have good data on how many OVC are in South Africa, where they are, and the services that are needed, making it difficult to plan and budget properly for interventions. DSD has requested assistance to build an MIS system to provide routine, quality data on OVC. The Measure Resident Advisor will assist in coordinating this project, as well as develop common indicators, strategies, etc. Therefore, this activity will indirectly contribute to increased access to and quality of OVC programs.

Target Populations:

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: CompreCare
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3294
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
The OVC program described here is related to activities described in the AB program area (#3292) in that together they form part of CompreCare's Initiative in the city of Tshwane (Pretoria).

SUMMARY:
Comprecare, through its partnership with Pretoria Child and Family Care Society, will identify and provide holistic services to OVC and their HIV-affected families, through community-based care and a wellness centre. Primary populations targeted for this project include OVC, volunteers, and community-based organizations. Major emphasis areas for the activities are human resources and linkages with other sectors and initiatives.

BACKGROUND:
The HIV/AIDS epidemic has reached catastrophic dimensions in the City of Tshwane (Pretoria). More than 14% or 336,000 of the 2.4 million inhabitants of the City are already HIV-positive and the number continues to grow. According to estimates, more than 100,000 inhabitants of the City are living with AIDS while an estimated 20,000 children have been orphaned by AIDS. CompreCare is a South African non-governmental organization (NGO) undertaking HIV/AIDS prevention and care activities under a multi-partner initiative called CHAMPS – Coordinated HIV/AIDS Management Programs. CompreCare's partner in OVC is the Pretoria Child and Family Care Society, a non-governmental welfare organization involved in care of OVC. Established 87 years ago, Pretoria Child and Family Care Society has become the largest provider for the needs of OVC in the Tshwane metropolitan area. The OVC program will strengthen HIV-affected families and provide holistic services for OVC. The Comprecare project is managed through an umbrella agreement with PACT, Inc. The Comprecare project was approved through the FY05 COP and Comprecare recently received its initial Emergency Plan funding.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Community Outreach):
Pretoria Child and Family Care Society will identify OVC in the community through the use of trained volunteers (Iso labantwana – "eye on the children"). Iso labantwana is a program adopted from Cape Town Child Welfare which trains volunteers through a 10 module course to reach vulnerable children in the community. The families that are identified are then assessed and assisted with the correct help – child support grants, foster care grants, food, vegetable gardens, support with school attendance and homework, psychosocial support through casework and group work. The volunteers will provide ongoing weekly support to the families in the area with the support of the social worker. Networking with the education system enables CompreCare to identify the children early and ensure that their school progress is not interrupted. The Emergency Plan is funding the social worker, volunteers and the provision of the basic needs of the children.

ACTIVITY 2 (Wellness Centre):
The community outreach activities run hand in hand with the wellness centre for people who are HIV-positive. This centre provides psychosocial support, spiritual services as well as an opportunity to learn beading and earn an income from this skill. Life skills are taught to the HIV-positive adults as well as their children, and include specific components that address reduction of violence/coercion. In addition, families are trained on succession planning which puts in place a care plan for the children prior to the death of their parent. The Wellness Centre has been successful in

prolonging the life expectancy of HIV-positive people thereby delaying the onset of orphanhood.

This project will provide quality, holistic care, to 1,500 OVC, contributing to the Emergency Plan goal of providing care and support to 10 million people, including OVC. CompreCare will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by expanding community capacity to deliver quality care for OVC.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,500	☐
Number of providers/caretakers trained in caring for OVC	60	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

Gauteng

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Hope Worldwide South Africa
USG Agency: U.S. Agency for International Development
Funding Source: N/A
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3301
Planned Funds: $0.00
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to its Track One OVC activities, Hope Worldwide also implements AB programs (#3300 & #3302). Hope Worldwide also implements country-funded programs in basic care and support (#3303), OVC (#3304), and CT (#3305).

SUMMARY:
HOPE Worldwide Africa (HOPE), through its Africa Network for Children Orphaned and at Risk (ANCHOR) program, will use Emergency Plan funds to conduct participatory community assessments, provide training in community mobilization, and establish/strengthen OVC support groups, Kids Club and Community Child Care Forums. Activities will be carried out to increase comprehensive and integrated care and support for OVC at sites in Gauteng and the Eastern Cape, and to strengthen the capacity of families to cope with their problems and the capacity of communities to mount appropriate responses. Primary target populations reached include children and youth, people affected by HIV/AIDS and community members. Major emphasis areas for the project are community mobilization and strategic information with additional efforts in development of network systems, linkages with other sectors and initiatives, local organization capacity development and needs assessments.

BACKGROUND:
The Goal of the ANCHOR over five years is to strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life for 146,000 orphans and vulnerable children (OVC) in disadvantaged communities located in six African countries (South Africa, Cote d'Ivoire, Kenya, Nigeria, Botswana and Zambia). ANCHOR is a consortium of five organizations: HOPE, the Rotarian Fellowship for Fighting AIDS (RFFA), Coca-Cola/Africa (CC), the Schools of Public Health and Nursing at Emory University (Emory), and the International AIDS Trust (IAT). The five-year target for South Africa is to improve the quality of life for 28,750 OVC. With FY06 funding, the expected reach will be 7,000 OVC working in six sites (five in Gauteng and one in Port Elizabeth). The sites for this centrally funded OVC program will be different from the sites currently funded by the South Africa Mission.

ANCHOR will contribute to the Emergency Plan vision in South Africa as outlined in the Five Year Strategy by providing care for OVC through the expansion of local community capacity to deliver quality care for orphans and vulnerable children in their communities. In addition ANCHOR will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and Social Development. Sub grantees are being identified under the ANCHOR program.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
ANCHOR will conduct mapping exercises and baseline household assessments in the selected community site. At each community site, HOPE staff, assisted by local community volunteers, will conduct a participatory OVC assessment using both qualitative and quantitative methods. The involvement of local community volunteers will ensure that the targeting of OVC is community-led. The information gathered will assist in the development of community mobilization strategies, planning, capacity building and monitoring and evaluation.

ACTIVITY 2:
ANCHOR will focus on providing community mobilization and training. Initially, HOPE

staff and volunteers already trained in community mobilization approaches will lead community mobilization and training efforts, with technical assistance provided by other experienced organizations. However, over time local community stakeholders will be trained through a 'trainer of trainers' approach to carry out these activities. Caregivers/families will be included in the training processes. HOPE facilitators and volunteers will identify community groups and engage them to reflect on OVC needs and concerns, as well as develop strategies to strengthen and scale up local OVC action. The involvement of caregivers and community groups will ensure that ANCHOR strategies are context-relevant and that they meet the best interests of the children in each community.

HOPE field staff, local ANCHOR partner representatives and community resource persons, identified through community mapping, will participate in a five-day OVC skills-building workshop at each site. Training will include strategies on Child Protection, Psychosocial Support of OVC and strategies to reduce the abuse of women and children (key legislative issue). Trained facilitators and their organizations will then develop and implement community action plans to identify OVC within their organizations, institutions or communities, address priority OVC needs and promote local stakeholder capacity building, networking and program sustainability. After training, participants will enter a mentoring process with HOPE to ensure that skills are not lost and that OVC receive appropriate care and support services.

ACTIVITY 3:
The third activity will be to establish/strengthen community OVC support groups and Kids Clubs. Psychosocial support, educational support, nutritional support and comprehensive referrals to other care and support services will be facilitated in the support groups and Kids Clubs, with a strong emphasis on youth involvement and leadership and child participation.

ACTIVITY 4:
Where possible, Community Child Care Forums (CCCF) will be established. These forums will consist of key stakeholders in local communities, including health workers, the police, government departments, and CBOs, FBOs, caregivers and child/youth representatives. In addition, educators will be represented on each CCCF to assure that children's educational issues are being addressed (key legislative issue). The functions of the CCCF will be to ensure that OVC needs are met and that there is sustainable care and support for OVC.

These activities contribute substantially to the Emergency Plan goal of providing care and services to 10 million HIV-affected people, including OVC. These activities specifically support the USG/South Africa's Five Year Strategy by expanding the capacity of communities to respond to the needs of OVC, focusing on community participation.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	7,000	☐
Number of providers/caretakers trained in caring for OVC	200	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs	350	☐
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

The South Africa Emergency Plan Task Force has decided that a more rigorous definition should be applied to the OVC program area, modeled after the Mozambique Emergency Plan program. USG/SA determined that the previous definition could reward those programs who provided few services. One organization could buy only school uniforms for OVC and count 10,000, where another partner providing a holistic package of services to OVC was only able to reach 1,000 OVC. The revised standard requires that a partner must provide at least three services (out of a menu of eight), in order to count an OVC as direct. If a partner is providing fewer than three services, the activity is classified as indirect. The distinction between direct and indirect reflects the different intensity of reach. In addition, there is no existing national figure for number of OVC to use to estimate indirect reach.

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

Program managers

Volunteers

Children and youth (non-OVC)

Caregivers (of OVC and PLWHAs)

Religious leaders

Host country government workers

Public health care workers

Key Legislative Issues

Education

Reducing violence and coercion

Coverage Areas

Eastern Cape

Gauteng

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	3304
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This OVC activity relates to other activities implemented by Hope Worldwide South Africa in basic care and support (#3303), AB (#3302) and counseling and testing (#3305).

SUMMARY:
Hope Worldwide South Africa (HWSA) will strengthen and develop community OVC support groups, facilitate kids clubs and community child care forums, train and mentor partner organizations and provide small sub grants to credible community stakeholders. Primary target populations reached include children and youth, people affected by HIV/AIDS and community members. The major emphasis area for the project is community mobilization with additional focus on linkages with other sectors and initiatives, development of network systems, local organization and capacity development, needs assessment and training.

BACKGROUND:
The OVC program is one of four HWSA focus areas funded by the Emergency Plan since 2004. The program's main objective is to strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life of OVC in areas where HWSA operates. The three activities described below began in FY04 and will be further strengthened and scaled up in FY06 and FY07. HWSA plans to capitalize on strengthening the training and mentoring activities and sub-grants. The two new sub-grantees have child focus models focusing on child headed household and OVC services and will be provided with technical support to help scale up their OVC programs. The program aims at contributing to the South African action plan and global framework for OVC. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Increasing comprehensive and integrated care and support for OVC): Support Groups and Kids Clubs.
With Emergency Plan funding, HWSA has established 30 OVC support groups and reached a total of 11,450 OVC from October 2004 to June 2005. The goal for FY06 is to increase the 30 support groups to 50. A total of 19,000 OVC will be reached by the end of FY07. The SPGS function within local clinics or community centers and meet on a weekly basis. The mechanism for OVC referral to the support groups will be strengthened using local CT and PMTCT centers, community health clinics and other relevant care and social services. Support group sites will be equipped with educational and play therapy materials. The new sub-partners, VUKA, LAMLA, Emthonjeni and CHAIN, will be actively engaged in providing these and other forms of community support, including identification of other resources (nutritional, educational, recreational and life skills). Partners will also help establish links with vocational training sites to support older OVC with skills training and apprenticeships. HWSA has leveraged support from the Johannesburg Church of Christ (JCC) Gauteng region which now provides SPGS with food (key legislative issue), educational material and activities every Saturday. In 2006 JCC will support Cape Town, Mthatha, Durban and Port Elizabeth sites to strengthen the OVC community response. After school care facilities and activities are established with the support of PLWHA. Child headed Households will be provided with special services (life skill courses and bereavement therapy). Kids Club is a platform for youth to be involved in supporting each other and children in their community in a non-threatening environment that encourages youth participation in decision making. Youth involved in Kids Club assist in mobilizing the community members to understand and assist in mitigating the

impact of HIV/AIDS on children. The five existing Kids Clubs will be strengthened while 20 new Kids Clubs will be organized in 2006. Youth will be mobilized from youth clubs and groups to assist in the integration of Kids Clubs into their programs.

Strengthening the capacity of families to care for and support OVC.
In FY05 HWSA staff and community partners provided or facilitated access to OVC services that included home visits, education, nutritional and psychosocial support, and referrals for other services including succession planning. HWSA will continue to partner with the Departments of Home Affairs and Social Development to provide documentation and legal services to OVC. In partnership with First National Bank and JCC, HWSA facilitated access to food and education (key legislative issue). VUKA will assist with micro-business (key legislative issue) for older OVC and caregivers. Through Community Child Care Forums (CCCF), caregivers will be encouraged to start micro-business and food gardens. HWSA plans to provide 19,000 OVC with services with FY06 funding.

ACTIVITY 2 (Mobilizing and strengthening community-based OVC responses):
In the next twelve months HWSA will continue to provide training in Psychosocial Support, Kids Clubs, Community Child Care Forums and Support Groups to partner organizations. To ensure partner collaboration, MOUs will be signed prior to training. In FY05, 257 people were trained; the goal with FY06 funding is to train 400 people. HWSA has already identified 40 NGOs, 20 schools and 10 FBOs in need of training. One of the NGOs is from the North West province and has four sites. This is a new site and HWSA sees an opportunity to scale up community OVC response through this NGO. The aim is to increase care and support of OVC as emphasized in the OVC action plan for South Africa.

ACTIVTY 3 (Sub Grants):
Four new sub-grantees, VUKA, LAMLA, Emthonjeni and CHAIN, will scale up OVC activities to reach 6,000 OVC (of the 19,000 OVC targeted). The sub-grants will be awarded for OVC support in education, nutrition, Kids Club, support groups and psychosocial support training. Technical assistance will be provided on organizational capacity development to improve the care and support of OVC. Regular mentoring and feedback sessions will be held to review progress. Sub-grants will be used for human resource, training, community mobilization, program support and travel. HWSA will use funds for salaries, employment of trainers, monitoring and evaluation, training, procurement, travel and program support. For the new areas baseline and community profiling will be conducted. Monitoring and Evaluation will be conducted on a regular basis. 15 organizations will be trained in organizational capacity development. HWSA plans to reach a total of 19,000 OVC with three or more services, including psychosocial support, food or nutritional support and home visits to monitor them in their home environment.

Through these activities, HWSA contributes to the Emergency Plan goal of providing care to 10 million HIV-affected individuals. These activities also support the Emergency Plan vision in South Africa as outlined in the Five Year Strategy by expanding local communities' capacity to deliver quality care for OVC in their communities. In addition HWSA will increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and Social Development. All this will lead to a contribution to the 2-7-10 goals of caring for seven million people.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	19,000	☐
Number of providers/caretakers trained in caring for OVC	400	☐
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Program managers
Volunteers
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Religious leaders

Key Legislative Issues

Food

Microfinance/Microcredit

Education

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Western Cape

Eastern Cape

UNCLASSIFIED

Mechanism: N/A
Prime Partner: IBM
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3344
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is related to the activity identified under the OVC Measure Evaluation activity (#3277). The Measure Resident Advisor, along with a DSD counterpart, will serve as the point person for coordination of this activity within the DSD. This set of activities is supported by UNICEF, AusAID and the DSD.

SUMMARY:

This project is being implemented at the request of the SAG Department of Social Development (DSD). IBM will conduct a multi-phase project, which was initiated with activities approved in the FY05 COP, and which will continue over the next two or three years in order to develop an effective system for identifying, registering and tracking OVC in South Africa. The project will function at the local, provincial and national levels. It is anticipated that the system or database that results from this multi-phase process will improve overall planning for OVC in order to better address the needs of these children, as well as provide a tool for monitoring their well being. The major emphasis area for this project is SI with additional efforts in development of network systems, linkages with other sectors and initiatives, local organization capacity development, and policy and guidelines. Primary target populations include OVC and their families and caregivers, program managers, government workers and implementing partners.

BACKGROUND:

The USG collaborates closely with the DSD, as they are the SAG body responsible for OVC. In FY05, the USG/SA supported two OVC service delivery providers on the DSD's behalf, as well as a targeted evaluation examining the types of care provided through home-based care to OVC. Lack of data regarding the scope of the OVC problem in South Africa continues to be a concern of the SAG. Therefore, in FY06, USG will continue to support the two implementing organizations, and in addition will assist with the development of a comprehensive OVC management information system (MIS) to address the DSD's concerns regarding information needs. The MIS project will be governed by a Steering Committee made up of the DSD, USAID, UNICEF, Joint Economic AIDS and Poverty Program (JEAPP), DfID, Save the Children, and Nelson Mandela Children's Fund.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

The first phase of the project will begin immediately and involves a situational analysis of OVC data to provide an understanding of: existing databases for OVC (in South Africa and regionally); the kind of information available on children (within other SAG Departments and NGOs); the physical location/distribution of OVC across provinces; the models of care used for caring for children nationally and internationally; and available policies and programs on OVC in the region. Gaps identified through this exercise will then inform the development of a permanent OVC MIS. Funding for Phase 1 will be provided by UNICEF, AusAID and Measure Evaluation.

ACTIVITY 2:

The second phase of the project will be to implement a pilot MIS within one province based on the recommendations that are identified in Phase 1. The pilot will include the development of data capture tools, revisions to the current human resource and data flow structures of the provincial DSD, database implementation and training at all levels. This pilot will be monitored closely by the Steering Committee to ensure that it meets the needs of local, provincial and national DSD staff. This work will be done through a sub-contract from IBM.

UNCLASSIFIED

ACTIVITY 3:
Based on the results of the pilot, the project will be taken to scale to all 9 provinces and feed up to a national level MIS. It is anticipated that this will be in place by January 2007.

EXPECTED RESULTS:
In the long-term, it is expected that the DSD will have a comprehensive system operating at local, provincial and national levels to collect key data on OVC. In the short-term (FY06), it is expected that the activities described above will provide estimates of OVC, determine what OVC data and systems currently exist in South Africa, identify data gaps, and develop for DSD a comprehensive strategic plan (and timeline) for design and implementation of a nationwide OVC management information system.

This activity directly supports the USG's primary objective, which is to support the SAG and their Comprehensive Plan for HIV/AIDS. Addressing the needs of OVC is a critical component of the SAG plan and this project will directly help improve services by providing the SAG with data for planning and budgeting. In addition, improving the SAG's overall support system to OVC will assist in reaching the overall PEPFAR goal of providing 10 million people with care, including OVC.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

This activity is being undertaken at the request of the Department of Social Development (DSD). The DSD does not have good data on how many OVC are in South Africa, where they are, and the services that are needed, making it difficult to plan and budget properly for interventions. DSD has requested assistance to build an MIS system to provide routine, quality data on OVC. The IBM, through a sub-contract, will provide technical assistance for this project. Therefore, this activity will indirectly contribute to increased access to and quality of OVC programs. The sub-contractor will work closely with the Measure Resident Advisor (#3277) and the DSD staff.

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Program managers
USG in-country staff
Caregivers (of OVC and PLWHAs)
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APS
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 3346
Planned Funds:
Activity Narrative: SUMMARY:

Emergency Plan funds will be used to strengthen prospective partners that will provide good quality, comprehensive and compassionate care for AIDS Orphans and Other Vulnerable Children (OVC). The Emergency Plan recognizes the urgency of addressing the needs of children orphaned by AIDS and other vulnerable children. Regardless of projected reductions in HIV transmission, the number of orphans will continue to rise over the next decade. Without access to food, shelter, and essential services such as education and health care, this population of children is acutely vulnerable to a host of dangers, including HIV/AIDS. The major emphasis areas for the activities selected are expected to be community organization/participation and local organization capacity building.

BACKGROUND:

South Africa USG issued an Annual Program Statement in July 2005 targeted solely at programs that will provide good quality, comprehensive and compassionate care for AIDS Orphans and Other Vulnerable Children (OVC). The USG currently has a limited number of OVC partners and chose to expand the base of OVC partners through the use of the competitive APS mechanism. The amount to be funded for the OVC APS has been determined to ensure that the overall South Africa budget will reach a minimum 10% in the OVC area, and the amount for the OVC APS in South Africa's plus-up request has been similarly calculated to reach that target at the full plus-up level. The APS is a two tier process with concept papers and a full proposal stage. The USG is currently at the end of stage one and received 66 application by August 19, 2005. Proposals have been reviewed and a limited number have been selected for full proposals. Full proposals are due on 2 November 2005. It is expected that at least three or more new partners will be contracted through the Pact grant management mechanism to provided OVC support.

ACTIVITIES AND EXPECTED RESULTS:

The USG in South Africa expects that the emphasis of OVC program activities will be on strengthening communities to meet the needs of OVC affected by HIV and AIDS, supporting community based responses, helping children and adolescents to meet their own needs, and creating a supportive environment where children can grow and develop into productive members of society. In order to count an OVC reached as receiving direct services, the organization must at a minimum provide three of the following services:

- increasing access to education (including school fees, uniforms or tutoring);
- assisting OVC to access economic support (accessing social grants, income generation projects, etc.);
- providing food and/or nutrition support;
- providing legal aid, including accessing birth certificates;
- assisting OVC to access health care;
- providing or linking an OVC to psychological and/or emotional care; and
- protection from abuse.

The organization must be able to demonstrate that an OVC has benefited from the intervention, and assess the value added. Indirect reach could include reaching an OVC with fewer than three services, policy/guideline development, community mobilization around OVC, organizational development of indigenous organizations; the list is not exhaustive.

Specific areas for funding might include those listed below:

- Interventions that focus on community/home based care networks to provide care for OVC.

- Programs that work with governments to protect the most vulnerable children and provide essential social services.
- Integrated initiatives that respond to the housing, security, social and educational needs of OVC, especially in community settings.
- Programs that support women and young girls who bear the burden of caring for people living with HIV/AIDS and for vulnerable children and orphans.
- Programs that support children at special risk (e.g. children in child headed households, children living with elderly and frail grandparents, etc.).
- Programs that ensure that OVC programs are integrally linked to home based care programs, prevention, peer education, stigma reduction campaigns, school based programs, etc..
- Programs that ensure that OVC remain healthy and have access to primary health care.
- Programs that work with schools in providing support to OVC (life skills, peer education, after school programs and ensuring access to education, etc.).
- Programs that strengthen the protection and care of OVC within their extended families and communities.
- Interventions that enhance the capacity of families and communities to respond to the psychological and social needs of OVC and their care givers.

The prospective partners that result from the USG South Africa APS will substantially contribute towards reaching the Emergency Plan goal of providing care and support for 10 million HIV-affected people by improving care and support for OVC. These new partners will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy by improving the capacity of local organizations and communities to deliver good quality care for OVC in their communities. In addition, these partners will also increase OVC access to the government support systems and strengthen linkages and referral systems with other social services such as Health, Education and Social Development.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	10,000	☐
Number of providers/caretakers trained in caring for OVC		☑
Indirect number of OVC programs		☑
Indirect number of OVC served by OVC programs		☑
Indirect number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.08: Activities by Funding Mechanism

Mechanism: APS

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 6378

Planned Funds:

Activity Narrative: Emergency Plan funds will be used to strengthen prospective partners that will provide good quality, comprehensive and compassionate care for AIDS Orphans and Other Vulnerable Children (OVC). The USG currently has a limited number of OVC partners and has chosen to expand the base of OVC partners through the use of the competitive APS mechanism. This activity and its targets are described in full under activity number 2815.

The South Africa Task Force anticipates that the majority of new OVC projects awarded through the APS will be funded through USAID. The South Africa Task Force also anticipates that of new OVC projects awarded through the APS will be funded through CDC. This COPRS entry relates solely to the anticipated OVC projects to be funded through CDC.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

Since 2000, the NDOH has supported widespread implementation of a National Program for CT, establishing national policies, procedures, guidelines and legislating intervention strategies. The goal is to provide universal access to an adult population between the ages of 15-49 by the end of 2005 (coverage among public health facilities is over 80%). The NDOH and other stakeholders are currently exploring the use of routine and diagnostic testing as a means to increase access to CT and ensure linkages to care and treatment programs.

Consistent with the South Africa Emergency Plan Five Year Strategy, CT activities focus on increasing demand, expanding services, expanding and reinforcing linkages, and systems strengthening.

DEMAND. In FY06, Emergency Plan supported projects in South Africa will increase the demand for CT through targeted services and social marketing. The USG actively encourages providers in all settings (medical and non-medical) to recommend CT to all clients on a routine basis. BCC and social marketing activities targeted to the workplace and to health care settings promote destigmatization, the normalization of knowing one's HIV status, and campaigns to "stay negative."

EXPANSION. The Emergency Plan supports projects to expand services away from hospital-based settings through integration of CT within primary health services, and through support for free-standing and mobile CT services. Focused projects expand CT activities for underserved populations, including prison inmates, employees, clients of traditional healers, and the military.

LINKAGES. With the expansion of HIV related treatment in South Africa (the NDOH intends to make CD4 testing available at all public sector CT service points), the role of CT in identifying and referring those in need of HIV-related services is essential. Emergency Plan supported CT activities expand access to clinical care for persons infected with HIV by strengthening linkages between traditional healers and biomedicine, CT, TB and PMTCT and continue to support the development of a referral network to TB, STI, family planning and home-based/palliative care.

SYSTEMS STRENGTHENING. To strengthen national systems, Emergency Plan activities in collaboration with the SAG include the expansion of accreditation and quality assurance programs for all sites providing CT services, particularly NGOs, CBOs, FBOs and trade union representatives; development of a communications/marketing strategy; support to the provinces through quarterly CT meetings and a yearly CT Technical Meeting; development of CT training materials; and the provision of targeted training (e.g. rapid test training, protocol adherence training). The USG provides ongoing technical assistance to the NDOH in the development of CT policy, data management and M&E, and training materials that support couples counseling.

CT will continue to be an effective means to accomplish primary and secondary prevention goals, reduce stigma, link clients to available services, and reduce the personal and social impact of HIV/AIDS in South Africa. However, expansion of CT programs in FY06 has been limited due to funding allocations directed toward growth in the areas of treatment, OVC and AB in order to reach budgetary requirements. Through a broad array of South African partners, the Emergency Plan will support CT for over 415,000 South Africans (of which 265,980 will be direct) by September 2006, exceeding the target of 408,796 calculated pursuant to the COP Guidelines. Achieving the calculated target of an additional 570,022 by September 2007 can be achieved and will be significantly exceeded if South Africa receives its full plus-up allocation.

The FY06 COP also includes some CT-related activities in the TB program area.(e.g. Medical Research Council). Other donors focusing their efforts on CT include: KfW, DFID, GTZ, UNESCO and CIDA.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	1,082
Number of individuals who received counseling and testing for HIV and received their test results	326,850
Number of individuals trained in counseling and testing according to national or international standards	10,155

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Africare
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 2910
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The counseling and testing activities of the project form one component of a comprehensive approach to HIV/AIDS treatment, care and support described in Basic Care and Support (#2909), TB/HIV (#3752), AB (#2911) and ARV Services (#2908) sections of the COP.

SUMMARY:

Africare's Hewu Comprehensive HIV/AIDS Project provides HIV/AIDS, care and support to the Whittlesea community surrounding the Hewu hospital in the Eastern Cape. Africare will scale up its CT activities to an additional 17 clinic catchment areas, support ongoing community outreach to increase CT uptake, and initiate post-test clubs for HIV-positive individuals and their family members. The major emphasis area for the activity is training, with additional emphasis in infrastructure, commodity procurement, IEC, quality assurance/supportive supervision and logistics. The activities target PLWHA and HIV-affected families, public health nurses and community volunteers, children, youth and adults.

BACKGROUND:

Initiated in September 2004, the Hewu Project is part of a comprehensive prevention, treatment, and care and support project that includes community mobilization, step-down and palliative care, and prevention activities. Emergency Plan funds were used to initiate activities under this component in FY05. Africare will scale up its CT activities in the current 8 Hewu hospital's clinic catchment areas to the remaining 9 Hewu hospital clinics and 8 additional clinic catchment areas surrounding the Frontier hospital, bringing the total to 27 service delivery sites. The project will also expand existing and initiate new activities that are aimed at increasing CT uptake in the community.

ACTIVITIES AND EXPECTED RESULTS:

The project will carry out the following separate activities in this program area.

ACTIVITY 1 (counseling and testing):

The first activity provides comprehensive counseling and testing through both stand-alone and integrated CT services within health facility settings. As the project expands its services to the remaining 9 Hewu hospital clinics and the Frontier hospital's 8 clinics, the new clinics will be supported to provide counseling and testing for diagnostic purposes for high numbers of inpatients and outpatients. Counseling and testing will be offered to the following principal target populations: pregnant women, TB patients, family planning clients, and patients at the STI clinics. Additionally, the project will expand the number of stand-alone CT centers to include the remaining 9 Hewu hospital clinics and the Frontier hospital's 8 clinics. In this way, family members counseled during home-based care visits will be able to access CT services. This funding will support the procurement of test kits; renovation of the site locations at the project catchment clinics to become certified CT centers; training of 2 lay counselors per clinic (based on the Government's guideline); supervising service corps volunteers assigned to the clinic in providing counseling and testing and in the use of CT registers; and training the supervising health facility nurses in ensuring a minimum quality standard for services. This activity will build on FY05's successes (2,682 individuals provided with counseling and testing services and 10 nurses trained in the 8 clinics supported) by providing support for 17 additional facility outlets, training 138 individuals in counseling and testing, and providing counseling and testing services to an estimated 17,160 individuals.

ACTIVITY 2 (community outreach):

The second activity supports ongoing community outreach counseling and testing events, initiated in FY05. In FY06, community leaders, local performing artists and well-respected members of the community will be used as speakers at these events. The aim of these events is to increase community uptake of CT services. Funding for this activity will cover: procurement of test kits, infrastructure, support during community outreach events, training and sponsorship of public speaking opportunities for community leaders and other dignitaries.

ACTIVITY 3 (support groups):
In FY06, the project will initiate 5 post-test clubs at designated health facilities. The aim of these clubs is to bring together all newly diagnosed HIV positive individuals and their family members in order to provide high quality information on HIV/AIDS treatment, care and support services; to strengthen and expand counseling and other psychological support services; and to decrease stigma and discrimination experienced by PLWHAs (key legislative issue). The funding for the post-test clubs will address the following emphasis areas: production of IEC materials, recruitment and training of 20 post-test club supervisors (10 male and 10 female) in order to increase gender equity in HIV/AIDS programs (key legislative issue) and male norms and behaviors (key legislative issue), and the procurement of equipment (e.g., TV and VCR) to provide members with increased information.

Africare's activities strongly support the vision outlined in South Africa's 5 Year Strategy by expanding access to counseling and testing services in rural and underserved areas. Because CT serves as the entry to HIV care and treatment, these activities also contribute to the Emergency Plan goal of providing services to 10 million HIV-affected individuals and putting 2 million individuals on treatment.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	27	☐
Number of individuals who received counseling and testing for HIV and received their test results	17,160	☐
Number of individuals trained in counseling and testing according to national or international standards	138	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Family planning clients

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Volunteers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 2915
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Aurum's Counseling and Testing activities are part of an integrated program also described in the Basic Care and Support (#3323), TB/HIV (#2914), ARV Drugs (#2913) and ARV Services (#2912) program areas.

SUMMARY:

Aurum Health Research (Aurum) will use Emergency Plan funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to workplace programs in eight provinces and provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum clinical research sites. The major emphasis area for this activity will be training, with minor efforts in commodity procurement, human resources, infrastructure, and local organization capacity development. Target populations include infants, children and youth; adults, including men and women of child-bearing age; HIV-infected infants and children; street youth; and other PLWHA.

BACKGROUND:

Aurum is 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 Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of HIV/TB, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees.

This program was originally funded in FY05 to function within existing employee health clinics. Although the project continues to target the same population in the same geographic areas, for management reasons the project has been redesigned and is now working through general practitioners, community clinics and public facilities.

Aurum's Emergency Plan-funded program started with training of staff in November 2004. As of mid-August 2005, 15 of the sites identified as candidates for the program had been enrolled. Thirty-two nurses, 49 doctors, and 65 other health care professionals (including counselors) had been trained. Patient recruitment started in March 2005. By mid-August 2005, 619 patients had joined the HIV care program.

CT is the entry point to a package of HIV care services that includes medicines to prevent opportunistic infections and the provision of antiretroviral therapy. The program is integrated with Aurum workplace programs and with patient education and awareness programs for HIV microbicide and vaccine trials. In Hillbrow the program is integrated with a palliative care, housing and education program. The CT activity has three main components: (a) To supply enrolled sites with CT kits when supplies of kits provided by the SAG run out; (b) to provide CT services in stand-alone sites providing CT services on their own or providing the services as part of the package of HIV care; and (c) to provide training to all staff members providing CT at enrolled sites.

In the Caritas Care site, for example, the CT program started in 2004 and is mainly a community outreach program that has been funded by the SAG. Emergency Plan funds have been used at this site since July 2005 to expand the SAG project and to continue services when the SAG supply runs out. In four other GP sites the program started in July 2005 and is wholly funded by the Emergency Plan. Training of staff at other sites has started and is expected to continue in all 90 anticipated sites. Staff members are implementing the program at each site.

ACTIVITIES AND EXPECTED RESULTS:

Before a site can join the program, staff members will receive training, including a training manual, from Aurum. Aurum will also procure test kits for use in CT sessions and distribute them to the sites. Every individual who visits a site will be offered an opportunity for counseling and testing (increasing gender equity in HIV/AIDS programs, key legislative issue). Individuals will undergo pre-test counseling, testing, and post-test counseling after receiving their results. These services will be provided in the course of one visit. Patients will then be referred for further counseling and/or management depending on the test results. The protocols to be used for HIV testing and counseling in this program were developed using national as well as WHO guidelines.

The Emergency Plan-funded program started in July 2005 at five sites. By the end of July 2005, CT services had been provided to 104 individuals. This will increase to 19,480 by September 30, 2007.

By providing CT services to nearly 20,000 dependents and partners of Anglo Group employees and Anglo Group contractors, Aurum will substantially contribute to the Emergency Plan goal of preventing seven million new infections. The referral service performed by this program will also contribute to the Emergency Plan's care and treatment goals, and to the USG's Five Year Strategy for reducing new infections and treating PLWHA in South Africa.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	95	☐
Number of individuals who received counseling and testing for HIV and received their test results	19,480	☐
Number of individuals trained in counseling and testing according to national or international standards	70	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Faith-based organizations

Street youth (Parent: Most at risk populations)

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism: TASC2: Intergrated Primary Health Care Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 2951
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity relates to additional IPHC activities described in PMTCT (#2952), OVC (#2950), Basic Care and Support (#2949) and ARV services (#2948) sections of the COP.

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH will support HIV counseling and testing services, and as part of these services provide screening of HIV-positive clients for ARV therapy. Services will be carried out in 8 districts in 5 provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West). Clients who meet the criteria for ARV therapy in accordance with the SAG guidelines for initiating ARV therapy will be prepared at primary health care level and referred to appropriate accredited facilities for ARV therapy. These clients include infants, adults, family planning clients, women, and migrant workers. This activity also targets testing pregnant women and facilitating access to PMTCT and ART services. The primary emphasis area is quality assurance and supportive supervision, with additional emphasis on training and SI.

BACKGROUND:

This activity is a continuation of activities initiated in the FY05 Emergency Plan Funding. All activities will be supported directly by IPHC Project working closely with counterparts from the Department of Health at both district and provincial level. IPHC Project will work closely with service providers at PHC level and secondary and tertiary level to increase access to ARV therapy. The aim of this activity is to increase the number of clients accessing ARV therapy by devolving activities to primary health care level.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

IPHC Project will train 200 health care providers (professional and lay) on screening of clients for ARV therapy in accordance with the national guidelines. Training will also include client readiness programs, adherence counseling and monitoring, disclosure of status and treatment support, identification of and treating adverse drug reactions (ADR) and nutrition counseling of clients on ARV therapy.

ACTIVITY 2:

IPHC Project will assist the provincial HIV and AIDS Directorate of the DOH as well as the eight districts that receive IPHC Project support to prepare Hospital and PHC sites for counseling and testing, and to provide technical assistance to accredited sites to strengthen the referral system for ARV clients. This activity is a continuation of an FY05 activity. IPHC expects to provide assistance to 250 sites to be supported.

These activities contribute to the Emergency Plan goal of providing care to seven million HIV-affected people, and in this case, ultimately treatment. In addition, these activities will address the priority area of increased linkages between CT services and health systems networks from the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Training	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	250	☐
Number of individuals who received counseling and testing for HIV and received their test results	35,000	☐
Number of individuals trained in counseling and testing according to national or international standards	200	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	80,000	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

IPHC Project will provide technical support at provincial level to in North West, Mpumanalga and Eastern Cape in monitoring and evaluation of VCT services, train coordinators in data analysis, interpretation of data, the use of data for decision making and implementing different form of counseling and testing (e.g. routine testing of all STI, TB and ANC clients for HIV); provide technical assistance to the provincial department to conduct quarterly reviews of counseling and testing services for all sub-districts. IPHC will thus count the provincial targets (minus those facilities counted as direct) as indirect count.

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Pregnant women

University students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Migrants/migrant workers (Parent: Mobile populations)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Nelson Mandela Children's Fund, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	2962
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

NMCF had planned to 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. Goelama would have provided training to home-based care workers in HIV/AIDS prevention, including CT promotion. In addition, volunteers would have implemented 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. However, this activity with NMCF will not be implemented using FY05 funds. NMCF has undergone a refocusing exercise and will focus solely on OVC programs. USG/SA will work with OGAC to reprogram these funds.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards	55	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

31A

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 2970
Planned Funds:
Activity Narrative: SUMMARY:

RELEASED IN PART
B5

Population Council/FRONTIERS is using Emergency Plan funds to assess needs, design, implement and evaluate an intervention aimed at improving uptake of CT by integrating HIV prevention and components of CT into Family Planning services in 18 clinics in North West Province (NWP). This project seeks to stimulate uptake of CT in public health clinics, which are the most highly utilized reproductive health services in the country, and help normalize the counseling seeking behaviors from the general population. Major emphasis areas for these activities are strategic information and training, with efforts also in IEC, needs assessment, policy and guidelines, and quality assurance and supportive supervision. Specific target populations for each activity are described below.

BACKGROUND:
This is an ongoing Emergency Plan activity implemented in two phases by FRONTIERS in collaboration with the National Department of Health (NDOH) and the NWP DOH. The goal of the first phase of the project was to implement and test the acceptability, feasibility, and cost of two different models of integration of counseling and testing for HIV into family planning services. The second phase will compare the two models with standard practice and evaluate their effectiveness in terms of uptake of CT and uptake and use of dual protection. Both models seek to promote the availability of routinely offered counseling and testing to clients. To date, a number of NDOH approved job aides have been developed (algorithm, information booklet and IEC leaflets), a training manual has also been developed and it focuses on the promotion of prevention and the delivery of high quality counseling. A total of 141 nurses have been trained to provide the integrated services, which include provision of HIV prevention messages, CT awareness information and strengthened referral or testing for CT in 12 clinics in NWP. Two hundred and eight FP clients tested for CT in the first month of the intervention (June 05) and this number is expected to increase several fold as providers get more accustomed to implementation. FY06 funds will be used to scale up service provision in Phase 2 of the project. FRONTIERS will introduce, implement and evaluate the intervention in six additional clinics and continue to monitor the uptake of CT in 12 clinics with an integrated service from Phase 1. Results from the evaluation will help the Provincial and National DOH make decisions on resource allocation and service delivery systems for CT. Emergency Plan funding will further be used for wider dissemination of results, creating conditions for scale up by providing technical assistance to the NDOH to discuss implications and to ensure that results feed into policy and practice at the national level. As this is an area of regional importance, Emergency Plan funding has also been received in Kenya to replicate the intervention in two districts.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
(Strategic Information): Evaluation of the effectiveness of integrating HIV into FP services. Funds will be used to develop evaluation tools, train field workers and collect and analyze data. Target groups for the strategic information are policy makers, program managers, researchers and academics, national and international NGOs, nurses and USG partners and staff. Funds will also be used to conduct seminars with relevant stakeholders for information dissemination where innovative interventions on how to increase CT uptake, as proposed by the project, will be discussed. Information provided to both the DOH and NGOs working in the field of Care and Support will help to inform them about effective scale-up of CT interventions.

UNITED STATES DEPARTMENT OF STATE
REVIEW AUTHORITY: HARRY R MELONE
DATE/CASE ID: 05 JUL 2006 200504053

ACTIVITY 2 (Ongoing Quality Assurance and Supportive Supervision):
Funds will be used to provide ongoing monitoring and supportive supervision to 18 clinics at the intervention sites providing integrated services and to build capacity of DOH staff at district and provincial level to sustain supervision. Target groups for this activity are program managers, facility, district and provincial DOH staff in the Mother and Child Welfare and CT programs.

ACTIVITY 3:
Training of approximately 70 additional nurses to provide HIV prevention information, risk assessment and referral or provision of CT will be expanded to an additional 6 newly recruited clinics (total of 18 clinics) in FY06. Training will also be provided to facility and district supervisors and program managers. The target for this training will be nurses, facility managers and supervisors and the beneficiaries of the strengthened services will be family planning clients and their partners. Emergency Plan funds will be used to modify and print materials for DOH approved training and implementation as well as to cover other costs of training including transport, accommodation and venues.

ACTIVITY 4 (Dissemination, creating conditions for scale up and capacity building):
Ongoing meetings will be held with the DOH at the national, provincial and district level to disseminate findings, provide updates and provide ongoing support and capacity building. Target groups for these activities will be policy makers, program managers, DOH staff at various levels of implementation, other NGOs, lay counselors, and USG in-country staff.

EXPECTED RESULTS:
Due to the intervention, FRONTIERS expects the uptake of CT to significantly increase in all clinics. Results from the evaluation will help the Provincial and National DOH make decisions on resource allocation and service delivery systems for CT, which will make the intervention sustainable. FRONTIERS will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by expanding access and availability of CT services, and increasing demand for and use of CT services. Increasing CT services also directly contributes to the Emergency Plan goal of increasing ARV treatment.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	18	☐
Number of individuals who received counseling and testing for HIV and received their test results	21,600	☐
Number of individuals trained in counselling and testing according to national or international standards	70	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Family planning clients

Nurses (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Girls (Parent: Children and youth (non-OVC))

Women (including women of reproductive age) (Parent: Adults)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Right To Care, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	2972
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This CT activity is part of an integrated program that includes activities described in the TB/HIV (#3276), Basic Care and Support (#2975), ARV drugs (#2974) and ARV services (#2973) program areas.

SUMMARY:

Right to Care (RTC) is using Emergency Plan funds to identify HIV-infected individuals by capacitating the treatment sites and through direct community-based access to CT in three provinces. CT is used as a prevention mechanism to promote abstinence, be faithful and condoms, as well as an entry-point into care support and ARV treatment. It is also an essential tool for fighting stigma and discrimination (key legislative issue). The major area of emphasis is human resources, and populations to be targeted include university students, adults, pregnant women, HIV-positive infants, truckers, and public and private sector health care providers.

BACKGROUND:

RTC, a South African NGO established in 2001, is focused on building public and private sector capacity to deliver safe, effective and affordable care and support and ARV therapy. RTC's CT services are a continuation of ongoing activities, which have been Emergency Plan-funded since FY04. Originally initiated as part of its holistic education, testing, care and treatment Direct AIDS Intervention (DAI) program for the employed sector, RTC's CT activities have since expanded their reach through a range of partnerships with government sites, private sector providers and NGO and FBO clinics and organizations, and is now reaching substantial numbers of clients from predominantly vulnerable populations through clinic-based CT as well as community-based CT.

RTC is currently implementing a program of voluntary CT for vulnerable populations, with the actual testing being done either by sub-contractor The Careways Group (TCG) or by RTC itself. RTC jointly implements the DAI workplace program in conjunction with partner Alexander Forbes in the DAI program, successfully implementing on-site education and CT. Uptake at on-site CT is reaching high proportions with up to 90% of employees volunteering for CT. RTC further supports the CT activities of treatment partners, including its Thusong network of private practitioners, several government sites, and NGO and FBO sites. CT training is conducted by RTC's Training Unit as well as by several of RTC's sub-partners.

RTC will consolidate and expand its existing activities, building on past successes (tested 32,616 clients for HIV at 52 outlets, and trained 621 healthcare workers and lay counsellors in CT services in the 12-month period up to 31 March 2005).

ACTIVITIES AND EXPECTED RESULTS:

The continuation of support for government sites, NGO and FBO clinics as well as private practitioners ensures the widespread and sustainable availability of CT services. The strategic mix of clinic-based and community-based CT will see further expansion of activities which bring CT services to the doorstep of impoverished populations and high-risk groups such as truck drivers, farm workers, tertiary students, rural communities and residents of informal settlements, by means of mobile clinics, rural clinics and clinic-linked units in vulnerable communities. Emphasis will be placed on consolidating and/or expanding CT services for couples, CT services for infants and children, as well as cross-testing (testing STI and TB patients for HIV and vice versa, and testing of pregnant women).

ACTIVITY 1:

RTC will support all its CT providers by disseminating policies and guidelines on CT, by providing quality assurance through sharing best practices and supportive supervision, and by offering guidance on monitoring and reporting of results. RTC and several of its sub-partners will also provide ongoing training in CT services for lay counsellors and nurses (either employed by RTC or its partners, or external health workers) to ensure strict adherence to CT protocols and high quality counselling.

ACTIVITY 2:

The strengthening and expansion of referral networks and linkages with care and treatment services for clients identified as HIV-positive remains one of the central focus areas of RTC's CT activities. Linkages with community mobilization and outreach activities will be continued. Positive individuals are referred from CT to care. In projects funded in FY05 and FY06 models of increasing transition to care are being tested including the use of CD4+ count testing at the time of CT to encourage early patient staging for referral. Access to a 24 hour call center for post-testing counselling has also been demonstrated to be beneficial. Negative individuals will be counselled in prevention and behaviour change within the ABC framework.

Emergency Plan funds will largely be used for human resources at all CT providers: NGO and FBO clinics and organizations receive sub-awards which are partially earmarked for nurses and lay counsellors. Emergency Plan funds will also be utilized to address minor infrastructure needs where necessary for the delivery of CT services to ensure efficient and confidential services. RTC has successfully implemented CT in educational institutions such as the Johannesburg University and UNISA. CT targeting university students will continue in FY06.

In FY06, RTC will test an additional 40,000 clients at 79 outlets, and train a further 150 healthcare workers and lay counsellors in CT services. These CT activities will target the Emergency Plan care objectives of 2-7-10 by identifying HIV-positive individuals for care, support and treatment and preventing infection in those who are HIV-negative. This will contribute to the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to, and availability and quality of CT services.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	79	☐
Number of individuals who received counseling and testing for HIV and received their test results	40,000	☐
Number of individuals trained in counseling and testing according to national or international standards	150	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Business community/private sector

Community-based organizations

Faith-based organizations

Nurses (Parent: Public health care workers)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Pregnant women

University students (Parent: Children and youth (non-OVC))

HIV positive infants (0-5 years)

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Masibambisane 1
Prime Partner:	South African Military Health Service
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	2982
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Counseling and Testing activities form one component of Masibambisane's comprehensive approach to HIV/AIDS prevention, care and support described in AB (#2977) Other Prevention (#2978), Basic Care and Support (#2980), OVC (#2980), Strategic Information (#2981) and ARV Services (#3339) sections of the COP.

SUMMARY:
Masibambisane will expand its HIV CT programs in FY06 with the establishment of one additional centralized counseling and testing center, an expansion of CT training to all health care workers in military facilities, and the establishment of routine testing of high risk groups. The major emphasis area for these activities is infrastructure, with additional emphasis on training. CT activities target several military populations: children, youth and adults, family planning clients and pregnant women, while training will be directed at health care workers, including the multi-professional team working in military health facilities.

BACKGROUND:
The military community is considered a high-risk group due to deployments and mobility. CT provides an opportunity for prevention inputs to both HIV-positive and HIV- individuals, and identifies HIV-positive individuals in need of services. Renovations and upgrade of three centralized CT centers were funded and health care workers trained with FY05 PEPFAR funding. In addition to these centralized facilities, CT takes place at all military health care facilities and therefore all health care workers must be trained. Training activities will continue during FY06 and FY07.

The SA Military Health Services has a program for health assessments (both at intake and compulsory annual assessment) that include CT, which also includes informing the individual of their status. Many of the regions have opted for the establishment of a centralized health assessment and CT and testing center. CT will be expanded to include routine testing for individuals diagnosed with TB or an STI, pregnant women and couples who visit family planning services.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The establishment and renovation of one more CT center for centralized testing in Durban for the military population in that area.

ACTIVITY 2:
Training of health care workers in CT. The training of health care workers is a high priority and it is hoped that by FY07 up to 80% of all health care workers will be trained. IEC materials will be either developed or re-printed and supplementary posters and pamphlets will be developed to support these activities.

CT is viewed by the Masibambisane as a critical point of intervention for HIV prevention for all individuals, those testing negative and positive alike; it is further an entry point for Palliative Care and Treatment. These activities support the USG Five Year Strategy for South Africa by expanding routine CT services for high risk populations. Activities also contribute to the Emergency Plan goal of providing care to 10 million people affected by HIV.

Emphasis Areas	% Of Effort
Training	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	105	☐
Number of individuals who received counseling and testing for HIV and received their test results	6,000	☐
Number of individuals trained in counseling and testing according to national or international standards	300	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Pregnant women

Children and youth (non-OVC)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 2991
Planned Funds: [ ] B5
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The CT activities described here are part of an integrated program also described in the AB (#2988), OVC (#2990), ARV Services (#3274) and Other Prevention (#2989) program areas.

SUMMARY:
The Health Communication Partnership (HCP) of Johns Hopkins University/Center for Communication Programs will provide Counseling and Testing (CT) using both mobile and fixed services through local NGOs and in tertiary institutions, and promote these services through the Mindset Health channel to both health care workers and patients. The target populations for this activity are primary, secondary and university students, PLWHA, out-of-school youth, community leaders, and health care providers. The major emphasis areas are community mobilization and participation and information, education and communication, with additional emphasis on local organization capacity building.

BACKGROUND:
These activities are implemented through three ongoing and successful partnerships with DramAidE, Valley Trust and Mindset Health channel. HCP has partnered for several years with DramAidE to help promote and assist in providing CT to tertiary students as part of DramAidE's Health Promoter's Project. The Valley Trust (TVT) has been operating both a mobile clinic and a static CT site and are promoting counseling and testing in communities in rural KwaZulu-Natal. In total, HCP will support 33 CT sites (28 of which are university campuses throughout South Africa and five sites are of TVT sites in KZN). Mindset Health channel will produce video, web-based and print materials for Health Care Workers (HCW) on CT as a distance education/learning tool as well as broadcast video content to patients in clinic waiting rooms at 750 testing sites.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Mobilizing Communities To Action And Support):
Through its partnerships with DramAidE and Valley Trust, HCP will support and promote services at 33 clinics. Both projects target youth for CT while at the same time providing services to the community at large. The health promoters work with tertiary students, faculty and staff while The Valley Trust focuses on youth in- and out-of-school. With FY06 funding, these two partnerships will provide direct CT to 35,000. The project provides ongoing support to those who test positive. For those who test negative, the project provides a safe forum to discuss safe sex and other HIV prevention issues. The Valley Trust has also started post-test clubs, facilitated by community members trained to provide information to encourage the uptake of CT services. Finally, this activity will provide CT training to over 1,400 people. Counseling will specifically cover male norms and behaviors (key legislative issue), violence and coercion (key legislative issue) and stigma and discrimination (key legislative issue).

ACTIVITY 2 (Innovative Use Of Communication Technology):
The Mindset Health channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information and health care providers with technical and training information. Mindset Health will create material that updates health care workers on the current guidelines for CT (including strong linkages to HIV care and services), with supporting material in print and video media. This training activity is expected to reach at least 6,000 health care workers in the 750 clinic sites via video material, on-demand web material and printed material, followed by questionnaires to test their knowledge and skills. In addition,

information explaining and promoting CT services will be broadcast to patients at the 750 clinic sites.

HCP's work to improve NGO capacity to promote and deliver good quality CT services supports the vision outlined in the USG Five Year Strategy for South Africa for expanding CT services. By reaching an estimated 55,000 individuals with counseling and testing over the next two years, these activities will substantially contribute to the Emergency Plan goal of providing 10 million people with HIV-related care and services.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	33	☐
Number of individuals who received counseling and testing for HIV and received their test results	35,000	☐
Number of individuals trained in counseling and testing according to national or international standards	7,400	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	75,000	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

Activity 2, training of over 6,000 health care providers through Mindset's on-demand web-based modules and reaching patients in the waiting room with educational broadcasts at 750 sites will indirectly improve quality and uptake of CT. There is no reliable national CT number, therefore JHU/HCP estimated indirect reach at the 750 clinics. This is based on ongoing surveys and monitoring done by Mindset.

Target Populations:

Adults

Community leaders

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Out-of-school youth (Parent: Most at risk populations)

Public health care workers

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American Center for International Labor Solidarity
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3003
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated prevention education, care and treatment program for the South African labor movement. It includes activities in Other Prevention (#3322), Basic Care and Support (#3002); AB (#3004); ARV Drugs (#3001), ARV Services (#3314), and Policy Analysis/Systems Strengthening (#3546).

SUMMARY:

Emergency Plan funds will provide continued support to the CT promotion and training activities of the American Center for International Labor Solidarity (ACILS) and provide access to five non-medical CT sites operated by the AIDS Project of the South African Clothing and Textile Workers' Union (SACTWU). In cooperation with the four South Africa teacher unions, funds will be used to train 7,500 teachers who will facilitate CT peer education for an additional 35,000 colleagues in a workplace program. The major emphasis area for this program area will be community mobilization and participation, with minor emphasis given to SI, training, workplace programs, and linkages with community based CT centers. Adult men and women of child-bearing age, and public and private nurses and other healthcare workers will be the target population in both programs. However, the SACTWU program will primarily target factory workers while the teacher unions program will target teachers.

BACKGROUND:

During FY05, the HIV/AIDS Training Team (HATT) of the ACILS participated in a five day Master Training of Trainers (TOT) workshop on CT and a five day Master TOT workshop on Couples Counseling conducted by the training team of CDC-GAP/Atlanta. Using the CDC-GAP CT curriculum, the ACILS has conducted Master TOT workshops for three health sector unions and two health care facilities (Netcare and Umkhanykude Health District) on CT, Prevention Counseling and Couples Counseling. In addition to providing support for the capacity building and skills transfer activities of the ACILS, Emergency Plan funds have been used to support the CT program of SACTWU. The CT Program was initiated in June 2002 as part of SACTWU's Clinical and Wellness management program and is ongoing in five sites – Gauteng, E Cape, W Cape, Free State and KZN. SACTWU has trained 81 lay counselors on HIV CT and provided free access to testing and treatment for opportunistic infections (OIs) to 3,209 workers.

The new Prevention, Care and Treatment Access for South African Educators (PCTA) program was established in response to the findings of the April 2005 Human Sciences Research Council of South Africa (HSRC) survey of HIV and AIDS prevalence among teachers. This survey indicated that more then 60% of teachers nationwide have been tested for HIV, and that of those, more than 80% knew their status. The study also suggested that with minimal promotion 80% of teachers responded positively to the promotion of testing – both among first time and repeat clients. Teacher union leaders have long advocated "knowing your status" among their members and are among the more prominent public leaders in the promotion of voluntary testing.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Training of Master Trainers and lay counselors):

ACILS will continue its efforts to promote CT services among trade unions by conducting nine master TOT workshops on CT for 225 master trainers from the health sector unions. One Master TOT workshop on rapid test protocols and CT

counseling will be held for 30 KZN provincial CT coordinators. In addition, two workshops will be held for 60 lay counselors in the Umkhanykude Health District (KZN), which is comprised of 55 health care facilities and serves a population of 500,000. With FY05 funds, the Center has trained 80% of the CT counseling staff from these facilities. During FY05, the Center conducted two workshops using the NDOH training manual for 53 Master trainers on Prevention Counseling. It also held one workshop for 32 Master trainers on "Couples Counseling" and one workshop for Provincial CT coordinators on the use of the rapid test protocol and Couples Counseling. During FY06 the Master Trainers will be responsible for training lay counselors within their union structures and workplaces as well as increasing the demand for and acceptance of CT services.

ACTIVITY 2 (SACTWU CT services):
This activity will provide access to CT services for SACTWU members and their dependents via three models of delivery: 1) stand alone sites within the clinic setting; 2) stand alone sites in the regional office setting; and 3) stand alone sites within factory settings. These sites will all provide training, support and supervision of counselors. In FY05, SACTWU trained 81 lay counselors on HIV CT and provided free access to testing and treatment for opportunistic infections (OI) to 3,209 workers. Emergency Plan funds will be used to support the efforts of five professional nurses and two trainers to provide CT services to 2,000 workers within 50 new factories and repeat visits to 50 currently enrolled factories. During FY06, SACTWU will train 50 new lay counselors.

ACTIVITY 3 (Prevention, Care and Treatment Access for SA Educators (PCTA):
The Solidarity Center will train 57 Master Trainers in HIV/AIDS CT. The Master Trainers will train 7,500 school representatives in peer education skills to inform an additional 35,000 teachers in the three targeted provinces about community based CT services. These education sessions will be performed in the workplace. The emphasis of the peer education will be to promote HIV CT as a strategy to prevent HIV and AIDS. For those who test positive, the program will also offer counseling on how to live with HIV, as well as strategies to mitigate stigma and discrimination (key legislative issue) in the education system. The peer education will also raise awareness about local community CT Centers in order to increase the uptake and accessibility of CT. PCTA will place special emphasis on young women teachers among whom prevalence rates are the highest (key legislative area).

Peer educators will provide information about and referrals to community CT services in each community. Through peer education and referrals of teachers, the PCTA program anticipates 14,200 teachers will be referred to testing in FY06. In FY07, an additional 16,300 will be referred to testing, accounting for a total of 30,500 teachers referred to testing by the end of the two-year program. For remote and deep rural schools, negotiations will take place with the provincial Departments of Health to include CT services in mobile clinics near schools. This will increase access to CT facilities for teachers, students and others in the community. The CT monitoring activities will involve collecting information on numbers of teachers receiving peer education on CT and the number of 'referral' cards distributed. The number of teachers that actually receive CT and who receive their test results, or are referred for CT, will be obtained from the Tshepang Trust private physicians providing treatment and from a final evaluation survey conducted by Academy for Educational Development.

By providing quality CT programs to 35,000 South African teachers and 50,000 unionized factory workers, 30,500 teachers and 4,000 factory workers are expected to be tested for HIV by the end of FY07. These accomplishments will directly contribute to the realization of the Emergency Plan's goal to prevent seven million new infections and provide care for 10 million people infected with HIV. These accomplishments also support the prevention, care and treatment goals laid out in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	9	☐
Number of individuals who received counseling and testing for HIV and received their test results	2,500	☐
Number of individuals trained in counseling and testing according to national or international standards		☑
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	16,300	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

ACILS contributes to the indirect number of people who received counseling and testing through its peer education program for teachers, including promoting counseling and testing.

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

Nurses (Parent: Public health care workers)

Teachers (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Other health care workdders (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Mpumalanga

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Humana People to People in South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3021
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
Humana's counseling and testing activities are related to activities described in the AB program area (#3020).

SUMMARY:
Humana People to People's (HPP-SA) program Total Control of the Epidemic (TCE) adds value to local clinics implementing CT services and strengthens relations between prevention, care and support and treatment programs. The program routinely visits blocks of households of up to 100,000 people spreading prevention, care and treatment messages. The primary target populations are all adults, youth and children in households. These programs will include OVC, people affected by HIV/AIDS, and some special populations. Primary emphasis area is quality assurance and supervision.

BACKGROUND:
Part of the core TCE program is to mobilize people for counseling and testing. With Emergency Plan funds, TCE will extend its program to work together with public clinics to strengthen CT services and create a direct link to its prevention campaigns. It will also refer clients to HIVSA for CT services. TCE in South Africa has experience with counseling and testing having run its own CT Center in connection with its program in Gauteng. TCE is in an excellent position to identify household members eligible for counseling and testing and for following up with the household member to insure that CT took place. Humana's project is managed under an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:
TCE will employ four counselors who will be trained to work in and add value to CT services at public clinics. The clinics will be selected in collaboration with the Department of Health in Bohlabela District in rural Limpopo, which straddles Limpopo and Mpumalanga provinces. The counselors will work to strengthen the linkages between the TCE prevention program and CT, in order to increase the number of people being tested. Furthermore, the counselors will work to strengthen links with existing services for HIV-positive individuals and for treatment and care. Counseling sessions will specifically address male norms and behaviors that impact HIV (key legislative issue).

Monitoring and Evaluation:
The counselors will report back to the TCE management and to the DOH on a monthly basis. In addition to the standardized DOH evaluation forms, counselors will use TCE evaluation forms to measure how linkages are strengthened between prevention, care and support and treatment.

Through these activities, TCE expects that four counselors will be trained in CT; collaboration will be established with value added to 20 public CT sites; and 5,000 people will be counseled, tested and received their test results.

Areas of legislative interest:
This program will have impact on legislative issues, such as gender equity and male norms and behaviors. This will be achieved through the counseling in connection with testing. The program will also reduce stigma and discrimination, as more people will get to know their HIV status and be counseled to disclose their status.

These activities will contribute to the Emergency Plan goal of providing care to 10 million HIV-affected individuals. By providing referral and follow-up for 5,000 people

who receive CT and their test results, these activities will also contribute indirectly to the goal of providing treatment to two million PLWHA. These activities also support the USG South Africa Five Year Strategy by increasing demand for and use of CT services.

Emphasis Areas	% Of Effort
Training	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results	5,000	☐
Number of individuals trained in counseling and testing according to national or international standards	4	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Faith-based organizations
Traditional healers (Parent: Public health care workers)
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Children and youth (non-OVC)
Religious leaders
Other health care workers (Parent: Public health care workers)
Traditional healers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Limpopo (Northern)

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: National Department of Correctional Services, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3032

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to other Department of Correctional Services programs described in Other Prevention (#3029), Basic Care and Support (#3030) and Strategic Information (#3031).

SUMMARY:

Emergency Plan funds will be used by the Department of Correctional Services (DCS) to establish HIV CT services in correctional centers and to increase access and utilization of CT services in correctional centers where they already exist. The major emphasis area for this program will be training, with minor emphasis placed on community mobilization and participation, IEC, logistics, and SI. Target populations will include prisoners and DSC staff (adult men and women, including PLWHA), most at-risk populations (e.g., CSW and their clients, MSM, injection drug users), public health healthcare workers (including nurses), CBOs, and NGOs. To increase capacity DCS will train nurses, social workers, psychologists and spiritual care workers in counseling and testing.

BACKGROUND:

DCS does not currently offer HIV CT services in all of the 240 correctional centers it manages. With Emergency plan funds DCS will establish CT services to inmates and staff in 72 correctional centers which have been identified as centers of excellence. These centers are distributed in all six DCS regions, which cover all of South Africa's nine provinces. This is a new project intended to establish CT sites in correctional centers. Selected centers will be identified for implementation. The intention is to train nurses in CT as only nurses can perform HIV testing under South African protocols. However, other prison staff will be trained in pre- and post- test counseling since an offender will first speak to one of these professionals before seeking assistance from health care personnel. Training non-healthcare staff will also contribute to ongoing counseling for inmates.

DCS has not embarked on systematic training in CT previously. Any training has been ad hoc and specific to local sites. This is the first attempt to train a group of staff nationally as a prelude to rolling out CT throughout the DCS prison system.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

This activity will provide CT training to 107 persons within the DCS, including 57 nurses, 30 social workers, 10 psychologists and 10 spiritual care workers. Pre- and post-test counseling training will specifically include several issues of legislative interest, including stigma/discrimination, male norms and behaviors, and reducing violence and coercion. The 57 trained nurses will provide CT to inmates in their respective correctional centers. However, due to the fact that the nurses will still have other nursing duties, the 30 social workers, 10 psychologists and 10 spiritual care workers will assist the nurses with pre- and post- test counseling services while the nurses will do the testing. This activity strengthens CT services by ensuring increased numbers of trained personnel in CT. The trained professionals will also provide ongoing follow-up counseling services to inmates who have tested, and promote voluntary counseling and testing services to inmates during the course of their normal professional duties. Training of these professionals will include the element of providing a caring and supportive environment thus reducing stigma and discrimination (key legislative issue). This program will be initiated in the 36 correctional centers identified by the DCS for development as centers of excellence.

ACTIVITY 2:
The second activity is to provide procurement, logistical and quality assurance services to the 36 HIV CT programs described in Activity 1. This will involve procurement of test kits and other materials needed for HIV CT. Other related activities will include the establishment of CT procedures and protocols within the correctional center for both staff and inmates, and the development of quality assurance protocols and procedures to standardize CT services. Limited CT services are currently being offered by various NGOs contracted by individual correctional facilities. Under this program, Emergency Plan funds will help DCS to establish standardized CT services for all correctional centers. The last activity will be to develop a referral procedure for CD4 counts, viral load testing and post-test services. DCS anticipates providing counseling and testing to 18,000 inmates and staff.

By expanding CT services among prisoners (a most at-risk population), the DCS will reach up to 18,000 inmates by September 2007. These activities will result in more inmates learning their HIV status and, in turn, accessing HIV/AIDS care and treatment services. This accomplishment will directly contribute to the realization of the Emergency Plan's goal of providing care and support to 10 million people, and will support the goal of placing two million people in treatment. These activities support the care and treatment objectives outlined in the USG Five Year Plan for South Africa.

Emphasis Areas	% Of Effort
Training	51 - 100
Community Mobilization/Participation	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	72	☐
Number of individuals who received counseling and testing for HIV and received their test results	18,000	☐
Number of individuals trained in counseling and testing according to national or international standards	302	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Nurses (Parent: Public health care workers)

Injecting drug users (Parent: Most at risk populations)

Men who have sex with men (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Prisoners (Parent: Most at risk populations)

Seafarers/port and dock workers (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Public health care workers

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Reducing violence and coercion

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3041
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the Eastern Cape Regional Training Center (ECRTC) for CT in the FY05 COP support 4 activities: (1) standardization of a model counseling curriculum; (2) development of operational and training materials; (3) demonstration of CT best practices in 12 clinics; and (4) development of counselor mentoring and support programs. Most of these activities have been completed, and are not included for FY06 funding. Activity 3 is ongoing, but FY05 funds are sufficient to cover the costs of this activity.

This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the Eastern Cape Regional Training Center (ECRTC) for CT in the FY05 COP support 4 activities: (1) standardization of a model counseling curriculum; (2) development of operational and training materials; (3) demonstration of CT best practices in 12 clinics; and (4) development of counselor mentoring and support programs. Most of these activities have been completed, and are not included for FY06 funding. Activity 3 is ongoing, but FY05 funds are sufficient to cover the costs of this activity.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	12	☐
Number of individuals who received counseling and testing for HIV and received their test results	7,200	☐
Number of individuals trained in counseling and testing according to national or international standards	500	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	12,000	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CDC Support

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 3046

Planned Funds: [ ]

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the NDOH; additional activities include PMTCT (#3047), TB/HIV (#3045), Other Prevention (#3043), SI (#3044) and ARV Services (#3282). Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

At the request of NDOH, CDC will use Emergency Plan funds to (1) continue CDC collaboration with the Higher Education HIV and AIDS Program (HEAIDS), (2) hire two full-time CT technical advisors to be placed at NDOH to assist with coordination of CT activities, (3) enhance capacity of NDOH CT staff by providing support for the NDOH's annual CT technical meeting, and sponsoring NDOH CT staff attendance at the international AIDS conference. The major emphasis area for this program will be quality assurance and supportive supervision, with minor emphasis placed on community mobilization and participation, the development of network/linkage/referral systems, IEC, linkages with other sectors and initiatives, local organization capacity development, policy and guidelines, SI and training. The target population for these activities is broad and includes adults (men and women, including university students, pregnant women and family planning clients), members of the most at-risk populations, community and religious leaders and private sector business owners, volunteers, host government workers, public and private sector healthcare workers, NGOs, CBOs, FBOs and other relevant implementing partner organizations.

BACKGROUND:

CDC will work with the Higher Education HIV and AIDS Program (HEAIDS) which received their first funding from the Emergency Plan in FY05 for the development of a national management information system (MIS) for campus health services and capacity building for campus health staff and other stakeholders on campuses. The second year of the intervention will continue to strengthen and improve the systems and uptake of CT by staff and students in higher education.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

To continue promoting the uptake and use of CT services at the 21 CT sites in higher education facilities, HEAIDS will implement professional development and education interventions for campus health staff. The capacity development will include improving networking and linkages with other services and adding trainers to the expertise currently available. Efforts will focus on gender (key legislative issue), stigma and discrimination (key legislative issue) and promoting activities that relate to care, support and treatment. Peer education (key legislative issue) and the development of a strategy on the use of peer education to contribute to the uptake of CT will also be included. The activity will focus on providing 80 training opportunities for capacity building training and contribute to an estimated 10,920 people being tested in FY06 and 17,472 tested in FY07.

ACTIVITY 2:

HEAIDS will address the need for appropriate Information, Education and Communication resources for all campus sites by printing and distributing a nationally approved resource list of IEC materials related to prevention, counseling for those

testing positive and those testing negative, and wellness and treatment (ARV).

ACTIVITY 3:
To ensure the ability to monitor and evaluate CT activities in the higher education sector, HEAIDS will refine the national MIS for campus health services through ongoing training of health services staff to ensure data quality at all levels. This activity is contracted to HEAIDS sub-partner Health and Development Africa.

ACTIVITY 4:
CDC will hire two full-time CT technical advisors to be placed at NDOH to assist with coordination of CT activities. Responsibilities of the technical advisor will include efforts to integrate CT services into HIV/AIDS care services; improve and expand the Management Information System (MIS) and data management capacity at CT sites; develop referral networks; target students, trade union representatives, and inmates for CT; and increase couples counseling.

In addition, Emergency Plan funds will support skills enhancement of current NDOH and Provincial CT staff by providing support for the national CT Technical meeting and attendance of NDOH CT staff at the International HIV/AIDS meeting

The USG and its partners recognize the importance of exploring a variety of models for delivery of CT in order to rapidly scale up access with the aim of identifying persons eligible for treatment. These models will include CT 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. These activities specifically support the Emergency Plan CT targets by strengthening overall CT services, promoting utilization of such services and ensuring increased numbers of trained personnel at CT service sites. HEAIDS activities will increase the number of individuals who received CT by 10,920 as well as train 80 individuals in CT according to national and international standards.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	30	☐
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	80	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	17,472	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

These activities contribute to the indirect number of people who received counseling and testing through coordination of CT at tertiary institutions, by placing CT technical advisors at the NDOH to assist with coordination of CT activities, enhancing capacity of NDOH CT staff by providing support for the NDOH's annual CT technical meeting, and sponsoring NDOH CT staff attendance at the international AIDS conference.

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Country coordinating mechanisms

Disabled populations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Family planning clients

Most at risk populations

HIV/AIDS-affected families

International counterpart organizations

Refugees/internally displaced persons (Parent: *Mobile populations*)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Pregnant women

Program managers

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers *(of OVC and PLWHAs)*

Widows/widowers

Migrants/migrant workers (Parent: Mobile populations)

Religious leaders

Host country government workers

Public health care workers

Private health care workers

Implementing organizations (not listed above)

Key Legislative Issues

Gender

Stigma and discrimination

Education

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Health Laboratory Service, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3051
Planned Funds:
Activity Narrative: SUMMARY:

The Sexually Transmitted Infection Reference Centre (STIRC) of the National Health Laboratory Service (NHLS) proposes to provide CT as well as sexually transmitted infections (STI) screening and disease management, to two target populations: the general population living in informal settlements served by the Mothusimpilo project in the Carletonville area of South Africa, and youth in Alexandra Township. The target populations for this project are secondary and university students, adults, migrant workers, out-of school youth, partners or clients of commercial sex workers and street youth. The emphasis areas are community mobilization and participation, and human resources.

BACKGROUND:

STIRC has operated 11 mobile clinic vans in communities close to mine shafts in the Free State and Gauteng Provinces for a number of years to provide periodic presumptive therapy to women at high risk (WAHR) of STIs. CT, combined with STI screening and treatment, for WAHR served by the three mobile vans staffed by the Mothusimpilo Project in Carletonville was budgeted for in FY05 and is due to start soon. The aim of ACTIVITY 1 is to extend HIV CT, combined with screening and treatment of STIs, to men (including partners of WAHR) and women of reproductive age in the general population served by the three Mothusimpilo vans. ACTIVITY 2 will focus on delivery of CT and STI screening to youth in Alexandra, a township where both STI and HIV rates are among the highest in Gauteng. Young people often find it difficult to access conventional adult sexual health services for HIV testing and STI management. Several studies have shown that young people prefer a clinic service 'on their doorstep' that is both youth-friendly and confidential, thus an outreach approach utilizing one of the mobile vans is planned in Activity 2.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Tents will be used to deliver a high quality CT and STI service, using HIV and STI testing kits, to adult men (including partners of WAHR) and women of reproductive age living in informal settlements in the Carletonville area. Trained lay counselors will perform CT and nurses will perform rapid HIV testing. A research coordinator will liaise with local health department and HIV assessment sites. The service will be shaped by advice from the current peer educators who live in these communities and support the Mothusimpilo Project; these peer educations will also be involved in community mobilization. Those clients testing HIV positive will be referred to linked HIV assessment sites for on-going care. Clients will additionally be encouraged to undergo screening for common STIs using non-invasive urine testing. Those with symptomatic STIs will be treated syndromically at the mobile clinic site. Everyone attending the mobile van and tent will receive health education regarding the interaction between HIV and STIs; additionally, 'abstinence' and 'be faithful' messages will be discussed in detail with each client. Appropriate health educational material on HIV and STI prevention will be developed.

ACTIVITY 2:

Kits for HIV testing and STI screening will be purchased to enable a mobile clinic van to deliver a high quality CT and STI service to young people aged 16-25 years old in Alexandra, including out-of-school and street youth, at five rotating non-clinic sites, such as roadsides, youth clubs and recreational facilities. Two trained prevention counselors will provide CT to youth from nearby tents. Those testing HIV-positive will be referred to linked HIV assessment sites for on-going care. A nurse, trained in the provision of youth-friendly services, will offer youth screening for common STIs

using non-invasive urine testing. Symptomatic STIs will be treated syndromically at each mobile clinic site. Everyone attending the mobile van and tent will receive health education regarding the interaction between HIV and STIs; additionally, 'abstinence' and 'be faithful' messages will be discussed in detail with each client. Local youth will be involved to ensure that the activities and the material are youth friendly and to act as peer educators to mobilize other youth to use the service. A tracking system will be developed to monitor if referred HIV-positive clients received expected services for both activities. Systems will be developed to measure client satisfaction with the service, reasons for youth to decline HIV testing and the success of contact tracing.

These activities are expected to produce the following results:
(1) Identify HIV-infected youth and adults and to develop an efficient referral system for them to reach HIV services rapidly;
(2) Provide HIV negative youth and adults, and those declining HIV testing, with prevention counseling;
(3) Diagnose and treat clients with STIs in asymptomatic youth and adults;
(4) Develop effective educational materials for youth and adults; and
(5) Analyze and disseminate program data to enhance future program services.

This project will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by promoting and providing CT and treatment of STIs to most at risk populations. It will also contribute in reaching the 2-7-10 goals for care by reaching 1,200 individuals with counseling and testing.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	8	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,200	☐
Number of individuals trained in counseling and testing according to national or international standards		☑
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Street youth (Parent: Most at risk populations)

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Coverage Areas

Gauteng

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Traditional Healers Project
Prime Partner: University of KwaZulu-Natal, Nelson Mandela School of Medicine
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3070
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Activities described here are part of a comprehensive initiative with traditional healers, and includes activities described in the AB (#3067), Basic Care and Support (#3069), Counseling and Testing (#3070), and Other Prevention (#3068) program areas.

SUMMARY:

The Nelson Mandela School of Medicine will use Emergency Plan funds to adapt the CT protocol to the traditional healer cultural context without losing the biomedical rigor. Traditional healers will be trained in the safe, ethical and effective use of rapid pin-prick blood tests, combined with appropriate pre- and post-test counseling. Bi-directional referral pathways to adjacent biomedical clinics and CT sites will be set up and developed and implemented. The major emphasis area for this program will be training, with minor emphasis given to the development of network/linkage/referral systems, human resources, logistics, quality assurance and supportive supervision, and SI. The target population will include traditional healers in the private and public sector who are members of the KwaZulu-Natal (KZN) and Ethekwini Traditional Healer Councils.

BACKGROUND:

This will be an ongoing activity, begun in August/September 2005 with the receipt of FY05 funding. The Organization implementing the project is the prime partner in collaboration with the KZN and Ethekwini Traditional Healer Councils.

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. The SAG has historically prohibited traditional healers from using medical tests involving blood. However, in FY05 these restrictions were addressed by Parliament in a new Traditional Healers bill. As noted in detail below, a set of new regulations allowing traditional healers to perform limited blood work are currently pending.

NMSM will implement the project in collaboration with the KZN and Ethekwini Traditional Healer Councils.

ACTIVITIES:

NMSM has proposed that Traditional Healers be given the tools and training to act as effective CT agents, including performing rapid pin-prick blood tests for HIV. The Traditional Healers bill has now been passed by the South African Parliament, and implementation regulations are pending which should remove legal restrictions on healers performing rapid blood tests. Depending on the outcome of the current dialogue, either the Oraquick saliva test or the Abbott Labs rapid blood test will be used by traditional healers under this initiative. In the absence of modified SAG regulations, NMSM will enable this process as operational research under the auspices of the medical school.

Training in rapid testing will be provided as part of the training workshops. NMSM will also supply traditional healers with medical kits, ensure that these supplies are replenished at regular intervals, and assist with the removal of medical waste.

Also included in the training program and outreach work will be the development of a formalized bi-directional referral system between trained traditional healers and biomedical service sites, facilitating confirmatory HIV tests, and the communication of

biomedical testing data back to the trained healers.

Quality assurance and supportive supervision will be provided to traditional healers to support them in the use of the testing kits and in the application of counseling training, as well as in the use of the medical supplies and record keeping systems.

The counseling modules in the training workshops will expose traditional healers to issues of gender equity in basic care, as well as ways to suggest healthy modifications in the behavioral norms of men (key legislative issue) and women. M&E will track gender equity (key legislative issue).

These activities are expected to result in:
•A significant gain in the accuracy of seropositivity data in Zulu communities where trained healers work. This information will inform and help guide effective response and interventions.
•An increase in the number of people tested and aware of their HIV status, which should also help in slowing the spread of the epidemic. Sixty-five thousand tests are expected to be performed by September 2007.
•Formalization of viable bi-directional referral pathways between trained traditional healers and their nearest biomedical colleagues. This should assist in the integration of traditional healers into the public health system.
•Two hundred and fifty traditional healers will be trained in VCT.
•Improved uptake for ARV therapy.

By expanding access to counseling and testing services to communities that receive much of their healthcare from traditional healers, the Nelson Mandela School of Medicine will directly contribute to the realization of the Emergency Plan's goal of providing care and services to 10 million people. The medical school's activities will also ensure that more traditional healer clients learn their HIV status and gain access to HIV/AIDS care and treatment services, another key Emergency Plan goal. By expanding CT services to populations served by traditional healers, these activities support the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	250	☐
Number of individuals who received counseling and testing for HIV and received their test results	65,000	☐
Number of individuals trained in counseling and testing according to national or international standards	250	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Traditional healers (Parent: Public health care workers)

Traditional healers (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CAPRISA NIH
Prime Partner: University of Kwazulu-Natal
USG Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3071
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Counseling and Testing activities are one component of CAPRISA's HIV/AIDS treatment and care program described in the Basic Care and Support (#3814) ARV Drugs (#3073) and ARV Services (#3072) sections of the COP.

SUMMARY:
CAPRISA will use FY06 PEPFAR funding to support comprehensive counseling and testing services in the rural area of Vulindlela and the TB clinic in Durban. These funds will support expansion to three additional high risk groups at our two established treatment sites in KwaZulu-Natal. These high risk groups include sexually transmitted infection (STI) patients, sex workers and an adolescent population in rural Vulindlela. The major emphasis area for the activities is human resources, with additional efforts in community mobilization/participation and IEC. Target populations for the activities include secondary school students, out of school youth, family planning clients and commercial sex workers.

BACKGROUND:
This activity is a continuation of activities approved in the FY05 COP. The CT activities were expended through the rapid expansion funds. The existing counseling and testing services at the two treatment sites will continue. In addition, there will be an expansion of counseling and testing services by "Utilising access to CAPRISA AIDS Treatment (CAT)-provided ART to enhance expansion of CT for HIV prevention and care in epidemiologically important high risk populations". The strength of the current CAT program is it provides an integrated package of prevention and treatment services and provides an innovative method of providing ART by integrating TB and HIV care at both an urban and rural site. However, one of the current gaps in this program is CAPRISA's ability to reach high-risk populations with current recruitment strategies. The availability of ART has not been used to enhance the uptake of CT in particularly high risk individuals and thereby create the synergy of treatment enhancing prevention while simultaneously identifying high risk HIV-positive individuals to enhance their prevention potential through ART.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITIES:
CT services will be expanded in the rural primary care clinic in Vulindlela and the eThekwini Clinical Research Site based at the Prince Cyril Zulu Communicable Disease Centre in Durban. CT is currently offered in conjunction with an NGO, known as Open Door to patients attending these two facilities. The CT that is offered includes prevention education and condom distribution. The CT expansion will target two high risk populations:

STI patients: The Prince Cyril Zulu Communicable Disease Centre is a large local government clinic for the diagnosis and treatment of STIs, for which it provides free treatment. Annually, approximately 40,000 cases of STIs are treated at this clinic, with an average of about 135 STI patients per day. Given the high HIV prevalence of 63% in this group, these patients are a key risk group for acquiring and transmitting HIV. A rudimentary CT service is currently provided by the two STI clinic counselors who reach less than 25 patients per day. CT will be offered to large numbers of STI patients visiting the clinic. Male and female patients seeking STI care at the clinic will be provided with group counseling and prevention messages and offered individual HIV testing. Those testing HIV-positive on two rapid tests will be individually post-test counseled and referred for ongoing supportive counseling and medical care in the CAPRISA facility. Approximately 16 clients will be screened for HIV

per day, and screening will be performed four days in the week to give a total of about 3,000-3,200 STI patients screened over a one year period.

. Adolescent population in rural Vulindlela: In South Africa, adolescents and particularly young women are a vulnerable group at high risk of acquiring HIV. For the purposes of expanding the CAT programme in this area, CT will be extended to adolescents in the area primarily among those utilising the primary health care services for antenatal, family planning or STI services. The CT will be coordinated with other programs and projects in the area. In addition, youth peer educators will be integrated within this program. It is anticipated that over 500 adolescents will be included in this CT program.

EXPECTED RESULTS:
Thus far, ART rollout activities have generally been targeting those most accessible, i.e. health service attendees, and have not met the challenge of using ART provision to enhance prevention, especially prevention in HIV-positive individuals. This proposed expanded CT program will exploit the synergy that exists between the promotion of CT and availability of high quality HIV care to enhance both prevention and treatment in these three priority groups. HIV-positive persons identified will be referred to the CAT Program for follow up treatment and care. HIV-negative persons will be referred to other CAPRISA, government or NGO prevention programs. Importantly, this strategy begins to address the ethical dilemma of how scarce resources for HIV can be used effectively by focusing on high risk groups and utilizing access to ART to enhance CT for treatment and prevention.

This expanded CT program will require about 15 additional CT counselors and field workers, who will receive further training in counseling with role-playing to ensure high quality CT. About 30 youths will be trained as peer counselors in the rural area of Vulindlela. CAPRISA aims to target approximately 4,000 individuals for CT and about 50 people for training as counselors. These CAPRISA activities will directly contribute to the Emergency Fund goal of providing care to 10 million HIV-affected individuals, while indirectly contributing to prevention and treatment goals through linkage mechanisms built in to this integrated program.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	4,000	☐
Number of individuals trained in counseling and testing according to national or international standards	50	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)

Coverage Areas

KwaZulu-Natal

Table 3.3.09: Activities by Funding Mechanism

Mechanism: PSI/SFH Replacement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3095
Planned Funds:
Activity Narrative: SUMMARY:

Emergency Plan funds will be used to purchase equipment and supplies for three CT centers and their three associated mobile services in Cape Town, Durban and Johannesburg, and to continue marketing these services to their target audiences. Emphasis areas for this activity include community mobilization/participation, IEC, infrastructure, quality assurance/supportive supervision, SI, training and workplace programs. This activity targets a very broad range of populations, including community leaders, government workers (DOH, policy makers and teachers), public and private health care workers, FBOs and NGOs, university students and adults, PLWHA, and several special populations (including disabled, CSW and their clients, IDU, discordant couples, mobile populations, port/dock workers and seafarers, and out-of-school and street youth).

BACKGROUND:

To increase access to high quality counseling and testing, the Emergency Plan funded the establishment of three CT stand-alone sites with FY04 and FY05 funds. The three CT centers are situated in Cape Town, Durban and Johannesburg. The centers, branded "New Start Centers", are 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. Each center provides high quality, anonymous HIV counseling and testing services, and each opens early and stays open late to maximize convenience to their target populations.

Society for Family Health/Population Services International was funded to carry out this activity in FY04 and FY05. CDC's cooperative agreement with PSI has ended and a new program announcement has been issued for this activity. CDC anticipates awarding the new contract by October 2005 to continue this important project. Targets and activities may slightly change once the Cooperative Agreement is awarded.

ACTIVITIES AND EXPECTED RESULTS

The project activities include ongoing procurement of rapid test kits and other equipment and the convening of refresher training courses for all counseling and testing staff. Each center also provides mobile CT services to bring CT to communities, partner organizations and workplaces. The mobile counseling and testing does not take place in vehicles, rather partner organizations provide appropriate space with services made available on a regular schedule to allow for follow-up counseling for all mobile counseling and testing clients. Where partners are not able to provide space, the centers set up tents and use them as counseling rooms.

To improve knowledge, attitudes and practices related to CT among priority target groups the "New Start Center" brand name for the mobile CT is advertised and promoted using a mix of commercial marketing and public health education techniques. The campaigns address the main barriers to CT among those not currently accessing government services – particularly healthy young people - and it motivates these target consumers to seek counseling and testing services. Referral networks for clients in the three centers have been established and will be strengthened, with clients testing positive referred directly to appropriate post-test care and support services. The project maintains linkages with community support organizations and engages the community in mobilization and support efforts.

These activities support South Africa's 5 Year Strategy by expanding quality

counseling and testing services to hard to reach and high risk populations. These activities contribute directly to the Emergency Plan's goal of providing care to 10 million individuals, and indirectly to the goal of treating 2 million individuals with ARVs.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Information, Education and Communication	10 - 50
Community Mobilization/Participation	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Workplace Programs	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	6	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards	26	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Business community/private sector

Commercial sex workers (Parent: Most at risk populations)

Community leaders

Community-based organizations

Disabled populations

Factory workers (Parent: Business community/private sector)

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Injecting drug users (Parent: Most at risk populations)

Street youth (Parent: Most at risk populations)

Mobile populations (Parent: Most at risk populations)

Refugees/internally displaced persons (Parent: Mobile populations)

Truck drivers (Parent: Mobile populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Seafarers/port and dock workers (Parent: Most at risk populations)

Teachers (Parent: Host country government workers)

University students (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive children (6 - 14 years)

Migrants/migrant workers (Parent: Mobile populations)

Out-of-school youth (Parent: Most at risk populations)

Partners/clients of CSW (Parent: Most at risk populations)

Religious leaders

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Traditional healers (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	PMTCT and ART Project
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3100
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

The approach taken by the PHRU is one of comprehensive high quality care and support. This activity is related to PRHU activities described in the PMTCT (#3103), Basic Care and Support (#3102), TB/HIV (#3099), ARV drugs (#3331) and ARV services (#3101) program areas. These activities are also linked to the NIH-funded activities described in the ARV drugs (#3078) and ARV services (#3077) program areas.

SUMMARY:
The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to promote CT through HIV prevention workshops, health promotion activities, and pregnant women at PMTCT with the aim of increasing availability of voluntary counseling and testing for HIV. In particular, services will be promoted to men in an effort to increase gender equality in HIV/AIDS programs. The emphasis areas for the CT activities are human resources and local organization capacity building. The target populations are HIV-positive and negative adults, children and families.

BACKGROUND:
This CT program is an ongoing activity operated in partnership with HIV South Africa (HIVSA) in Soweto. Soweto is a large urban area south-west of Johannesburg with very high HIV prevalence and high unemployment. HIV services have been mainly accessed by women and this project aims to improve gender equity in these services (key legislative issue). In June 2005, two male IMBIZO centers were established, operating five days a week. These centers are located close to areas where men congregate and are easily accessible. The concept of a program designed by men for men evolved from research that indicated that men preferred to be counseled by men at locations away from the primary health services. A focus of this program is to reduce stigma associated with the disease (key legislative issue), to encourage disclosure, to support partners and family members with HIV and to promote active engagement with HIV services. A program promoting the IMBIZO program to partners of pregnant women is being run in the antenatal clinics, with the aim of increasing male involvement in PMTCT (male norms, key legislative issue) and fatherhood. PHRU offers a couples counseling service called "Tshwarisanang" through external foundation funding, and all other PHRU CT services can refer to them.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (IMBIZO – Men's health centers):
The IMBIZO project was launched in June 2005. The male IMBIZO centers in Soweto have been well received by the community, with active interest being expressed. The project received approximately 300 drop-in clients and performed approximately 80 tests a month. A male registered nurse manages the program. Clients are referred to local clinics and HIV services for treatment. With the rapid uptake and interest from the community in this project in the first two months it is expected that the demand for these services will increase significantly, and PHRU estimates that with FY06 funding over 2,500 men will join the IMBIZO program. Innovative strategies to increase male involvement in ART are being developed. It is planned to expand this program to Bohlabela, Limpopo Province and to other sites in the future. Information on TB, PMTCT, HIV services, prevention, nutrition, etc., is available. Clients are counseled on prevention and condoms are distributed. Support is given to clients to encourage disclosure, to mitigate domestic violence (key legislative issue) and to provide support to partners. To increase male support of PMTCT programs, pamphlets have been designed for male partners of pregnant women that explain PMTCT, encourage active involvement in fatherhood, encourage

men to access the IMBIZO centers and to go for CT. A focus of this program is to increase male involvement in all services relating to HIV thus increasing gender equity (key legislative issue).

These activities will contribute to the Emergency Plan objective of providing care and services to 10 million HIV-affected people. The activities will contribute to the USG Five Year Strategy for South Africa by increasing access and improving quality to CT services, particularly to difficult to reach populations of men.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing *according to national or international standards*	3	☐
Number of individuals who received counseling and testing for HIV and received their test results	2,640	☐
Number of individuals trained in counseling and testing according to national or international standards	6	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Addressing male norms and behaviors

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University Research Corporation, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC *(GHAI account)*
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3114
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is linked to QAP activities in Basic Health Care & Support (#3109), TB/HIV (#3110), PMTCT (#3111) and ARV Services (#3108).

SUMMARY:
Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will work in 120 public health care facilities in 4 provinces to improve the quality of CT services. Major emphasis areas for this activity are training and quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems, IEC, community mobilization and needs assessment. The activity targets public health workers, CBOs and FBOs, program managers and community volunteers, children, youth and adults, and family planning clients and pregnant women.

BACKGROUND:
With FY05 funds, URC/QAP has been supporting DOH facilities in 4 provinces *(Mpumalanga, KwaZulu-Natal, Limpopo and Eastern Cape) to improve CT services.* The basic focus has been on improving pre-test and post-test counseling skills, as *well as better integration of CT in various high-volume and problem-prone services* (ANC, outpatient, male/female STI services, etc.). The DOH, and specifically the four provincial HIV and AIDS Directorates, continues to face major problems in increasing CT uptake among high-risk groups. Stigma, as well as fear of knowing one's HIV status without having access to treatment remains a factor for low uptake of CT in South Africa. In addition, most men do not visit health centers unless they are very sick and as a result, the number of men requesting CT remains low.

URC/QAP will continue building on its current strategy of integrating CT in specific high-volume health services. In addition, it will work with community- and faith-based groups to integrate CT for various high-risk groups (seasonal workers, young adults, etc.). URC/QAP will assist these groups to use QA tools and approaches for improving the quality of counseling and testing offered by these groups.

ACTIVITIES AND EXPECTED RESULTS:
Specifically, URC/QAP will carry out the following activities in FY06:

Establish facility-level quality improvement teams:
URC/QAP will continue to work with each participating facility to identify a core team representing staff from clinical, laboratory, counseling, administration, and other relevant services. The facility-based teams, with support from URC/QAP coordinators and other district supervisors and managers, will be responsible for site specific plans for improving access to and quality of CT services.

Baseline assessments:
Each facility team along with URC/QAP staff will conduct a rapid baseline assessment where it has not already been completed, to identify quality gaps in current CT services.

Interventions:
URC/QAP will assist each facility team in developing a strategic plan for improving access to and *quality of CT services. The CT services will be linked with high-volume* and problem-prone services where one is likely to find a large proportion of clinic *attendees with HIV. Issues related to patient privacy, etc. will be appropriately dealt* with as part of the program. CT and other clinical staff will receive training of basic

HIV facts. URC/QAP will provide job-aids, wall charts, etc. to improve compliance with clinical and counseling guidelines. URC/QAP will work with local CBOs/FBOs to increase community outreach and support for knowing one's HIV status. URC/QAP will train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use site specific data to see if the interventions are having desired results increasing uptake of basic healthcare and support services on a monthly basis.

On-the-job mentoring:
URC/QAP will visit each facility and CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving skills of CT and other high-volume clinical service staff on HIV counseling and referring. During these visits, URC/QAP will also review program performance data.

Compliance audits:
URC/QAP will conduct quarterly assessments in each facility/CBO/FBO to assess whether the staff are in compliance with the national CT guidelines. At least once a year, sample-based surveys will be done in a small number of QAP and non-QAP sites to assess the differences in compliance and other performance indicators.

Strengthening QA and supervision system:
URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of CT services.

EXPECTED RESULTS:
These activities are expected to result in the following:
• URC/QAP will increase the awareness about CT among communities by creating linkages between 120 public and community-based facilities.
• Facilities receiving URC/QAP assistance will provide HIV CT results to 20,000 men and women as a result of improved integration of HIV in other high volume health services.
• URC/QAP will increase compliance with CT guidelines by 100 healthcare workers as a result of QA systems and continuous mentoring and supervision.

URC/QAP will assist the Emergency Plan in reaching the vision outlined in the South Africa Five Year Strategy by increasing access to CT services. URC/QAP's work contributes to the Emergency Plan goal of providing care to 10 million people affected by HIV.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Needs Assessment	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	120	☐
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards	100	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pregnant women

Program managers

Volunteers

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Broadreach
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3136
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The CT activity described here is one component of a comprehensive set of services further described in the Basic Care and Support (#3007), ARV drugs (#3133) and ARV services (#3006) program areas.

SUMMARY:

Emergency Plan funds will support BroadReach to enroll and provide ongoing HIV/AIDS clinical management, care and support services to HIV positive uninsured individuals. BroadReach utilizes a basic capitation model tapping private sector health providers to provide comprehensive palliative care and treatment to poor uninsured HIV positive clients. BroadReach partners with the largest private sector treatment firm, Aid for AIDS, and with community- and church-based PLWHA support groups. Primary target populations are children and adults, including pregnant women, people affected by HIV/AIDS, and public and private health care providers. The major emphasis area is local organization capacity development.

BACKGROUND:

The program is an emergency response that will allow thousands of patients to get immediate access to ARVs while the SAG ARV program is scaling up. The program matches an existing network of thousands of community-based treatment sites composed of healthcare providers from civil society with community-based PLWHA support programs (e.g. support groups, home-based carer networks, etc.) By doing this, thousands of HIV positive, uninsured and indigent patients, who otherwise would not have access to life-saving ARV therapy, are given free care using a network that has extensive expertise to treat these patients. Moreover, the community-based PLWHA support programs are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. The comprehensive and integrated program includes patient uptake and CT, doctor consultations, drug procurement and distribution, lab testing, doctor training, support group and home-based carer program capacity building, patient education, adherence support, patient counseling, treatment management, telemedicine, remote decision support, QA monitoring, and provider claims management. As the SAG scales up their program over the next four years, patients from the BroadReach program will be transferred to SAG rollout sites.

The work carried out in this program area is a continuation of BroadReach's ongoing comprehensive treatment, care and support program in South Africa. The program began in late-May 2005 with FY05 Emergency Plan funding. During the first three months of the BroadReach program 23 treatment sites have been activated in eight communities across three provinces in South Africa accounting for over 350 patients. The initial model is based on a comprehensive program that covers all costs for the patient including education, adherence support, doctor training, clinical quality assurance, drugs and labs at an estimated annual cost of $1,400 per patient. BroadReach is aggressively experimenting with new models of cost sharing with the SAG and capitation to bring down overall costs.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

In order to facilitate the identification and enrollment of PLWHA, this program will provide access to rapid CT and, where available, CD4 testing services at each program enrollment site. Although the program is encouraging all members of the PLWHA support programs to bring documentation of HIV status to the enrollment

sessions from a government or NGO-based CT center in order to alleviate the burden of CT from this program, experience has shown that a percentage of patients still require this service in order to facilitate rapid uptake into the program. As such, at each site BroadReach will either provide a comprehensive CT service using a BroadReach partner and/or program staff, or help existing CT programs with additional resources (e.g. test kits).

ACTIVITY 2:
BroadReach will aggressively utilize community-based programs church groups as entry points for offering CT services.

This activity will directly contribute to the 2-7-10 goal of 10 million people receiving care. By increasing demand for and use of CT services, this activity supports the vision of the USG/South Africa Five Year Strategy. In addition, evidence suggests that CT reduces stigma and discrimination (key legislative issue).

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	10 - 50
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	20	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,500	☐
Number of individuals trained in counseling and testing according to national or international standards	8	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	1,000	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

The target of 1,000 represent patients who are provided care and support through the Aid for AIDS care and treatment programme. Aid for AIDS is a private sector program providing workplace HIV programs for major companies in South Africa. Through BroadReach support to Aid for AIDS, all patients benefit from enhanced education, support, and monitoring. This is in additional to the South African Government program. Broadreach also supports a direct care and treatment program.

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Pregnant women

Program managers

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism: TB/HIV Project
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3141
Planned Funds:
Activity Narrative: This Medical Research Council (MRC) activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

CY activities were included in the FY05 COP as a component of MRC's integrated TB/HIV project. CT is continuing through Emergency Plan support in the sites managed by MRC. In accordance with FY06 COP guidance, CT activities that are focused on TB patients are reflected in the TB/HIV program area of the FY06 COP (#2955).

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,600	☐
Number of individuals trained in counseling and testing according to national or international standards		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3279
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This Counseling and Testing activity will be linked to program activities carried out in the PMTCT (#4743) program area.

SUMMARY:

The CDC's Division of Sexually Transmitted Disease Prevention will use Emergency Plan funds to initiate high quality HIV Counseling and Testing (CT) services into existing sexually transmitted infection (STI) clinical services. The major emphasis area for this program will be IEC, with minor emphasis placed on the development of referral systems, training for health care providers, and quality assurance and supportive supervision. The target population includes adult and adolescent men and women of reproductive age, commercial sex workers and their clients and partners, USG-Headquarters staff (CDC/DSTD), public sector healthcare workers and implementing organizations. Although not specific targets, other most at-risk populations (e.g., truckers, sex partners of HIV-infected persons) are also expected to use and benefit from these community services. The coverage area has not been determined yet.

BACKGROUND:

People with newly diagnosed STIs are at greatly increased risk for contracting other STIs, including HIV. The STI diagnostic encounter with these high-risk patients provides healthcare workers an opportunity to encourage CT for HIV. People evaluated for an STI whose HIV tests are positive can be immediately referred to HIV care services, including clinical staging, health/prevention education, and (if applicable) life-extending antiretroviral therapy. Prevention counseling is beneficial regardless of HIV status, and is likely particularly beneficial to uninfected individuals who remain at continued risk of acquiring HIV. The STI clinic encounter can also lead to the identification of sex partners who need treatment, allowing opportunities to identify and encourage HIV testing in sex partners. In South Africa, several service models exist to provide STI diagnosis and treatment, including public clinics and primary care services incorporating STI services. Currently, patients who have or are suspected to have new STIs are often not yet specifically targeted for HIV CT.

This new activity, not previously funded by the Emergency Plan, supports routine offering of HIV CT services in a high volume, public community facility. The proposed approach is to normalize CT through sensitizing healthcare providers and offering a simple and effective CT model that has been used effectively in STI clinics and other settings internationally. The model employs confidentiality and a respectful approach to reduce stigma and discrimination while promoting HIV testing. The implementing organization will be an existing public STI clinic or primary care site already working with the national STI Reference Centre (STIRC) and willing to initiate routine CT services. It is assumed that the program will scale up and allow these tools/curricula to become widely available in South Africa.

ACTIVITIES AND EXPECTED RESULTS:

A program needs assessment will be done to identify current barriers to routine CT in the facility and the community. Based on the results of this assessment, a simple and effective HIV CT model that has been successfully used internationally will be adapted to the South African context and facility/setting. All facility providers will be encouraged to take a short training course to promote their understanding and encouragement of routine HIV testing for all patients with new or suspected STIs. HIV CT will be promoted as an expected norm in this clinical situation. Providers will also be instructed to ask all patients to see the HIV counselor as part of their routine care. The counselors (staff trained in CT) will provide prevention counseling that

strongly encourages HIV testing and uses a goal-setting approach to reduce high risk behavior. Goals may include faithfulness with a concordant partner, consistent and correct condom use, or other means.

Specific activities will include:
• Conduct program needs assessment to understand barriers to CT.
• Hire one clinic supervisor to oversee activities and provide quality assurance (QA) and data collection.
• Hire two prevention counselors to provide CT.
• Conduct in-depth training for supervisor/counselors on high quality CT, testing (including rapid tests), confidentiality, respectful approaches, expected QA strategies, and efficient referral to additional services.
• Train all (approximately 10) health care providers on encouraging CT, confidentiality, respectful approaches (clinic wide training).
• Develop referral and tracking systems to determine if referred patients received expected services.
• Develop and disseminate any needed educational materials promoting CT.
• Develop systems to collect, analyze, and disseminate program data on test uptake, receipt of test results, effectiveness of the referral system, and quality of counseling.

EXPECTED RESULTS:
(1) Identify HIV-infected persons to allow speedy referral into HIV clinical services; (2) Provide effective prevention counseling for HIV uninfected clients at high risk for sexual HIV acquisition; (3) Develop an effective referral system for other prevention/care services; and (4) Analyze and disseminate program data to enhance future program services.

All new programs will be in compliance with existing national guidelines. Approximately 150 STI clinic patients will receive CT services in FY06. Once the program is well established, this number will jump to 2,000 in FY07. The program will also be expanded to a second clinic in FY07.

By providing HIV counseling and testing to a population of STI clinic clients at high risk of HIV infection, these activities will lead to an increase in the number of at-risk clients who know their HIV status and, when appropriate, are referred to HIV care and treatment services. Counseling and testing is also an opportunity to spread prevention messages, especially among those who are uninfected with HIV. These accomplishments will both contribute to the Emergency Plan's goals of preventing seven million new infections and providing care to 10 million PLWHA. These activities support the prevention and care objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	2,000	☐
Number of individuals trained in counseling and testing according to national or international standards	30	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

USG headquarters staff

Partners/clients of CSW (Parent: Most at risk populations)

Other health care workers (Parent: Public health care workers)

Implementing organizations (not listed above)

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Hope Worldwide South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	*Counseling and Testing*
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3305
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This counseling and testing activity relates to other activities implemented by Hope Worldwide South Africa in basic care and support (#3303), AB (#3302) and OVC (#3304).

SUMMARY:

Hope Worldwide SA will use FY06 Emergency Plan funds to continue its work in partnership with local government to increase access to quality CT services in public sites in Eastern Cape, Gauteng, KwaZulu-Natal and Western Cape provinces. Major emphasis areas for this activity include community mobilization and training, and the work will target men and women of reproductive age and nurses in the public health sector.

BACKGROUND:

The Hope Worldwide SA (HWSA) national CT program exists in partnership with local government and has been in existence for five years. The challenge is to strengthen regional government's capacity to manage counseling and testing centers and to create demand for the services. The three activities described below are funded by the Emergency Plan. Support from the Emergency Plan has enabled HWSA to maintain services in all of the 29 CT partner sites. Education and sensitization of communities on HIV/AIDS still remains HWSA strategy to increase uptakes at counseling and testing sites. HWSA CT trainers continue providing their services to partner organizations. The HWSA project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (Increase the number of people receiving counseling and testing):

All HWSA CT is implemented as part of integrated health care services, directly linked to existing HIV care and treatment services. Pre- and post-test counseling will continue to be rendered at about 29 existing CT sites as a strategy for preventing the further spread of HIV, as knowledge of one's sero status contributes to sexual behavior change. Emergency Plan funding will support educating and sensitizing communities on CT services through campaigns and workshops that address stigma reduction, staffing of new sites, volunteers and outreach to workplaces. This activity will build on FY05 success (over 8,000 clients received CT services through this fund in 2005). Additional CT centers will be established as need arises to promote self-referral for counseling and testing by the general public. The strengthening of referral systems will continue as new HIV/AIDS partners come aboard. The target with FY06 funding is to reach 12,000 clients through counseling and testing.

ACTIVITY 2 (Increase the number of Counselors trained in CT):

HWSA activities over the next year will include: further training of existing and new CT counselors, with an emphasis on couples counseling; training of existing and newly identified partners on CT protocol; and CT training and technical support of other CT organizations. The use of international CT protocols to ensure standardization of services will be ensured. Regular assessments of participants take place during and after training, and participants are given a chance to role play what they have learned. After training, their use of the protocol is observed at their respective sites, and feedback provided. Funding will be used for all aspects of the training including training manuals, stationery and workshop venues. Educational electronics such as TV and video machines will be purchased for use by the trainers. In FY05 to date, about 157 people were trained as counselors; the FY06 target is 120. Five organizations will receive training in organizational capacity development.

ACTIVITY 3 (Increase the number of sites providing CT):
HWSA CT will continue collaborating with key stakeholders including both public and private clinics (Prime Cure Clinics) that provide the CT services, through meetings and workshops. Efforts to engage private doctors as partners in the CT will continue. Areas without CT services will be identified and attempts will be made to extend HWSA coverage by establishing stand alone CT sites. In this event, allotted funds will go to address the purchasing of furniture and renovations of office space to be utilized. At the present moment HWSA CT sites are 29 in total, with the intention to expand with FY06 funding.

By providing counseling and testing services to 12,000 individuals, these activities contribute to the Emergency Plan goal of providing care and support to 10 million HIV-affected individuals. Consistent with the USG Five Year Strategy for South Africa, these activities also strengthen community demand for CT services; engage communities on reducing the stigma associated with low CT uptakes; strengthen partner capacities through training.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	35	☐
Number of individuals who received counseling and testing for HIV and received their test results	12,000	☐
Number of individuals trained in counseling and testing according to national or international standards	120	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	2,500	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

The indirect target of 2,500 is an estimated number of individuals to be provided with counseling and testing services by the newly trained or retrained person who are not necessarily paid by HWSA. HWSA assists public facilities with training in CT.

Target Populations:

Family planning clients

Nurses (Parent: Public health care workers)

Pregnant women

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas

Eastern Cape

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3308
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to Catholic Relief Services (CRS) for CT in the FY05 COP support the expansion of the track 1 program with supplemental funding, scaling up treatment in 21 of 24 treatment sites. The FY05 funding was utilized mostly for ongoing counseling, as most patients already know their status, or are referred to government clinics for CT. In addition, the FY05 funds provided for refresher training in counseling.

CRS does not anticipate a need for further CT training in FY06. Since CRS does virtually no testing, but rather provides ongoing counseling, this activity is included in the FY06 Basic Care and Support entry (#3832), and no FY06 funding is requested for CT.

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3321
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This country-funded activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's (ECDOH) capacity to provide HIV counseling and testing services to tuberculosis patients in Eastern Cape Province. Columbia and the ECDOH will strengthen CT at two TB treatment facilities, Fort Grey and Nkquumela hospitals. Funds will also be used to ensure that patients are screened for HIV, receive HIV prevention education and are referred to HIV care if found to be co-infected with HIV. Developing a referral network with existing ART service providers (Cecilia Makiwane and Frere Hospital – where Columbia supports HIV care and service delivery) will be a priority. The major emphasis area for this program area will be the development of network/linkage/referral systems, with minor emphasis given to community mobilization and participation, human resources, IEC, SI and training. The target population will include children and youth, adults, and families affected by HIV/AIDS.

BACKGROUND:
Columbia and its partners in the Eastern Cape have received Emergency Plan funding to treat HIV/TB co-infected patients since FY04. This activity focuses on CT for TB patients and is a new activity for Columbia in FY06.

ACTIVITIES AND EXPECTED RESULTS:
In FY06, Columbia and the ECDOH will strengthen HIV counseling and testing for TB patients in two TB treatment facilities (Fort Grey and Nkqumbela hospitals). Since neither hospital currently has effective links with ART programs, Emergency Plan funds will also be used to develop a system to refer TB patients who are found to be co-infected with HIV to appropriate care and treatment services. These care and treatment services are described in detail in the TB/HIV section program area (Activity #3320).

The following specific activities will be performed:

• Implement on-site HIV counseling and testing at Fort Grey and Nkqumbela hospitals. Staff nurses at each hospital will be responsible for performing the HIV tests and counseling. Additional counselors may be recruited, as necessary.
• Provide HIV prevention education at these two TB hospitals.
• Explore and develop mechanisms to refer TB patients who are co-infected with HIV to appropriate care and treatment services.
• Explore mechanisms for engaging families into care when HIV is found in TB patients. This may include home visits to screen for HIV infection and disease in the household.

A data entry clerk will be recruited at each site to collect accurate patient information that will be useful in developing a standard of care for HIV/TB treatment.

Through focused outreach and carefully coordinated treatment and care plans Columbia expects to support CT for at least 750 patients in the two TB facilities by

September 2006. An additional 1,000 patients will receive CT in these facilities by September 2007 for a total of 1,750 patients. Although HIV/TB patients were treated in FY04 and FY05 the thrust of services was in ensuring that basic HIV care and treatment was offered. With the successful efforts of rolling out ART programs, Columbia and ECDOH can now focus on specific health concerns (such as TB) to create patient-specific care plans that will improve health outcomes and quality of life.

By expanding counseling and testing services to TB patients in two locations, these activities will lead to an increase in the number of TB patients who know their HIV status and are referred to appropriate care and treatment. Through these activities, Columbia will contribute to the realization of the Emergency Plan's goal to provide care to 10 million people and treatment to two million people. These activities, as well as the prevention benefits that will accrue through them, also support the prevention, care and treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	2	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,750	☐
Number of individuals trained in counseling and testing according to national or international standards	75	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

HIV/AIDS-affected families

USG in-country staff

Children and youth (non-OVC)

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Wits Health Consortium, Reproductive Health Research Unit
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3333
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

RHRU's Counseling and Testing activities are part of an integrated program that includes Other Prevention (#3032, Women At Risk Project), HIV/TB (#3091), Basic Care & Support (#3332), Pediatric ARV Services (#5054) and ARV Services (#3081).

SUMMARY:
Emergency plan funds will support the Reproductive Health and HIV Research Unit (RHRU) to continue to directly provide counseling and testing services, and to expand services tailored to target groups such as couples, children, and families, as part of an integrated prevention, care and treatment program. RHRU will continue to provide training and mentoring in counseling and testing to Department of Health staff, and ensure that counseling and testing is integrated into TB, STI and contraceptive services at all levels. Major emphasis in this program area is on the development of network/linkages/referral systems and local organization capacity development, with minor emphasis on human resources and quality assurance and supportive supervision. These activities target HIV-affected families (children, youth and adults), commercial sex workers, discordant couples and public health workers.

BACKGROUND:
RHRU is affiliated with the University of the Witwatersrand in Johannesburg. The RHRU Emergency Plan-funded program provides technical support to the South African Government's Comprehensive HIV Care Program, which includes national ARV rollout. RHRU provides regular on-site support, direct treatment, training and quality improvement to DOH sites in 3 provinces, and is initiating an inner city program focusing on providing support to a complete up and down referral network. In addition, RHRU directly provides CT, palliative care (TB and non-TB) and prevention programs. RHRU seeks to develop models of service delivery that can be replicated and expanded, and produces best practice and targeted evaluation as a result of their activities in order to further this aim. All of the counseling and testing activities encourage people to disclose their status when it is safe to do so, thereby working toward stigma reduction (key legislative issue).

The success of ARV treatment scale up depends on the comprehensive approach detailed in other program areas. In particular, the strengthening of referral from other primary health care programs such as TB, family planning and STI treatment is critical. In FY06, RHRU will focus on further strengthening DOH adult and pediatric treatment, and on developing a family-based approach to HIV care and treatment in the public sector. Furthermore, RHRU will develop strategies to address underserved communities affected by HIV, such as couples, high risk groups (e.g. sex workers), and men.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Emergency plan funds will support RHRU to continue to directly provide counseling and testing services, and to expand services tailored to target groups such as couples, children, and families, as part of an integrated prevention, care and treatment program. Discordant couples will be targeted for prevention education, and concordant couples can benefit from referral to a wellness program. Children and families have special needs that will be addressed in the program. Appropriate counseling and testing techniques will be developed, and opportunities to scale up counseling and testing of this group will be identified and interventions implemented accordingly. RHRU anticipates that 12,000 people will be reached with comprehensive CT services as a result of this funding (3,372 counseling and testing

sessions were delivered and reported by RHRU in the October 2004 to March 2005 Semi Annual report).

ACTIVITY 2:
In addition to direct counseling and testing services, RHRU will continue to provide training and mentoring in counseling and testing to DOH staff, and ensure that counseling and testing is integrated into other health programs at all levels. In particular, RHRU will focus on integrating CT in to TB, STI and contraceptive services, all used by high risk groups for HIV.

These activities expand CT services to important high risk populations, and serve as a critical entry point into HIV care and treatment programs, thus contributing to the 2-7-10 goals by enabling access to treatment and prevention for those who test.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	9	☐
Number of individuals who received counseling and testing for HIV and received their test results	12,000	☐
Number of individuals trained in counseling and testing according to national or international standards	1,000	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults

Commercial sex workers (Parent: Most at risk populations)

Discordant couples (Parent: Most at risk populations)

HIV/AIDS-affected families

Children and youth (non-OVC)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Table 3.3.09: Activities by Funding Mechanism

Mechanism: New: Rapid Testing
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3352
Planned Funds:
Activity Narrative: SUMMARY:

Emergency Plan funds are sought to support the implementation and evaluation of a rapid CT program (ACTS: Assess, Consent, Test, Support) in public health clinics in the Eastern Cape. This evaluation will assess the impact and acceptability of the ACTS program as a means of dramatically increasing the number of persons counseled and tested for HIV. Funds will also be spent on training and supervision for CT counselors/nurses and CT healthcare staff/trainers. The major emphasis area for this program will be strategic information, with minor emphasis placed on IEC, *local organization capacity development, quality assurance/supportive supervision and* training. The target population will include secondary school students (boys and girls), men and women (including pregnant women and family planning clients), and public health care workers (e.g., doctors, nurses).

BACKGROUND:

The ACTS rapid CT program includes a five minute pre-test counseling session, a rapid result finger stick HIV test, and either a five minute post-test counseling session (for people testing negative) or a 10 minute post-test counseling session (for people testing positive). By increasing the number of people who access CT services, more HIV-positive youths and adults will be identified and referred to treatment and provided with prevention information. Likewise, the testing sessions are an opportunity to expose HIV-negative youths to prevention messages. In 2005, the *CDC Global AIDS Program's HIV Prevention Branch (HPB) funded an evaluation of* ACTS programs in two youth clinics in the Khayelitsha District of Western Cape Province. This project is an expansion of that work, which found (in a two month evaluation) that clinics effectively doubled the number of patients receiving CT services when the ACTS rapid CT methods were used. This program area will be implemented by CDC GAP South Africa and HPB in conjunction with South African district health managers and clinic leaders in the Eastern Cape.

ACTIVITIES AND EXPECTED RESULTS:

Three separate activities will be carried out in this program area.

ACTIVITY 1:

District-level public CT clinics (free standing and/or integrated clinics/hospitals) will offer the ACTS rapid CT program. ACTS will be implemented in an estimated five primary care clinics that provide CT. This activity will increase local capacity for rapid CT services in areas where services are currently insufficient. This funding will support the ACTS programs in these clinics by procuring test kits and ACTS clinic materials for staff and patients. As a result of this activity, 1,500 clients will receive rapid counseling and testing using the ACTS method.

ACTIVITY 2:

The second activity is a targeted evaluation of ACTS to examine the program's impact on the number of clients receiving CT services and the number of clients learning their HIV status. This project will monitor the effect the ACTS program has on client acceptability of CT services. A cohort of ACTS clients will be compared to a cohort of standard, or pre-ACTS CT clients to determine the program's impact on *clients' knowledge, attitudes and behaviors regarding HIV/AIDS. Psychosocial factors* will also be tracked and evaluated. Funding will also pay for a study coordinator and CDC staff to provide technical assistance to ensure the quality of M&E activities and to assist clinics to improve data management and patient flow tracking systems.

Monitoring results will provide GAP South Africa and its South African partners with important information regarding the efficacy and efficiency of rapid CT services. Focus

groups and self-administered questionnaires with healthcare clinic staff will also be utilized to inform future recommendations and improvements to ACTS and to examine the impact and acceptability of scaling up rapid CT services (i.e., ACTS) in free-standing clinics and/or integrated service clinics or hospitals.

ACTIVITY 3:
The final activity is to train clinic healthcare staff who provide CT services and district and clinic management in the estimated five sites. An estimated 35 staff, managers and trainers will be trained in ACTS. This training will ensure effective ACTS implementation and on-going supervision. While this is an evaluation of standard CT services as compared with ACTS services, this activity will continue to build capacity of local district level CT staff and management to meet the increasing demand and required scale-up of CT services.

Through this program, Emergency Plan funds will reach 1,500 individuals with prevention messages or referrals to care and treatment, and directly contribute to the Emergency Plan goal of providing care and services to 10 million HIV-affected individuals. These activities also support the prevention, care and treatment objectives outlined in the USG Five Year Plan for South Africa, and respond to the Office of the Global AIDS Coordinator's call for innovative methods of providing CT services to large numbers of people.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	10 - 50
Logistics	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national or international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results	1,500	☐
Number of individuals trained in counseling and testing according to national or international standards	35	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pregnant women

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	3798
Planned Funds:	
Activity Narrative:	*INTEGRATED ACTIVITY FLAG:*

In addition to CT, Peace Corps Volunteers work in projects to develop indigenous organizational and human capacity in the following program areas: Basic Health Care and Support (#3106), AB (#3797) and OVC (#3107).

SUMMARY:

Peace Corps will use Emergency Plan funding to strengthen the organizational and human capacity of indigenous organizations that provide counseling and testing services in medical and community sites in the Northwest province. Peace Corps will place one Volunteer in FY07 in such an organization. This Volunteer will be recruited and trained in FY06. The major emphasis area for these activities is local organization capacity development. The primary target populations for these interventions are community and religious leaders, program managers and volunteers, CBOs and NGOs.

BACKGROUND:

The proposed activities will build on the accomplishments of Volunteers already in the field in FY05. These Volunteers (USG supported, but not PEPFAR-funded) are presently supporting two sites, with over 280 service outlets. These outlets provided counseling and testing services to 28,500 people in the first six months of FY05. The Volunteers that will be placed in the project in FY06 entered the Peace Corps program as a result of PEPFAR supported activities in FY05; those who will be placed in FY07 will be recruited and trained in FY06.

ACTIVITIES AND EXPECTED RESULTS:

The Peace Corps Volunteer (key legislative issue) will provide on-going technical support that assists organizations and related community initiatives to develop the necessary organizational, human and programmatic capacity and systems to reach their stated goals and objectives, and to measure their progress in providing counseling and testing services. Based on the needs of the organization, the Peace Corps Volunteer will work with their host agency to improve project planning and development processes; develop, test and enable the use of financial and activity monitoring and evaluation systems; support the delivery of quality counseling and testing services; and improve the networking and referral mechanisms between NGOs and CBOs, and between local organizations and government departments/institutions. In response to local needs, the Peace Corps Volunteer may develop and test mechanisms to recruit, retain and support local volunteers – including enhancing their professional development and supporting debriefing processes – and enhance outreach to targeted communities.

By providing additional Peace Corps support, it is envisaged that 200 VCT workers and volunteers will have increased counseling skills and referral resources, and will receive specific monitoring and reporting training and mentoring. The work of Peace Corps contributes to the US Mission's country strategy by being closely aligned to the South African Government strategies in each of the provinces in which they work, and by strengthening the ability of partner organizations to contribute to the 2-7-10 goals.

Note: Peace Corps is relying on Emergency Plan funding in FY07 and FY08 in the amount of $928,405 to fund the full 27 month tour of the Peace Corps Volunteers assigned to this project.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards	200	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults
Community leaders
Community-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Religious leaders

Key Legislative Issues

Volunteers

Coverage Areas

North-West

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3848
Planned Funds: [ ]
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

SUMMARY:
Through the Community Based Voluntary Counseling and Testing Program, Academy for Educational Development (AED) will work in all nine provinces of South Africa to increase the availability, access and utilization of CT; develop the capacity of NGOs as partners in CT provision; support NGO staff to improve delivery of CT; implement national level systems; and roll out national programmatic procedural recommendation for use by NGOs providing non-medical testing.

BACKGROUND:
Project activities began in 2004 through FY04 Emergency Plan funding and will continue in 2006 with FY05 funding. AED received its FY05 funding in August (funding covered two-year project period that began in FY04). This partner will be conducting substantial activities in 2006 with FY05 funding.

ACTIVITIES AND EXPECTED RESULTS:
The following activities will be carried out in this program area:

ACTIVITY 1:
This activity provides a rapid assessment of NGOs providing CT to confirm and evaluate services and identify the capacity building needs of the NGOs. The project has completed the assessment of 80 NGOs and is using this data to develop the training, capacity building and technical assistance AED is providing. This activity's funding contributes strategic information by building an accurate knowledge base of the NGO's capability and development needs. Through the assessment of services provided by the NGOs, the targeting of technical assistance this will ensure quality and increases in the number of people receiving standardized counseling and testing for HIV/AIDS by NGOs according to national and international guidelines. NOTE – This activity is close to completion. Very few assessments are anticipated in FY06 unless new NGOs join the program and require full assessments prior to involvement.

ACTIVITY 2:
This activity provides training to NGO personnel providing CT services in: risk reduction, counseling and testing, rapid test procedures, data collection, monitoring and evaluation, quality assurance, commodity procurement, and logistics management. This activity strengthens CT services by promoting utilization and ensuring increased numbers of trained counselors at CT service sites by training personnel from 100 NGOs. Funding of this activity supports the capacity building of local organizations through NGOs improved competency to conduct CT. Strategic information including data management, monitoring and evaluation and procurement and logistics management will be improved through these trainings and technical assistance offered to each NGO. Trainings will increase the number of individuals trained in CT, M&E, data management and procurement and logistics management by 250. Target populations include: health care providers, general population, people affected by HIV/AIDS, community and the government. The project has conducted 9 trainings to date, one in each province covering the 100 NGOs participating. NOTE – The training component of this activity is close to completion. Year 2 will emphasize training follow up – specifically technical assistance to each NGO.

ACTIVITY 3:

This activity develops and disseminates CT programmatic recommendations for use by NGOs providing non-medical testing. This contributes to the ability of NGOs to supply the highest quality counseling and testing according to government standard policy. Through funding the development and dissemination of programmatic recommendations, this activity will assist in increasing the number of people receiving standardized counseling and testing for HIV/AIDS by NGOs. The Project is reviewing current toolkits and procedural recommendations and consulting with stakeholders as to the appropriate options which would be most useful and applicable to NGOs with whom AED works.

ACTIVITY 4:
This activity will ensure the procurement of supplemental rapid test kits for the NGOs. Funding of this activity will contribute to the supply of supplemental test kits which could be required by the NGOs participating in this project due to the potential increase in clients as the capacity of the NGO's increases. This activity will increase the number of people receiving accurate and consistent testing for HIV/AIDS by NGOs. The Project has developed a procurement plan, tools, analyzed the needs of the NGOs.

ACTIVITY 5:
This activity is to develop a comprehensive Referral Network for NGOs to coordinate with other service providers. A Referral Network is an integrated and formalized system with a range of prevention, psychosocial, care and on-going support offered to clients through the coordination of services among NGO, government and private providers. Funding of this activity will support the development of linkages of between service providers offering various complementary services and increase efficiency and coverage of people affected by HIV/AIDS. Referrals will include coordination between reproductive health services, microcredit and nutrition programs. The systems will expand the increasing the number of clients receiving comprehensive treatment, care and support as part of the Emergency Plan's 2-7-10 goals. During FY05, AED conducted a review of referral services, developed and used a tool for assessing referral activities currently being carried out by NGOs which will form the basis for the FY06 work.

This project will assist in behavior change of men and women as they receive counseling and information regarding prevention. CT services also provide a forum for behavior change incorporating gender and coercion behaviors as well as male norms and behavior which also impact the spread of HIV. Referral activities will assist women in accessing programs which links to economic resources and legal rights among other resources. Project activities will also assist in HIV/AIDS stigma reduction through counseling and referral information to supportive services.

In the pursuit of reaching the Emergency Plan's 2-7-10 goals the project's activities will increase the quality and capacity of NGOs providing CT services targeting men and women of reproductive age as well as the national government, NDOH and National AIDS Control Program Staff, laboratory, nurses, and counseling staff who participate in the individual trainings, and development and dissemination of procedural recommendations. The referral system, particularly, strengthens health care providers, community leaders, religious leaders and program managers, as well as CBOs, FBOs and NGOs/PVOs ability to effectively respond to the needs of people infected and affected by HIV/AIDS.

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	48	☐
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing	27,648	☐
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Indirect Targets

AED contributes to the indirect number of people who received counseling and testing through the provision of training and technical assistance in data management, monitoring and evaluation, procurement and logistics management to NGOs at a national level.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CTR
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 3923
Planned Funds:
Activity Narrative: INTEGRATED ACVITY FLAG:

This CT activity is linked with activities described in the ARV Services (#2927) and Basic Care and Support (#2925) program areas. FHI also implements an unrelated project in the PMTCT program area (#2929)

SUMMARY:
Family Health International (FHI) will expand access to integrated family planning (FP) and HIV services for infected/affected individuals in HBC programs by a) continuing to strengthen the linkages between HBC, ARV and FP services, b) expanding counseling and testing (CT) to HBC settings, and c) using a mobile support unit to provide HIV/FP services, including CT, in underserved areas in Mpumalanga province. FHI and its partners will also utilize family planning clients and services as an entry point for HIV/AIDS related basic care, CT, and treatment referral. The major emphasis area is training. The target populations are men, women, family planning clients, PLWHA's, affected families, and caregivers.

BACKGROUND:
In response to requests from the national and provincial Departments of Health and Social Development, in FY05 FHI is strengthening the linkages between HBC, CT, ARV and FP services for comprehensive treatment, care and support. In South Africa, many individuals in high-risk communities, including in HBC programs, do not know their HIV status. Expanding access to CT in this context is also critical in order for those who test positive and qualify for treatment to avail themselves of ARV services. Tighter linkages between care, CT, ARV and FP services are needed so that women, in particular, not only have the opportunity to improve their quality of life, but can also make informed decisions about their fertility. FP services can also be equipped to provide information about HIV CT, care and treatment, serving as an entry point for HIV/AIDS services.

With FY05 funds, FHI is creating functional referral mechanisms between 30 HBC, 40 FP and 20 ARV service programs in Mpumalanga to holistically meet the health care and treatment needs of over 40,000 HBC caregivers, clients and their families. This is being done through stakeholders meetings and referral skills workshops for all parties; TA on identifying FP, ARV, CT and HBC referral needs; the provision of CT in HBC settings; and provider tools to facilitate referrals.

A major constraint in these programs, however, is limited access to essential reproductive health and HIV/AIDS services, including CT. A recent FHI mapping exercise showed that HBC programs typically reach out to low-resource, isolated communities where FP/HIV service needs are high and transport to services is prohibitively expensive. A mobile clinic is needed to provide FP, STI diagnosis/treatment, CT and ARV services to HBC caregivers, clients and their families—as well as the surrounding communities—who reside in remote, underserved areas in Mpumalanga.

ACTIVITIES:
In response to and in close collaboration with the Mpumalanga DOH, FHI will work with Project Support Association – South Africa (PSA-SA), South Africa Council of Churches (SACC), Right To Care (RTC) and other local partners to expand access to quality integrated FP and HIV services (including CT) for infected/affected individuals in HBC programs by building on the FY05 project and by establishing a mobile service unit (MSU) to provide FP/HIV/CT services in underserved areas. Through the following activities, FHI will increase the number of at-risk men and women who receive CT and receive their results:

ACTIVITY 1 (CT in an HBC Setting):
For its work with HBC services, FHI will:
• Purchase and provide HIV testing kits to 30 HBC project sites (through Right to Care);
• Hire and supervise one nurse to conduct HIV testing in the households where HBC clients reside; and
• Train and supervise six HBC volunteers to work alongside the nurse to provide pre-test and post-test counseling, which will include messages on and referral information for FP and ARV treatment.

ACTIVITY 2 (MSU):
Three remote communities served by HBC projects will be selected and served by a mobile service unit. The following activities will be carried out to maintain these mobile services:
• Hire and supervise six staff (two professional nurses, two counselors and two trainee counselors);
• Train MSU staff on CT for HIV, and on choosing contraceptive methods that are safe for HIV-infected women and HIV-infected women on ARVs;
• Work with HBC volunteers to provide referrals to MSU for FP/ARV/CT/STI services;
• Conduct outreach promoting CT to HBC projects and communities;
• Oversee quality of: CT, STI diagnosis/treatment, FP services and counseling, and ARV screening and provision in the MSU; and
• Maintain MSU medical equipment and supplies.

To generate strategic information to support a potential scale up, FHI will develop a Management Information System (MIS) to collect service and referral data relating to the project. The data will be used to analyze the uptake and overall costs of integrated FP/CT/ARV/STI services and referrals from the HBC programs. All activities and ownership of MSU will eventually be transferred to local partners.

These activities are expected to increase demand for and acceptance of FP services, STI and CT services and ARV treatment, as an integrated package, in underserved communities. Seven individuals will be trained in CT according to national and international standards, and over 3,000 individuals will receive CT for HIV.

These activities support the USG/SA Five Year Strategy for South Africa by improving access to HIV CT services to remote and/or underserved communities, and expanding linkages between CT and FP, HBC and ARV services. These activities contribute to the Emergency Plan goal of providing care and services to 10 million people by increasing access to and quality of CT services.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	1	☐
Number of individuals who received counseling and testing for HIV and received their test results	3,020	☐
Number of individuals trained in counseling and testing according to national or international standards	7	☐
Indirect number of service outlets providing counseling and testing		☑
Indirect number of individuals who received counseling and testing		☑
Indirect number of individuals trained in counseling and testing		☑
Number of clients receiving a referral for post test care and support services		☑
Number of clients screened for TB		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Family planning clients
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
Caregivers (of OVC and PLWHAs)
Religious leaders
Public health care workers
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)

Key Legislative Issues

Other

Coverage Areas

Mpumalanga

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 95

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The SAG Comprehensive Plan 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 five-year phased nationwide equitable rollout program, and the USG works in close collaboration with the SAG to implement ART. One of the key prerequisites for Emergency Plan partners providing ART is to obtain support for their planned activities from the relevant provincial health department to ensure that programs are integrated with SAG plans, and thus also ensure sustainability. For those partners working with the SAG in public health facilities, 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. Another important focus extends ARV treatment through general practitioners at community clinic sites, especially in rural communities, increasing access beyond the current SAG accredited rollout sites. The USG has also developed innovative partnerships with the private sector to provide ART. Some 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 allows patients in USG-supported programs to readily transfer to the public health system as the national ARV rollout continues to expand.

South Africa has 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 awarded a centralized tender for all ARV drugs procured by provinces. Although some provinces reported minor stock-outs in 2004, the SAG's emphasis on strengthening key delivery systems is expected to continue to improve distribution systems and overall effective drug management capacity. (Note that if stock-outs were to occur in Emergency Plan programs that obtain drugs through the SAG, private sector pharmaceutical suppliers are positioned and ready to provide the necessary back-up supplies.) The USG also provides critical on-site assistance at public sector facilities aimed at strengthening and improving the quality of logistics, recording, and ordering systems to ensure proper management of drugs and other commodities required for treatment. These activities will continue and expand in FY06, building on the successes of FY05.

There are no other donors that provide service delivery support for the provision of antiretroviral treatment. DFID has recently begun providing support to the NDOH in strengthening drug delivery systems, and the USG and DFID are collaborating to ensure there is no duplication of effort. The Global Fund supports ARV treatment in Western Cape and KwaZulu-Natal (KZN) Provinces, and one Emergency Plan partner, University of KZN-CAPRISA, receives Global Fund support for the purchase of ARV drugs.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Aurum Health Research

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 2913

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

Aurum's ARV Drugs activities are part of an integrated program also described in the Basic Care and Support (#3323), TB/HIV (#2914), Counseling and Testing (#2915) and ARV Services (#2912) program areas.

SUMMARY:

Aurum Health Research (Aurum) will use Emergency Plan funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to an existing workplace program in eight provinces that provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum's clinical research sites. The major emphasis area for this activity will be commodity procurement with minor efforts in linkages with other sectors and initiatives, logistics, quality assurance and supportive supervision, SI, and training. Target populations include infants, children and youth; adults, including men and women of child-bearing age; PLWHA, including HIV-infected pregnant women, infants and children; street youth; and migrants/migrant workers.

BACKGROUND:

Aurum is a mining industry-founded health organization affiliated with Anglo American, the largest private sector employer in South Africa. Through this innovative public-private partnership, Aurum will use Emergency Plan funds to expand services to dependents and partners of Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of HIV/TB, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees.

This program was originally funded in FY05 to function within existing employee health clinics. Although the project continues to target the same population in the same geographic areas, for management reasons the project has been redesigned and is now working through general practitioners, community clinics and public facilities.

Aurum's Emergency Plan-funded program started with training of staff in November 2004. As of mid-August 2005, nine of the sites identified as candidates for the program had been enrolled. Thirty-two nurses, 49 doctors, and 65 other health care professionals (including counselors) had been trained. Patient recruitment started in March 2005. By mid-August 2005, 619 patients had joined the HIV care program.

ACTIVITIES AND EXPECTED RESULTS:

Emergency Plan funds will be used in this program area to purchase, store and distribute ARV drugs. Patients who are medically eligible for, but cannot afford, antiretroviral therapy will receive the drugs at no cost from enrolled sites. The drugs will be prescribed using the SAG's eligibility criteria and drug regimens.

The S Buys group (a private company) is responsible for the centralized procurement and distribution of antiretroviral and preventive therapy. Negotiations with research-based pharmaceutical companies have ensured that GlaxoSmithKline (GSK) drugs are available at accessible prices and that members of the community not on

medical assistance are able to access these medications (increase gender equity in HIV/AIDS programs, key legislative issue). Aurum is planning to negotiate with Boehringer Ingelheim for accessible pricing for nevirapine. Generic medicines will not be used in the program prior to FDA and MCC approvals.

The pharmacy plan comprises: 1.) Warehousing and stock control of drugs. A computerized system of stock control will ensure an audit trail and batching abilities from the warehouse to patients. 2.) National distribution of medication. Through a courier service, S Buys is able to distribute medication anywhere in South Africa within 24 hours of receiving the request. 3.) Named patient dispensing. Dispensing done centrally at the pharmacy ensures that medication is controlled and facilitates a tight audit trail to the patient. 4.) Integration with the Aurum Health Research Project (AHR). This integration will help ensure adherence to protocols, as well as communication between pharmacists and AHR. It will also allow for the integration of data from drug dispensing sites. 5.) Participation in the training of professional nurses in pharmacy skills.

As of August 15, 2005, nine of the general practitioner candidate sites had been enrolled in the program to provide ARV drugs, and 21 nurses and 19 doctors had been trained. These sites currently stock ARV drugs and dispense them to 440 patients. By September 2007, Aurum expects to have 6,840 patients started on the ARV drugs at more than 30 sites.

By supplying ARV drugs and services to more than 6,800 patients, Aurum will contribute to the Emergency Plan goal of providing life-extending treatment to two million HIV-positive patients. This program will also contribute to the care and treatment objectives outlined in the USG Five Year Strategy, namely that all South Africans will have adequate access to a full line of care and treatment services.

Emphasis Areas	**% Of Effort**
Logistics	10 - 50
Commodity Procurement	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Target Populations:

Adults

Faith-based organizations

Street youth (Parent: Most at risk populations)

Infants

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.10: Activities by Funding Mechanism

Mechanism: TB/HIV Project
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 2954
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity also relates to MRC activities described in the TB/HIV (#2955) and ARV Services (#2953) program areas.

SUMMARY:
The Medical Research Council (MRC) will use Emergency Plan funds to purchase drugs in support of a comprehensive best-practice approach to integrated TB/HIV care at three ongoing sites and one new site. The project will improve access to HIV care for TB patients by strengthening the role of TB services as entry point for delivery of HIV/AIDS care, and by strengthening links between TB and HIV/AIDS programs. Project results will be used for policy formulation. The major emphasis area for this activity is commodity procurement, with additional emphasis on human resources, logistics, quality assurance/supportive supervision and training. PLWHA constitute the principal target populations for this activity, including pregnant women and children; but DOH and AIDS Control Program staff, and health care workers (in both the public and private system) will also be impacted.

BACKGROUND:
A best-practice approach to integrated TB/HIV care was initiated by MRC with FY04 Emergency Plan funding. Early activities include a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ART site (CH Baragwanath Hospital (CHBH), Gauteng, which will serve as an evaluation site throughout this work). Implementation of a model site (Richmond Hospital, KwaZulu-Natal) began in FY05. Expansion of the best-practice approach to two additional sites in different geographical settings (Witbank TB Hospital, Mpumalanga and Randfontein Hospital, Gauteng) was started in FY05 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with DOHs, and the challenges posed by obtaining ethics approval. Activities in the three best-practice sites (Richmond, Witbank, Randfontein) will continue in FY06, together with expansion to an additional site in the North West Province (TBD). ARV drugs will be provided in the four model sites. Activities are implemented directly by MRC in two of the sites and by a contracted sub-partner (Life Esidimeni) in the remaining two sites.

ACTIVITIES AND EXPECTED RESULTS:
Activities carried out in this program area include procurement, logistics, distribution, pharmaceutical management and cost of ARV drugs to confirmed TB patients meeting SAG ARV enrollment criteria.

Based on expected levels of HIV infection and eligibility for ARVs, an estimated 2,174 HIV-infected TB patients will receive ARVs and nutritional support. Initiation of ARVs will be based on CD4 count, following existing governmental policies. Patients (including children) with a CD4 count <200 will be eligible for ARV initiation after one month of conventional TB treatment, while those with a CD4 count <50 will be fast-tracked for immediate ARV initiation according to clinical status.

ARV drug procurement will be done according to projected estimates based on HIV prevalence and the estimated proportion of patients eligible for ARV treatment. Only drugs approved by the South African Medicines Control Council (MCC) and the US Food and Drug Administration (FDA) will be used. Referral links to an accredited governmental ARV site will be established for each TB patient initiated on ARVs at the participating sites in order to allow seamless transition and access to ARVs upon discharge. All four sites will also be supported to acquire SAG accreditation for ARV

rollout, which would provide the necessary continuity of care and facilitate access to ARVs for future TB patients.

Funding will be used to support sites to implement the pharmaceutical elements of the best-practice approach to integrated TB/HIV care, including drug distribution and supply chain logistics to meet SA accreditation requirements for ARV rollout, site staff training, pharmaceutical management to maintain MCC and FDA quality standards, and the cost of ARVs. Funding will be used to purchase drugs for the first three months of ARV treatment in order to ensure that no disruption of drug supply occurs between the period of discharge from the TB service (usually after 2-3 months) and continuation of ARV treatment at accredited sites. Due to the geographic distribution of patients, some may take more than a month to access ARVs at their local accredited facility. To accommodate for this there is a need to build in some flexibility in the drug cost calculation for longer ARV provision. Once these TB sites become accredited, SAG provision of ARV drugs will become possible at which time these sites will expand services into the community.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care while simultaneously increasing and improving access to ARVs of eligible TB patients. TB services will in future form a vital link to ARV accredited sites and this project will contribute to strengthening of the role of TB services as point of delivery of ARVs while ensuring that human, financial and infrastructure needs have been met. The cost-effectiveness and cost-benefit of integrated TB/HIV care will contribute to equitable allocation of scarce resources, in support of both the Emergency Plan and USG/SA Five Year Strategy.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Human Resources	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Pregnant women

USG in-country staff

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Implementing organizations (not listed above)

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Right To Care, South Africa
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 2974
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Drugs activity is part of an integrated program that includes activities described in the TB/HIV (#3276), CT (#2972), Basic Care and Support (#2975) and ARV services (#2973) program areas. It is also linked to the South Africa National Defence Force activities described in the ARV Drugs (#3348) and Laboratory Infrastructure (#3350) program areas.

SUMMARY:

Right to Care (RTC) is using Emergency Plan funds to procure and distribute ARV drugs to partner ARV treatment sites and programs in all nine provinces in order to expand ARV treatment for eligible HIV-positive individuals. Funding for ARV drugs is used in NGO/FBO and remote treatment sites. RTC will continue to refer HIV-positive individuals identified through CT and Care and Support services, when indicated, into ARV Treatment services. The major area of emphasis is commodity procurement, and populations to be targeted include PLWHA and pharmacists.

BACKGROUND:

RTC, a South African NGO established in 2001, is focused on building public and private sector capacity to deliver safe, effective and affordable care and support and ARV therapy. RTC's ARV Drug activities are a continuation of ongoing activities, which have been Emergency Plan-funded since March 2004, when RTC started using Emergency Plan funds to support the purchase of ARV drugs for patients in CBO, FBO, Thusong program and the Clinical HIV Research Unit (CHRU). Pharmaceutical procurement and supply is managed by Rightmed Pharmacy, an independent pharmacy established to meet the South African pharmacy regulations. Since the release of the drug waiver in July 2004, RTC has utilized Emergency Plan funds to procure and distribute ARV drugs to all RTC-supported NGO and FBO treatment programs, as well as to RTC's Thusong program, using Emergency Plan guidelines for drug purchases.

The majority of Emergency Plan funds awarded to RTC are employed to support clinical sites to initiate and maintain patients on ARVs. By capacitating sites through training, provision of human resources and in some instances the direct funding of medication and laboratory costs of ARV monitoring, RTC has successfully implemented treatment in a number of rural and urban, public and NGO/FBO sites. In FY06 an expansion of the already successful implementation is planned, targeting NGO/FBO and remote treatment sites.

ACTIVITIES AND EXPECTED RESULTS:

RTC will consolidate and expand its existing activities, building on past successes (procuring and supplying ARV drugs for six treatment sites/programs by July 2005, and no stock-outs to date on any drugs despite global shortages in stavudine and lamivudine).

Emergency Plan funds will continue to be used for the procurement and distribution of ARV drugs via Rightmed Pharmacy for the current NGO and FBO clinics as well as for the Thusong program. The Thusong program utilises a network of private practitioners to initiate and monitor ARVs in indigent public sector patients. Remote areas of the country are targeted by the Thusong program. In FY06 Rightmed will also provide ARVs to a new NGO clinic in Mpumalanga Province (Govan Mbeki), and to a new mobile clinic which will provide treatment in remote areas in Mpumalanga (a collaboration between RTC and FHI). ARV prescriptions are forwarded to Rightmed, which handles all the procurement, logistical and pharmaceutical management, dispensing and distribution of ARVs. The drugs are delivered to the treatment sites

via an independent courier company on at least a weekly basis. Treatment sites receive batches of drugs for multiple patients, with drugs labelled and dispensed on a named patient basis. Drugs are then securely stored at the site and dispensed to the patient on a monthly basis. Where sites are able to harness the capacity of a pharmacist staff member, direct procurement is facilitated. Sub-awards for NGO and FBO clinics will also include funding for pharmacy staff to ensure efficient medication dispensing.

In addition RTC will use FY06 Emergency Plan funds to purchase ARV Drugs for seven military healthcare facilities of the South African National Defence Force (SANDF). For the SANDF program a simplified supply chain will be in place, with Rightmed receiving bulk orders from the Medical Base Depot. Targets for the SANDF program are reported in the SANDF COP entry (#3530).

RTC will expand the use of Emergency Plan funds to assist SAG treatment sites with the distribution, procurement and dispensing of ARVs.

In FY06, RTC will procure and supply ARV drugs to eight RTC-supported treatment programs and sites, plus an additional seven SANDF sites, thereby directly contributing to the 2-7-10 goal of two million people treated. RTC will support the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Faith-based organizations
Pharmacists (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism: PHIDISA
Prime Partner: South African National Defense Force
USG Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 2986
Planned Funds:
Activity Narrative: This activity is funded with FY05 Emergency Plan funds. No FY06 funding is requested for this activity. This entry is included in the FY06 COP to provide information for reviewers.

FY05 Emergency Plan funds through the National Institutes of Health are being used to support an innovative treatment partnership between the South African National Defense Force (SANDF) and the US Department of Defense, in six provinces. Project Phidisa is a NIH-funded research project with the South African National Defence Force (SANDF). Emergency Plan funds support ARV therapy to members of SANDF and their families who are not enrolled in the NIH-funded Phidisa research program.

As part of the FY05 rapid expansion funds, the Emergency Plan will provide additional support for the SANDF ARV rollout in sites beyond the project Phidisa sites.

In FY06, through a new funding mechanism, the Emergency Plan will support the SANDF ARV treatment program to expand to additional sites, and will include ARV Drugs and Laboratory Services for the SANDF ARV nationwide rollout. This program will continue to support ARV treatment at the project Phidisa sites, and will also support ARV services at up to nine additional SANDF medical sites.

For FY06, this program will be funded through USAID and Right to Care, and will no longer be funded through NIH. Under the new funding mechanism, these activities are represented in the FY06 COP in the ARV Drugs (#3348) and Laboratory Infrastructure (#3350) program areas.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American Center for International Labor Solidarity
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3001
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated comprehensive prevention education and care and treatment program for the South African labor movement. It includes activities in Other Prevention (#3322), CT (#3003), AB (#3004), ARV Services (#3314), and Policy Analysis/Systems Strengthening (#3546). In particular, the procurement of ARV drugs is linked to the ARV Services component.

SUMMARY:

The American Center for International Labor Solidarity (ACILS) will provide the Tshepang Trust a sub-grant to be used for the purchase of ARV drugs to be administered by doctors treating teachers and their spouses with CD4 counts of <200 cells/mm3. The major emphasis area for this activity will be commodity procurement, with minor emphasis placed on SI. The target population will be teachers.

BACKGROUND:

The Tshepang Trust will provide the services of 100 doctors to provide antiretroviral therapy (ART) to teachers who qualify for treatment in the three targeted provinces (Eastern Cape, KwaZulu-Natal and Mpumalanga). The doctors have been trained in HIV and AIDS clinical management by the Foundation for Professional Development under another Emergency Plan grant. These physicians have experience in drug purchasing, ART and PMTCT treatment and surveillance. The doctor will do a clinical examination and staging including taking bloods for CD4 count testing. Patients qualifying for treatment will have a CD4 count of <200 cells/mm3. A viral load test will be conducted before the commencement of treatment. The Tshepang Trust has a contract with Motswedi Pharmaceutical Dispensary which will be responsible for delivering the drugs to the private office/clinics of the physicians. All physicians will have access to specialist provider backup. This is a centralized, specialist HIV and AIDS knowledge pool, structured through an efficient remote-medicine infrastructure network and administered through a contracted chronic disease management program. An adherence counselor will be assigned to each patient and will be responsible for the continued home-based support and monitoring of the patient's condition (see Basic Care and Support Activity #3002). The counselor will also liaise with the doctor. The treatment protocols available through the Tshepang Trust will be the same as those used by the NDOH, and in line with USG guidelines. The Academy for Educational Development (AED) is a partner on this project, responsible for M&E.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Drug regimens):

The drug regimen used by the Tshepang Trust for an individual newly initiating treatment is the same regimen prescribed by the NDOH (first line therapy Regimen 1 of dRT, 3TC and Efavirenz or Nevirapine). For patients who have been on antiretroviral before or patients who have failed a regimen, the doctor will consult an HIV specialist consultant through the Specialist Provider network before commencing or changing the drug regimen.

ACTIVITY 2 (Drug procurement):

All patients will receive their drugs from the doctors' offices. The doctor will order through a pharmaceutical distribution company and at the same time Tshepang Trust will receive the order for verification. The drugs will be packaged and sent to the doctors within 48 hours for patient availability. Motswedi Pharmaceuticals, the drug distribution company, will call patients to verify their existence before dispensing the

drugs and delivering them to the doctors. Motswedi will give Tshepang Trust a weekly report on the orders and drugs dispensed to patients. Motswedi Pharmaceuticals will provide a medication delivery system that keeps stock of and is able to deliver the full ambit of HAART medications to any physical address in the three provinces. Special care is taken to ensure that patient confidentiality is not compromised.

ACTIVITY 3 (Monitoring and reporting):
Tshepang Trust will receive monthly reports from Motswedi Pharmaceutical and the doctors who are part of the program. Reporting will be conducted to meet the requirements for reporting results for Emergency Plan indicators. Monthly reports will be provided to AED and ACILS.

By providing a complete line of ARV services, including patient eligibility testing and drug procurement, the ACILS will provide over 2,000 HIV-infected teachers with life-extending care and treatment. These accomplishments will directly contribute to the Emergency Plan's goals of providing comprehensive HIV/AIDS care to 10 million people and ARV treatment to two million. These activities will also support the care and treatment objectives laid out in the USG Five Year Plan for South Africa.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Target Populations:

Teachers (Parent: Host country government workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.10: Activities by Funding Mechanism

Mechanism: CAPRISA NIH
Prime Partner: University of Kwazulu-Natal
USG Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3073
Planned Funds: [redacted]
Activity Narrative: INTEGRATED ACTIVITY FLAG:

ARV Drugs is one component of CAPRISA's HIV/AIDS treatment and care program described in the Basic Care and Support (#3814) CT (#3071) and ARV Services (#3072) sections of the COP.

SUMMARY:
CAPRISA will use FY06 Emergency Plan funds to continue to provide antiretroviral drugs to patients already initiated on treatment and to expand access to treatment to an additional 800 patients by the end of FY06 at CAPRISA's Vulindlela treatment site in KwaZulu-Natal. Commodity procurement is the major emphasis of this activity, along with human resources, and the target population is PLWHA. This activity is a continuation of activities approved in the FY05 COP.

BACKGROUND:
The current CAPRISA AIDS Treatment (CAT) Program provides an integrated package of prevention and treatment services and provides an innovative method of providing ART by integrating TB and HIV care at both an urban and rural site. Emergency Plan funds in the ARV Drugs program area will be used to provide drugs only for the rural clinic at Vulindlela. The CAPRISA Vulindlela Clinical Research Site is a rural facility located about 150 km west of Durban, KwaZulu-Natal, South Africa. The Vulindlela district is home to about half a million residents whose main access to health care is at seven Primary Health Care Clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with doctors available for the initial eligibility assessment and for advice and referral.

Note that antiretroviral drugs for CAPRISA's second treatment site, the eThekwini Clinical Research Site at Prince Cyril Zulu Communicable Disease Clinic (CDC), are purchased with funds awarded through the Global Fund for AIDS, TB and Malaria, in the amount of approximately [redacted]

ACTIVITIES AND EXPECTED RESULTS:
ARV drugs procured with Emergency Plan funds are in line with South African and USG protocols. All ARV drug orders are placed by the senior Research Pharmacist, based at the CAPRISA Offices in Durban. Bulk stocks are received at the central CAPRISA pharmacy in Durban and then distributed to the sites as appropriate. The senior Research Pharmacist ensures that sufficient product is always on hand for at least 2 months' anticipated usage.

EXPECTED RESULTS:
At the eThekwini Site CAPRISA plans to initiate an additional 500 adult patients on ART in FY06 giving a total of 750 people on ART by the end of September 2006.
At the Vulindlela Site CAPRISA plans to initiate an additional 300 adult patients on ART in FY06 giving a total of 600 people on ART by end September 2006.
Pharmacy services will be provided by the full time pharmacist already employed.
These activities support the South Africa 5 Year Strategy by facilitating the expansion of ARV treatment, and contribute to the Emergency Plan goal of providing 2 million people with ARV treatment.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Human Resources	10 - 50

Target Populations:

Family planning clients

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	PHRU NIH
Prime Partner:	Wits Health Consortium, Perinatal HIV Research Unit
USG Agency:	National Institutes of Health
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3078
Planned Funds:	
Activity Narrative:	The Perinatal HIV Research Unit (PHRU), affiliated with the University of the Witswatersrand, conducts substantial HIV and AIDS programs supported by the Emergency Plan and funded through USAID. PHRU also conducts important HIV and other research supported by the National Institutes of Health (NIH), including a CIPRA-SA "Safeguard the Household" grant.

This activity will be funded through a combination of NIH and USAID funds. It is one project described under these separate funding mechanisms.

This entry for ARV Drugs and the related entry for ARV Services (#3077) concern ARV treatment provided by PHRU as an adjunct to the NIH CIPRA program, and these funds are administered by NIH.

A consolidated description of the ARV treatment programs provided by PHRU and funded through USAID and through NIH is contained in COP entries #3101 (ARV Services) and #3331 (ARV Drugs). All aggregate targets are referenced in the Activity #3101 entry.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: RPM Plus 1
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3087
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to a related activity described in the ARV Services program area (#3088).

SUMMARY:
With FY06 Emergency Plan funds, RPM Plus will continue and expand activities already underway in South Africa to support the effective provision of ARV drugs. RPM Plus will continue to impact drug provision by improving estimation of ARV drug needs; implementing systems to manage drug procurement and distribution and to monitor drug availability throughout the provincial drug supply chain; and developing a highly skilled "pool" of pharmacy personnel to manage them. The objective is also to strengthen the South African Government's Drug Supply Management Information Systems at all levels. The major emphasis area for these activities is training, but the project also includes logistics, health care financing, needs assessment, policy/guidelines and quality assurance and supportive supervision. Target population for RPM+ activities include National AIDS Control Program staff, other National and Provincial DOH staff, laboratory workers, nurses and pharmacists.

BACKGROUND:
RPM Plus Project's main objective is to improve the availability and use of health commodities (pharmaceuticals, vaccines, supplies and equipment) of assured quality. RPM Plus activities funded under the Emergency Plan started in FY04. The following activities are a continuation of those initiated in FY04. Systems and models have been developed and tested. In FY06, RPM Plus will focus on the implementation of these systems on a larger scale and the monitoring of their impact on the delivery of ART at accredited sites. A new training program on drug supply data management will start in FY06. RPM Plus works in collaboration with the National, Provincial and Local Government Pharmaceutical Services (and other relevant directorates when required).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Training and Systems):
RPM Plus has developed forecasting models to estimate and monitor drug needs using morbidity and consumption data. These models are specifically tailored to the South African National Standard Treatment Guidelines (STGs) for HIV and AIDS, PEP, TB, STIs, OIs and other priority diseases. All provincial staff responsible for the submission of provincial estimates, and all provincial pharmaceutical warehouse managers and pharmacists responsible for the procurement of ART, TB, OI and STI drugs (and other essential drugs) at the institutional level (Hospital, Community Health Center and District) will be trained. Provincial coordinators for specific vertical programs (e.g. TB) will also be included in the relevant workshops. The activity will also include the implementation of systems to regularly review/monitor estimates vs. out-takes (orders) in order to ensure the timely revision of orders and to improve the communication between the various stakeholders from the public (provincial and national directorates) and the private (pharmaceutical industries) sectors. Over 60 individuals have been trained and an additional 150 individuals are expected to be trained in 2006 through National and Provincial workshops.

ACTIVITY 2 (Drug Supply Management Suite):
RPM Plus has developed an integrated computerized drug supply management suite to assist pharmacy and medical personnel from health facilities to manage the drug supply chain from the provincial warehouse down to the patient. This suite supports the management of purchase orders, inventory, issues to "clients" (wards, PHC

clinics), budgets by cost centers and also the management of patient records, prescriptions and quantity dispensed directly to the patient or through down-referral centers. The possibility to include innovative technology such as industrial fingerprinting to track commodities will be explored. Opportunities to establish data links with other systems (e.g. electronic patient registers, smart cards, provincial pharmaceutical warehouse) will also be explored. Priority will be given to train pharmacists, pharmacists' assistants, nurses and doctors based at ART accredited sites (hospitals, wellness centers) on the use of the modules relevant to their functions (including recording adverse drug events and drug-to-drug interactions). To date over 40 sites (including 10 ARV accredited sites) are already using these systems in 3 provinces. By the end of FY06 the system (RxSuite) will be implemented in at least 3 additional provinces in over 80 provincial and local government sites (including 30 ARV accredited sites). A minimum of two staff will be trained at each site. RPM Plus will assist the provinces to develop contractual agreements with private IT service contractors to provide support and maintenance to these sites. The existing sites have already contributed to the treatment and management of 6,000 patients.

ACTIVITY 3 (Data Management Training):
Basic skills on drug supply data management are required to manage the drug supply chain. RPM Plus is developing a set of materials to train provincial pharmacy personnel in converting existing aggregate drug supply data (from existing manual and/or computerized systems) into strategic information for decision making. A series of national and provincial workshops will start in FY06 to train pharmacy personnel in using data and information to ensure that the increasing demand for drugs required for the care and treatment of HIV and AIDS, TB and other related programs is met. This will also provide an opportunity to strengthen the working relationship between pharmacists and other program managers. Over 100 individuals from the Provincial Pharmaceutical Services and from the National Pharmaceutical Policy and Planning cluster will be trained.

All the activities above will indirectly support all HIV positive clients who will be receiving care and treatment at government ARV accredited sites through the improvement of the delivery of pharmaceutical services. These activities support the vision outlined in South Africa's 5 Year Strategy by facilitating the national ARV rollout.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Logistics	10 - 50
Needs Assessment	10 - 50
Health Care Financing	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	*GAC (GHAI account)*
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3123
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the McCord Hospital for ARV Drugs in the FY05 COP provides additional country funding to a track 1 (Elizabeth Glaser Pediatric AIDS Foundation) facility in order to enroll an additional 200 patients on treatment. These funds are for the purchase of drugs for the additional 200 patients.

In FY06 the funding for McCord Hospital is included in the FY06 funding for Elizabeth Glaser Pediatric AIDS Foundation, and thus separate FY06 funding is not requested for McCord Hospital. This activity is related to Elizabeth Glaser Pediatric AIDS Foundation activities described in ARV Drugs (#3806) and ARV Services (#2917).

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: St. Mary's Catholic Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3124

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the St. Mary's Hospital for ARV Drugs in the FY05 COP provides additional country funding to a track 1 (Catholic Relief Services) facility in order to enroll an additional 200 patients on treatment. These funds are for the purchase of drugs for the additional 200 patients.

In FY06 the funding for St. Mary's Hospital is included in the FY06 funding for Catholic Relief Services, and thus separate FY06 funding is not requested for St. Mary's Hospital. This activity is related to Catholic Relief Services activities described in ARV Drugs (#3309) and ARV Services (#3288).

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Broadreach
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3133
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The ARV Drug activity described here is one component of a comprehensive set of services further described in the Basic Care and Support (#3007), Counseling and Testing (#3136) and ARV services (#3006) program areas.

SUMMARY:
Emergency Plan funds will support BroadReach to enroll and provide ongoing HIV/AIDS clinical management, care and support services to HIV-positive uninsured individuals. BroadReach utilizes a basic capitation model tapping private sector health providers to provide comprehensive palliative care and treatment to poor uninsured HIV-positive clients. BroadReach partners with the largest private sector treatment firm, Aid for AIDS, and with community- and church-based PLWHA support groups. Primary target populations are children and adults, including pregnant women, people affected by HIV/AIDS, and public and private health care providers. Major emphasis areas are human resources and local organization capacity development.

BACKGROUND:
The program is an emergency response that will allow patients to get immediate access to ARVs while the SAG ARV program is scaling up. The program matches an existing network of community-based treatment sites composed of healthcare providers from civil society with community-based PLWHA support programs (e.g. support groups, home-based carer networks, etc.) By doing this, HIV-positive, uninsured and indigent patients, who otherwise would not have access to life-saving ARV therapy, are given free care using a network that has extensive expertise to treat these patients. Moreover, the community-based PLWHA support programs are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. The comprehensive and integrated program includes patient uptake and CT, doctor consultations, drug procurement and distribution, lab testing, doctor training, support group and home-based carer program capacity building, patient education, adherence support, patient counseling, treatment management, telemedicine, remote decision support, QA monitoring, and provider claims management. As the SAG scales up their program over the next four years, patients from the BroadReach program will be transferred to SAG rollout sites.

The work carried out in this program area is a continuation of BroadReach's ongoing comprehensive treatment, care and support program in South Africa. The program began in late-May 2005 with FY05 Emergency Plan funding. During the first three months of the BroadReach program 23 treatment sites have been activated in eight communities across two provinces (Mpumalanga and KwaZulu-Natal) in South Africa accounting for over 350 patients. In FY06 BroadReach will expand its model to four additional provinces (Western Cape, North West, Limpopo and Gauteng). The initial model is based on a comprehensive program that covers all costs for the patient including education, adherence support, doctor training, clinical quality assurance, drugs and labs. BroadReach is aggressively experimenting with new models of cost sharing with the SAG and capitation to bring down overall costs.

The BroadReach Project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:
The primary goal of this program area is to ensure that those patients who have been enrolled during the first year of the BroadReach Healthcare program continue to receive outstanding ARV therapy and OI medication on a timely basis.

ACTIVITY 1:
BroadReach will continue to procure ARVs through its supply chain vendors including its courier based pharmacy partners. BroadReach will also continue to oversee the delivery of drugs to the accredited private providers. In some instances, the private providers will be paid a capitated rate per patient and those providers will be procuring their own related drugs. Only USG and SAG approved ARV drugs will be purchased.

ACTIVITY 2:
BroadReach will continue to negotiate best available pricing for Emergency Plan-approved pharmaceuticals.

This activity facilitates the ARV Service delivery component of the project, which contributes directly to the 2-7-10 goal of two million people receiving treatment. BroadReach will contribute to the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Commodity Procurement	51 - 100
Local Organization Capacity Development	10 - 50

Target Populations:

Adults
Business community/private sector
Community leaders
Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Children and youth (non-OVC)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Religious leaders
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3287
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program described in Track 1-funded activities in Basic Care and Support (#3833) and ARV Services (#3286), and in country-funded activities described in Basic Health Care and Support (#3832), ARV Drugs (#3309) and ARV Services (#3288).

SUMMARY:

Catholic Relief Services (CRS) will use Emergency Plan funds to provide antiretroviral drugs to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support procurement of ARV drugs under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. The major emphasis area will be commodity procurement. The target population will include people affected by HIV/AIDS as well as disabled populations.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In FY05, local USG Mission funding was received to support central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs purchased will be used by the 24 field sites to treat ARV patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 24 field sites, ARV drugs are currently being purchased centrally through a Johannesburg-based pharmaceutical company, and delivered via courier to the field sites monthly on a patient-named basis. CRS is billed once a month for all field site deliveries after verification of drugs delivered to each site. The opportunity of accessing "preferential cost" drugs is being utilized through cooperation with GlaxoSmithKline where available. AIDSRelief is in discussions with Provincial DOH authorities to request that the DOHs supply ARV drugs without cost to AIDSRelief sites.

All activities will continue to be implemented in close collaboration with the NDOH HIV/AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the South

African Government, thus ensuring long-term sustainability.

Through these activities, CRS will provide ARV Treatment to no less than 5,000 patients *in FY06*, and to 7,531 patients *in FY07 on a regular monthly basis* (this total is the combined total from Track 1 and local country funding). ARV drugs are provided to all qualifying HIV/AIDS patients who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically in the 24 partner field sites, about 10% of patients on HIV treatment have been children.

By *delivering ARV* drugs to underserved communities in South Africa, these activities *will contribute to the realization of the Emergency Plan's goal of providing treatment* for two million people living with HIV/AIDS. These activities also support with the ARV treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Target Populations:

Disabled populations

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Track 1

Prime Partner: Columbia University Mailman School of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3289

Planned Funds:

Activity Narrative: Columbia University's work in ARV Drugs is one activity receiving support from two funding sources (Track 1: Activity #3829; Country-funded: Activity #3318). All targets for this activity are reported in this Track 1 submission.

INTEGRATED ACTIVITY FLAG:
This Track 1 activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the capacity of the Eastern Cape Department of Health (ECDOH) to provide ARV Drugs in urban and rural communities. Columbia and its partner, the ECDOH, will support ARV supply chain-related training, logistics and purchase of treatment-related commodities for six current ART service delivery points and two new ART sites in the Eastern Cape. The major emphasis area for this program will be commodity procurement, with minor emphasis given to logistics. The target population will include pharmacists in the public and private sectors, as well as NGOs.

BACKGROUND:
An ARV drug procurement system by the NDOH is already in place and ARV drugs licensed by the South African Medicines Control Council are procured and distributed using existing networks for public health facilities in the Eastern Cape. These public sector sites include: St Patrick's, Holy Cross, Rietvlei, Frere, and Cecilia Makiwane hospitals and their 19 identified primary health clinics. Columbia does not procure ARV drugs in these public sector sites, but does provide technical assistance to support procurement and distribution. An additional two public health facilities in Port Elizabeth (Dora Nginza and Livingstone hospitals) are planned for expansion by September 2006. In addition to this procurement and distribution support to public facilities, in FY06 Columbia will procure ARVs for patients initiating ART in the Ikhwezi Lokusa Wellness Center, an NGO-run health center located in East London, continuing an activity that began with FY05 funding.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Technical support for ARV stock management and distribution at the pharmacy depot (in Mthatha) and public ART sites will include:
- Training of pharmacists in ARV stock management
- Implementing a provincially endorsed pharmacy assistants in-service training course
- Recruitment of pharmacists and pharmacy assistants for the Mthatha pharmacy depot and the sites (through the Eastern Cape Regional Training Center)

ACTIVITY 2:
Columbia will support the purchase and distribution of ARV drugs for Ikhwezi Lokusa Wellness Center. Columbia will purchase ARVs for 300 patients in FY06 and 500 patients in FY07. During FY06 Columbia will begin working with its partner, ECDOH, to explore mechanisms to have ECDOH manage the ARV drug procurement and distribution for the Ikhwezi Lokusa Wellness Center.

ACTIVITY 3:

Columbia will support the ECDOH ARV procurement mechanisms to ensure an uninterrupted supply of ARV drugs at Columbia-supported sites. By June 2005, there were 1,193 patients receiving ART at these sites. Columbia anticipates that by end of September 2006 there will be a total of 3,850 patients initiated on ART. By the end of September 2007, an additional 2,450 adults and children will be enrolled to receive ART (in new and existing sites), for a two year total of 6,300 people.

The specific quantities of ARV drugs that will be needed will be determined after careful consideration of relevant medical conditions (TB, adverse drug reactions). In FY06, Columbia will continue to strengthen the ARV drug distribution system by providing technical assistance at designated pharmacy depots to coordinate distribution of ARVs with the Department of Health. It will also participate in furthering the ARV quality assurance initiatives developed by the Department of Health. Specific areas of support will include the hiring of additional pharmacists and pharmacy assistants in the two new ART sites, training of pharmacy staff in ART, and ongoing clinical monitoring at the ART sites.

By delivering ARV drugs to 6,300 South Africans on ART by the end of FY07, Columbia University will contribute to the realization of the Emergency Plan's goal of providing treatment to two million people. By improving capacity of public sector facilities to manage ARV drug procurement and management, the activities described here will also support the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

Pharmacists (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism: track 1

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3297

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) Track One ARV Drugs activity is linked to its Track 1 activities in ARV Services (#3296) and Basic Care/Support (#3808) and to its country-funded activities in Basic Care/Support (#3805), ARV Services (#2917) and ARV Drugs (#3806).

SUMMARY:

EGPAF will use Emergency Plan funds to purchase ARV Drugs for an integrated, family-centered program providing HIV care and treatment to children and adults in KwaZulu-Natal (McCord Hospital). Drugs for all other EGPAF partners will be provided by the SAG. The major emphasis area for this activity is commodity procurement, with minor efforts in logistics. The target populations for this activity are pharmacists, NGOs, FBOs, adults and PLWHA of all ages and genders.

BACKGROUND:

The HEART (Helping Expand ART) program is part of a larger worldwide initiative by EGPAF to support care and treatment Services. The long-term goal of EGPAF's HEART program in South Africa is to increase life expectancy among HIV-positive persons. This will be achieved through an intensive focus on increasing both the overall supply of care and treatment services as well as the utilization of those services (demand).

HEART/South Africa was initiated with FY04 Emergency Plan funds, and has grown substantially since then. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment of pregnant women, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are ongoing HEART partnerships that will continue with FY06 funds. New HEART partners include (i) two government Departments of Health (Free State and Pietermaritzburg District through the Pediatric Outreach Program), and (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban, a high prevalence community.

ACTIVITIES:

EGPAF will use Track 1 Emergency Plan funds to purchase ARV drugs for McCord Hospital's care and treatment program. Monthly drug forecasting will be used to ensure constant supply of drugs to the hospital. ARV drugs will be procured, stored and regulated by the hospital dispensary, which is a registered hospital pharmacy. McCord hospital uses (and will use) patent drugs registered with the South African Medicines Control Council (MCC). Drugs will be procured from distributors, directly from pharmaceutical companies, or via wholesalers.

The hospital has a 12 month guarantee contract for drugs, as well as a nine month open order supply system. This system will allow the hospital to change drug regimens if required. When patent drugs are unavailable, FDA and MCC approved generic drugs will be purchased for that period. The drugs will be received by the pharmacist and stored in the hospital dispensary under the responsibility of the pharmacists. The ARV drugs are (and will be) dispensed by pharmacists following SAG regulations. Drugs are currently ordered twice a month. As a backup system, for instance if there is a delay from tendered companies, drugs can be sourced out from wholesalers via same day delivery. However, this mechanism will incur additional costs associated with shipping.

ARV drugs are currently stored securely at the hospital dispensary under Good Pharmacy Practice conditions. The drugs are (and will be) dispensed by pharmacists

to patients and an electronic record is maintained. Hard copies of prescriptions are (and will be) stored on the hospital property. There is also a secure pharmacy in the hospital's ARV clinic, with the in-flow and out-flow of drugs controlled by pharmacists. Excess or expired medicines are disposed of through a waste management company. Other options for drug procurement are under review.

EXPECTED RESULTS:
In FY05, EGPAF's HEART program (financed by Track 1 funds) will provide ART and support to more than 1,200 newly enrolled patients. In FY06, EGPAF plans to embark on a growth strategy to reach more than 2,200 newly initiated patients (1,841 funded through Track 1) by September 30, 2006, for a total of 7,000 patients (5,127 funded through Track 1) receiving ART. By September 2007, EGPAF's HEART program will reach another 2,000 new patients (1,611 funded through Track 1), for a total number of patients receiving ART in excess of 9,700 (7,286 funded through Track 1) receiving ART. This growth in patient numbers will be achieved by expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of SAG departments of health at the provincial and district levels. At least 10% of all patients are expected to be children between the ages of 0-14 years.

These activities contribute to the successful realization of the Emergency Plan goal of placing two million persons on ARV treatment. Likewise, EGPAF's work in South Africa will contribute to USG efforts to meet the care and treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

Adults
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Pharmacists (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: HIVCARE
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3298
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This ARV Drugs activity is linked to HIVCare's activities described in the ARV Services program area (#3299).

SUMMARY:
HIVCare will use Emergency Plan funds to work with the Free State Department of Health to provide antiretroviral treatment in a private health facility to patients who do not have medical insurance in a private health facility. The Medicross Medical Centre, a well equipped private primary health center, will provide an effective means of properly distributing ART to patients who are either referred from state facilities or who access the site by word of mouth. The major emphasis area for this program will be commodity procurement, with minor emphasis given to logistics and the development of network, linkage and referral systems. The target population includes men and women, families (including infants and children) of those infected and affected, factory workers and other employed persons, and SAG employees – specifically teachers, nurses and other health workers. The most significant target group is those persons in the economically active age group of the population that cannot access services in the public health system.

BACKGROUND:
This project began in June 2005 with Emergency Plan funding. The main thrust of the activity was to match the Free State Department of Health (FSDOH) with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through the Medicross Medical Centre) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people waiting to go on ARV treatment. Patients from these overflow lists who meet the eligibility criteria for this program will be referred from those clinics to the Medicross Medical Centre in Bloemfontein for treatment. HIVCare's initial goal of serving six sites was reduced to one site in FY06 due to Emergency Plan funding constraints. The FSDOH is a collaborating partner in this project.

ACTIVITIES AND EXPECTED RESULTS:
The main activity in this program area is the procurement of commodities, including the antiretroviral drugs and nutritional supplements (key legislative issue) that are in line with South African policies and protocols for ARV treatment. The link to wellness and nutrition is evident and the supplementation takes place in a manner that promotes the patient compliance with the ARV drug regimen. Commodities are (and will be) procured through existing Netcare procurement mechanisms and delivered to the Bloemfontein Medicross site from the Bloemfontein Netcare dispensary. Drugs will be stored in the Medicross clinic's pharmacy under the guidance of the clinic pharmacist. Patients will be screened for eligibility by clinic physicians, who will initiate ART (when appropriate), and issue prescriptions to be filled from the onsite pharmacy. The pharmacist will dispense the medications and provide patients with dosage information.

A total of 730 patients will receive ART and nutritional supplements through this program. (This total has been reduced from 1250 patients due to flat-lined Emergency Plan funding in FY06.) The program will promote itself via the workplace and through the existing Free State Department of Health centers. The clinic will not turn away any eligible patients, however it is not anticipated that children or infants will make up a significant percentage of the persons enrolled. Government employees will receive assistance only as far as they are unable to provide for themselves through existing structures (public sector clinics) and medical insurance.

By promoting the relationship between the HIVCare/Medicross staff and the Free State Department of Health, this program will strengthen both parties and allow for the sharing of knowledge and skills.

By expanding access to ARV drugs and services to working-age people who lack private insurance and cannot access public services, these activities contribute to the Emergency Plan objective of treating two million people. By maintaining the treatment of persons without insurance, these activities also support the treatment goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Logistics	10 - 50
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Target Populations:

Adults
Factory workers (Parent: Business community/private sector)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Teachers (Parent: Host country government workers)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Free State

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3309
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program described in country-funded activities in Basic Care and Support (#3832) and ARV Services (#3288), and Track 1-funded activities described in Basic Health Care and Support (#3833), ARV Drugs (#3287) and ARV Services (#3286).

SUMMARY:

Catholic Relief Services (CRS) will use Emergency Plan funds to provide antiretroviral drugs to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support procurement of ARV drugs under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. The major emphasis area will be commodity procurement. The target population will include people affected by HIV/AIDS as well as disabled populations.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up ART in nine countries, including South Africa. In FY05, local USG Mission funding was received to support central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ARV drugs purchased will be used by the 24 field sites to treat ARV patients through clinic-based and home-/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families. For most of the 24 field sites, ARV drugs are currently being purchased centrally through a Johannesburg-based pharmaceutical company, and delivered via courier to the field sites monthly on a patient-named basis. CRS is billed once a month for all field site deliveries after verification of drugs delivered to each site. The opportunity of accessing "preferential cost" drugs is being utilized through cooperation with GlaxoSmithKline where available. AIDSRelief is in discussions with Provincial DOH authorities to request that the DOHs supply ARV drugs without cost to AIDSRelief sites.

All activities will continue to be implemented in close collaboration with the NDOH HIV/AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG,

thus ensuring long-term sustainability.

Through these activities, CRS will provide ARV Treatment to no less than 5,000 patients in FY06, and to 7,531 patients in FY07 on a regular monthly basis (this total is the combined total from Track 1 and local country funding). ARV drugs are provided to all qualifying HIV/AIDS patients who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically in the 24 partner field sites, about 10% of patients on HIV treatment have been children.

By delivering ARV drugs to underserved communities in South Africa, these activities will contribute to the realization of the Emergency Plan's goal of providing treatment for two million people living with HIV/AIDS. These activities also support with the ARV treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Target Populations:

Disabled populations

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3318
Planned Funds:	
Activity Narrative:	Columbia University's work in ARV Drugs is one activity receiving support from two funding sources (Track 1: Activity #3829; Country-funded: Activity #3318). All targets for this activity are reported in the Track 1 submission.

INTEGRATED ACTIVITY FLAG:
This country-funded activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), CT (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the capacity of the Eastern Cape Department of Health (ECDOH) to provide ARV Drugs in urban and rural communities. Columbia and its partner, the ECDOH, will support ARV supply chain-related training, logistics and purchase of treatment-related commodities for six current ART service delivery points and two new ART sites in the Eastern Cape. The major emphasis area for this program will be commodity procurement, with minor emphasis given to logistics. The target population will include pharmacists in the public and private sectors, as well as NGOs.

BACKGROUND:
An ARV drug procurement system by the NDOH is already in place and ARV drugs licensed by the South African Medicines Control Council are procured and distributed using existing networks for public health facilities in the Eastern Cape. These public sector sites include: St Patrick's, Holy Cross, Rietvlei, Frere, and Cecilia Makiwane hospitals and their 19 identified primary health clinics. Columbia does not procure ARV drugs in these public sector sites, but does provide technical assistance to support procurement and distribution. An additional two public health facilities in Port Elizabeth (Dora Nginza and Livingstone hospitals) are planned for collaboration by September 2006. In addition to this procurement and distribution support to public facilities, in FY06 Columbia will procure ARVs for patients initiating ART in the Ikhwezi Lokusa Wellness Center, an NGO-run health center located in East London, continuing an activity that began with FY05 funding.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
Technical support for ARV stock management and distribution at the pharmacy depot (in Mthatha) and public ART sites will include:
- Training of pharmacists in ARV stock management
- Implementing a provincially endorsed pharmacy assistants in-service training course
- Hiring of pharmacists and pharmacy assistants for the Mthatha pharmacy depot and the sites (through the Eastern Cape Regional Training Center)

ACTIVITY 2:
Columbia will support the purchase and distribution of ARV drugs for Ikhwezi Lokusa Wellness Center. Columbia will purchase ARVs for 300 patients in FY06 and 500 patients in FY07. During FY06 Columbia will begin working with its partner, ECDOH, to explore mechanisms to have ECDOH manage the ARV drug procurement and distribution for the Ikhwezi Lokusa Wellness Center.

ACTIVITY 3:

Columbia will support the ECDOH ARV procurement mechanisms to ensure an uninterrupted supply of ARV drugs at Columbia-supported sites. By June 2005, there were 1,193 patients receiving ART at these sites. Columbia anticipates that by end of September 2006 there will be a total of 3,850 patients initiated on ART. By the end of September 2007, an additional 2,450 adults and children will be enrolled to receive ART (in new and existing sites), for a two year total of 6,300 people.

The specific quantities of ARV drugs that will be needed will be determined after careful consideration of relevant medical conditions (TB, adverse drug reactions). In FY06, Columbia will continue to strengthen the ARV drug distribution system by providing technical assistance at designated pharmacy depots to coordinate distribution of ARVs with the Department of Health. It will also participate in furthering the ARV quality assurance initiatives developed by the Department of Health. Specific areas of support will include the hiring of additional pharmacists and pharmacy assistants in the two new ART sites, training of pharmacy staff in ART, and ongoing clinical monitoring at the ART sites.

By delivering ARV drugs to 6,300 South Africans on ART by the end of FY07, Columbia University will contribute to the realization of the Emergency Plan's goal of providing treatment to two million people. By improving capacity of public sector facilities to manage ARV drug procurement and management, the activities described here will also support the USG Five Year Strategy for South Africa.

Emphasis Areas	***% Of Effort***
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

Pharmacists (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism: PMTCT and ART Project
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 3331
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is related to PRHU activities described in the PMTCT (#3103), Basic Care and Support (#3102), CT (#3100), TB/HIV (#3099) and ARV services (#3101) program areas. These activities are also linked to the NIH-funded activities described in the ARV drugs (#3078) and ARV services (#3077) program areas.

SUMMARY:
The approach taken by the PHRU is one of comprehensive high quality care and support. The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to procure and provide ARV drugs for ARV services. The procurement systems will be strengthened and managed at the PHRU, through the PHRU's registered Pharmacy. The emphasis area for this activity is commodity procurement. The target populations are HIV-positive adults, children and families.

BACKGROUND:
Since 1998 the PHRU has been providing comprehensive treatment, care and support to PLWHA. The PHRU has received funding to support ARV treatment in the Gauteng and in rural Limpopo provinces. Through an Emergency Plan NIH grant the PHRU is directly purchasing ARVs and has demonstrated the ability to rapidly scale-up treatment by putting 1,000 adults and children onto treatment within a year. The PHRU is proposing a number of activities that will contribute around 4,000 people to the Emergency Plan goal for South Africa of getting 500,000 people onto ARV treatment by 2008. The PHRU will work with the provincial health departments to ensure safe transfer for the participants to ongoing care within the SAG rollout program. The PHRU will support health care workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national and international guidelines for ARV treatment and have ethics approval. Ensuring quality assurance and standards, client retention, monitoring and evaluation form an integral part of the program. Training for professional and lay staff on ARV drug provision takes place on a regular basis.

All sites are supported by HIV South Africa (HIVSA) which provides community-based support, support groups and education covering issues such as basic HIV/AIDS information, HIV services, HIV treatment, treatment literacy, adherence, positive living, nutrition, prevention, OIs and TB. The comprehensive care approach leads to stigma reduction, a key legislative issue, increased disclosure, and improved adherence to ART.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (NIH project):
Activity 1 supplements the NIH-funded CIPRA-SA "Safeguard the Household" grant. In FY04, through funding from NIH over 1,000 people were screened. The program is ongoing and drugs are being purchased for 833 people at the PHRU clinic based at Chris Hani Baragwanath Hospital (CHBH). The program provides treatment, monitoring and support for adults and children who meet the country guidelines for treatment. HIVSA provides treatment and adherence support. Treatment will continue to be provided to over 800 clients with adherence support and medical assessments, and with consistent drug supply.

ACTIVITY 2 (Pregnant women):
This program has been initiated in the maternity section at CHBH in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto, annually 8,000 pregnant women are identified as positive with an estimated 1,600

needing treatment. Following SAG guidelines, pregnant women who are eligible for treatment are offered triple therapy. In order to fast track women onto treatment, drugs will be purchased by PHRU. PHRU is training and mentoring the doctors and nurses in the Department. It is expected that the program will expand to two other clinics in the area. HIVSA provides treatment and adherence support. As part of these efforts, the pregnancy ARV treatment service will undertake to access all HIV-positive pregnant women for indications for ARV treatment readiness activities, and procure and provide ARV treatment to 1,410 women accessing the service.

ACTIVITY 3 (Children, Soweto):
The PHRU clinic identifies HIV-positive children who need treatment, including children of adults who are already on treatment. As part of a comprehensive family centered approach, these children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU for this pediatric population, according to USG and SAG guidelines. As a result of these efforts, more than 150 children will receive treatment, procured and supplied through the PHRU pharmacy system. Staff will be trained in pediatric ARV provision.

ACTIVITY 4 (Bohlabela, Limpopo):
At Tintswalo hospital, in partnership with Rural AIDS Development Action Research Program (RADAR), adults and children are being identified as needing treatment in the palliative care program. RADAR supports the rollout in the Bohlabela district, which has been slow, and currently only two hospitals in the district are accredited by provincial authorities. ARVs will be procured by the PHRU pharmacy and supplied through a secure courier system to Tintswalo.

Over 350 clients will be fast tracked onto treatment with the purchase of drugs and will be transferred onto the SAG program once it is up and running and has the capacity to absorb these clients.

This program also supports and will continue to support the SAG rollout at Mapulaneng hospital with over 250 clients, and Tintswalo hospital, that was only recently accredited, providing staff, training and mentoring existing treatment staff. HIVSA offers support in the primary care clinics that includes treatment literacy, adherence counseling and group support for these clients.

ACTIVITY 5 (Tzaneen, Limpopo):
The PHRU in partnership with the University of Limpopo is supporting the DOH's wellness program operating in the district's primary health care clinics. Currently clients are referred to Letaba hospital that has over 500 clients. A proposal has been submitted to the DOH to treat these very remote clients in the primary care clinics. All clients are provided with a treatment readiness program, referred to the rollout sites when they become eligible for treatment and given adherence support. As a result of these activities, approximately 30 additional clients will be referred to the SAG rollout site for ARV care.

ACTIVITY 6 (Franchise):
This program, due to start in September 2005, will target uninsured workers in densely populated areas in Johannesburg. Trained staff will run this service. ARVs will be made available and affordable through a franchising scheme, and supplied free of charge or at a significantly discounted rate to patients unable to purchase their own medication. More than 1,250 clients are expected to access the service. ARV drugs will be procured and supplied within the service by trained providers.

These activities will contribute substantially to the Emergency Plan goal of providing ARV treatment to two million people. Particularly in its role of supporting SAG treatment sites, the activity will contribute to the Emergency Plan Strategy by increasing access to ARV services and by improving the quality of those services.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Target Populations:

Adults

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.10: Activities by Funding Mechanism

Mechanism: ARV's

Prime Partner: South African Military Health Service

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 3348

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

These ARV Drugs activities are funded through USAID together with ARV Services/clinical monitoring activities (#5380) to support the South African National Defence Force's (SANDF) ARV rollout. The U.S. Department of Defense also supports SANDF's comprehensive prevention, care and treatment program described in the AB (#2977), Other Prevention (#2978) Basic Care and Support (#2979), OVC (#2980), ARV Services (#3339) and CT (#2982) program areas.

SUMMARY:

SANDF will use FY06 Emergency Plan funds to support the provision of comprehensive treatment and care to military members and their dependents through the provisioning of ARV drugs. The emphasis area for the activity is commodity procurement: The activity targets military members and their dependents living with HIV/AIDS, and health care workers at the military facilities.

BACKGROUND:

SANDF could only budget for the provisioning of ARV drugs in their FY08/09 budget due to the previous restriction on the provision of anti-retroviral therapy in the country. Anti-retroviral therapy has been provided since FY04 through PEPFAR to patients who enrolled in Project Phidisa (an NIH-funded research program), but who did not meet the criteria for randomization or who declined participation in the research trial. These patients will continue to be managed as part of the SANDF's general provision of ARVs in all regions in the SANDF and is therefore an ongoing activity.

General provision of ARVs in a phased approach will start, using FY05 PEPFAR funding, at the existing Project Phidisa sites as well as at one site in each of the remaining provinces, thereby ensuring that ARVs are available in all provinces during the first phase of the rollout. During the next two phases, additional sites will be added in each province until ARVs are provided at most of the SANDF health care facilities.

ACTIVITIES AND EXPECTED RESULTS:

Only one major activity will be conducted in this program area with PEPFAR funding, namely the procurement and provisioning of ARV drugs to military members and dependents who require ARV treatment. The funding for this activity will be channeled through USAID and the procurement of the drugs will be facilitated through Right to Care with delivery to the central Military Health Depot from where it will be further distributed to the different health care facilities for prescription and provisioning to patients.

A second minor activity is the training of health workers in these sites.

Through PEPFAR funding 330 individuals will have received treatment by September 2005. The general rollout of ARV drugs will commence in October 2005. It is projected that by September 2007 the target of 2,000 individuals will receive treatment and care through PEPFAR funding.

Through these activities, the Emergency Plan will provide most of the funding for ARV based care in the South African Military, thus jump-starting a process that would have been delayed until at least 2007 or 2008. The capacity-building elements and ideal sustainability plan strongly support the vision outlined in the USG/South Africa Five Year Strategy. These activities also contribute to the Emergency Plan goal of

treating two million people with ARVs by facilitating the expansion of ARV services to a high risk population.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3806
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) ARV Drug activity is linked to its country-funded activities in ARV Services (#2917) and Basic Care/Support (#3805) and to its Track 1 activities in Basic Care/Support (#3808), ARV Services (#3296) and ARV Drugs (#3297).

SUMMARY:
EGPAF, as part of an integrated family-centered program providing HIV care and treatment to children and adults in KwaZulu-Natal and Free State, will use Emergency Plan funding to purchase ARV Drugs for one of its Track 2 partners (AIDS Health Care Foundation, with drugs for all other partners provided by SAG). Commodity procurement is the major emphasis area for this activity, supported by strong logistics (minor emphasis area). Primary target populations for this activity are pharmacists and NGOs, with PLWHA of all ages being the primary beneficiaries.

BACKGROUND:
The HEART (Helping Expand ART) program is part of a larger worldwide initiative by EGPAF to support care and treatment Services. The long-term goal of EGPAF's HEART program in South Africa is to increase life expectancy among HIV-positive persons. This will be achieved through an intensive focus on increasing both the overall supply of care and treatment services as well as the utilization of those services (demand).

HEART/South Africa was initiated with FY04 Emergency Plan funds, and has grown substantially since then. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment of pregnant women, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are ongoing HEART partnerships that will continue with FY06 funds. New HEART partners include (i) two government Departments of Health (Free State and Pietermaritzburg District through the Pediatric Outreach Program), and (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban, a high prevalence community.

ACTIVITIES:
Through the AHF Ithembalabantu Clinic care and treatment program, EGPAF will provide adults, children and their families with a family centered model of care. AHF will use EGPAF funding to purchase ARV drugs for their program. Monthly drug forecasting will be used to ensure constant supply of drugs. Drugs used will be procured, stored and regulated by the clinic dispensary, which is accredited to dispense drugs. The drugs are procured from distributors, as well as for the drugs on tender, directly from the pharmaceutical companies, while some are obtained via wholesalers. The clinic will procure FDA and MCC approved drugs. The drugs will be received by the pharmacist and stored in the clinic dispensary under the responsibility of the pharmacist. Drugs are currently ordered twice a month. As a backup system, and if there is a delay from tendered companies, drugs can be sourced out from wholesalers via same day delivery, but at an increased cost.

The ARV medicines will be stored under lock and key at the dispensary under Good Pharmacy Practice conditions. The medicines are dispensed to patients and the hard copies of prescriptions are stored on the clinic property. The in-flow and out-flow of drugs will be controlled by the pharmacists. Excess or expired medicines will be disposed of through a waste management company.

EXPECTED RESULTS:

In FY05, EGPAF's HEART program (financed by Track 1 funds) will reach more than 1,200 newly initiated patients on treatment. In FY06, EGPAF plans to embark on a growth strategy -- building on the experience and success achieved in FY05 -- to reach more than 2,200 newly initiated patients and 7,000 patients continuing on ART by September 30, 2006. By September 2007, EGPAF's HEART program will reach another 2,000 new patients and will exceed 9,700 continuing patients. This growth in patient numbers will be achieved through a combination of expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of SAG departments of health at provincial and district level. At least 10% of all patients will be children between the ages of 0-14 years.

Successful achievement of these goals and targets will greatly assist in reaching the long-term South Africa PEPFAR goals of having 500,000 persons on treatment. Likewise, EGPAF's work in South Africa will contribute to USG efforts to meet the care and treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Logistics	10 - 50

Target Populations:

Adults
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Pharmacists (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Northern Cape Department of Health
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	3924
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is linked to the Northern Cape Department of Health ARV Services activities (#3347) described in that program area.

SUMMARY:
The Northern Cape DOH (NC DOH) will use Emergency Plan funds for the procurement, distribution and pharmaceutical management of ARV drugs at partner ARV treatment sites and programs in the Northern Cape Province in order to expand ARV treatment for eligible HIV-positive individuals. The primary emphasis area is human resources and the populations to be targeted include people living with HIV/AIDS and pharmacists.

BACKGROUND:
The Northern Cape DOH (NC DOH) submitted a request to the USG/South Africa for assistance with its public sector ARV rollout. Right to Care (RTC) will provide that assistance. RTC's ARV Drug activities have been Emergency Plan-funded since March 2004, when RTC received funds to support Rightmed Pharmacy, an independent pharmacy which initially provided ARV pharmaceuticals to non-government clinical treatment sites. The NC DOH will supply all of the first line drugs for this program. The funds set aside here are earmarked for exceptional conditions under which a patient may require alternative treatments. In particular treatment for patients who are intolerant of NRTI due to lactic acidosis, and for women in pregnancy with TB who are unable to tolerate Nevirapine, Efavirenz and Kaletra® and may require a triple nucleoside treatment regimen. A modest amount of funding is requested for this activity as few patients meet the exceptional situations. These FY06 Emergency Plan funds are also used for direct human resource support for pharmacy staff at NGO as well as government treatment sites. This funding will primarily be to attract staff to remote sites, and support the additional burden of reporting placed on pharmacists by the national rollout plan.

ACTIVITIES AND EXPECTED RESULTS:
RTC will use the Emergency Plan funds earmarked for the NC DOH to support pharmacists and pharmacy assistants at the two new government treatment sites (Springbok and De Aar Hospitals), to enhance the widespread and sustainable availability of ARV Drug services. Subject to the findings of site needs assessments, Emergency Plan funds may be used to address pharmacy infrastructure needs. A small amount is earmarked for the purchase of antiretroviral therapy options for pregnant women with TB or patients who have prior history of lactic acidosis. Such exception management will be undertaken with the advice of the treatment experts of RTC.

These activities will facilitate the ARV Services component of RTC's work with the NC DOH project, which directly contributes to the Emergency Plan goal of putting two million people on treatment. NC DOH's activities support the USG/SA Five Year Strategy by expanding access to ART services for adults and children, and by collaboration with the SAG.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Infrastructure	10 - 50

Target Populations:

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Coverage Areas

Northern Cape

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

The SAG goal, established in the 2003 Comprehensive Plan, is to provide universal access to ARV services by 2009. The public sector ART rollout began in April 2004, and the SAG is already providing treatment to more than 60,000 South Africans. Private sector clinics and doctors are treating an additional 45,000 individuals (estimated). The USG/South Africa expects to meet its FY05 treatment target of 40,000 individuals receiving ART directly supported through the Emergency Plan. USG direct targets for September 2007 are over 120,000, with a goal of 10% for pediatrics.

The USG is committed to assisting the SAG to enhance the capacity of the public health care system and to increase the number of South Africans receiving care and treatment. Specifically, the USG program, using SAG policies and guidelines, will strengthen comprehensive high quality care for HIV-infected people by (1) scaling up existing effective programs and best practice models in the public, private and NGO sectors; (2) providing direct treatment services through 20 prime partners and their sub-partners; (3) increasing the capacity of the SAG to develop, manage and evaluate HIV/AIDS treatment programs, including recruiting additional health staff, training and mentoring health workers, improving information systems, and service infrastructure assistance; (4) increasing demand for and acceptance of ARV treatment through community mobilization, and (5) ensuring integration of ART programs within palliative care, TB, STI and PMTCT services.

The collective effort of USG ARV services partners provides high-quality ARV care and treatment services in approximately 500 sites, including health facilities and mobile outreach systems in all nine provinces, thereby increasing equity and accessibility for South Africans. In FY06, Emergency Plan programs will continue to expand integration of ART with wellness programs for people who are HIV-positive but not yet eligible for ART. The USG will also support communications programs to improve demand for treatment and to improve treatment literacy and promote health-seeking behavior among men and youth.

The USG will work with the SAG to support its plans to institute routine CD4 testing as part of CT to maximize identification of treatment-eligible individuals, and to improve early infant and child diagnosis and effective pediatric treatment. As a result of an increased focus on pediatric treatment, Emergency Plan partners will reach at least 8,000 children with ARV treatment by September 2007.

In FY06, South Africa Emergency Plan partners will expand ART through such innovative approaches as: strengthening PHC capacity to manage uncomplicated patients on ART in community-based settings; the utilization of multiple network models to improve diagnosis of adults and children; strong treatment adherence projects and strong referral systems; improving the efficiency of support functions for treatment programs, including community support; clinical training and supportive supervision; patient information systems; logistics assistance for pharmacies within treatment programs; and public-private partnerships to deliver ARV services in workplace settings, to teachers in education settings, and through private practitioners in remote areas serving the uninsured. The USG continues to scale up effective programs and incorporate best practices into public sector ARV delivery sites to promote sustainability and increase accessibility.

The Global Fund is providing funding for substantial treatment programs to KwaZulu-Natal and Western Cape providers. Other major donors contribute to treatment-related media campaigns (Ireland, DFID and the Netherlands). The USG coordinates with all major donors to ensure that efforts in ARV Services are not duplicative.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	527
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	46,263
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	124,757
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	120,321
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	17,672

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Africare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 2908

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Services activity is one component of a comprehensive approach to HIV/AIDS treatment, care and support described in the Basic Care and Support (#2909), TB/HIV (#3752), CT (#2910) and AB (#2911) program areas.

SUMMARY:

Africare's Hewu Comprehensive HIV/AIDS Project provides HIV/AIDS, care and support to the Whittlesea community surrounding the Hewu hospital in the Eastern Cape. Africare will consolidate the existing treatment and ARV activities at the Hewu hospital and its 17 clinics, and expand the activities to the Frontier hospital and its 8 clinics. The major emphasis area for the activity is human resources, with additional emphasis in infrastructure, training and strategic information. The activities target PLWHA and their families and caregivers, public health care workers and other NDOH staff.

BACKGROUND:

Initiated in September 2004, the Hewu Project is part of a comprehensive prevention, treatment, and care and support project that includes community mobilization, step-down and palliative care, and prevention activities. A number of activities described in this ARV Services section began in 2005 with Emergency Plan funding. Similar activities will be initiated at the Frontier hospital and its eight feeder clinics with FY06 funds. All activities will be implemented in partnership with the Eastern Cape DOH.

ACTIVITES AND EXPECTED RESULTS:

Emergency Plan funds will support the project in its ongoing work to provide treatment to HIV-positive people at Hewu hospital. FY05 funds have been used to train 69 health facility personnel in HIV/AIDS disease management. The training resulted in the inspection of the Hewu hospital by the Government's accreditation team, which recommended approval of the facility as an ARV site. The project is currently working with the Eastern Cape DOH to finalize plans for the hospital's ARV program to become operational. In the meantime, the hospital serves as a feeder site to the Frontier hospital, and 35 patients from Hewu hospital have been put on treatment at Frontier hospital. Further, with FY05 funds, a wellness center is being set up. It serves as a center where patients who are confirmed to be HIV-positive are provided treatment information, nutrition education, given further counseling, especially compliance reinforcement and psychosocial support. Training is conducted for family members. The center also provides CT to patients referred from the antenatal and TB clinics and PMTCT services at the participating clinics. In addition, the center links the identified patients to food/nutrition (key legislative issue), patient support and income-generating programs (key legislative issue). FY05 funds have also been used to recruit staff at the wellness center, including a nutritionist, livelihood coordinator, communication associate, and 4 service corps volunteers (SCV) to serve as counselors.

Further, a strong monitoring and evaluation system has been set up at the center. This system tracks patients who are prepared for treatment (enrolled in the treatment readiness program) at the wellness center and sent to the Frontier hospital to begin ART. This system incorporates treatment and community outreach activities. With FY06 funds, the first activity will be to strengthen and monitor the activities carried out at the wellness center. This will include in-service training, workshops and refresher training for the Hewu hospital health personnel, especially those at the wellness center, in the care and management of HIV related disease/opportunistic infection, and pharmacovigilance.

ARV drug management training will be conducted for the hospital pharmacist and assistants. The funds will also be used to strengthen the referral system (both patient and drug referral), and provide infrastructure for the wellness center. As accreditation is expected to occur in FY06, the project expects that the Eastern Cape DOH will continue to procure and provide drugs for the treatment of individuals identified at the hospital and the clinics where the project is operating. FY06 funds will also be used to develop culturally appropriate behavior change communication (BCC) and IEC materials that promote and provide treatment messages and information. The project IEC Specialist will oversee this component. In addition, funding will support the salaries of the staff at the wellness center.

These activities will build on progress made by August 2005 (35 people provided with ARVs, 51 enrolled in the treatment readiness program and 69 people trained in HIV/AIDS disease management) by providing support to train and re-train 130 health professionals on HIV/AIDS management and expanding to provide 140 new patients with ARV services, of which at least 10% will be children below the age of five. The project will also ensure that the Hewu hospital and its clinics gain accreditation as PMTCT and VCT sites.

Once grounded, the project will expand its activities to include Frontier hospital (an ARV site) and its satellite clinics. This activity responds to a request by the Eastern Cape DOH. The project will train the health personnel in HIV/AIDS disease management including ART, treatment of OI, VCT, PMTCT and data collection. FY06 funds will be used to establish a monitoring and evaluation system and recruit wellness center staff, to include a livelihood coordinator, a data capturer and counselors to complement the existing services. The support will ensure that an additional 220 people, of which 10% will be children under five years, are provided with ARV services.

These activities contribute directly to the Emergency Plan goal of putting two million people on treatment. In addition, Africare contributes to the vision outlined in South Africa's Five Year Strategy by expanding access to ARV services for adults and children, building capacity for ARV service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	360	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,140	☐
Number of individuals receiving antiretroviral therapy at the end *of the reporting period (includes PMTCT+ sites)*	1,026	☐
Total number of health workers trained to deliver ART services, *according to national and/or international standards (includes PMTCT+)*	130	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Key Legislative Issues

Increasing women's access to income and productive resources

Food

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Aurum Health Research
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2912
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

Aurum's ARV Services activities are part of an integrated program also described in the Basic Care and Support (#3323), TB/HIV (#2914), ARV Drugs (#2913) and Counseling and Testing (#2915) program areas.

SUMMARY:

Aurum Health Research (Aurum) will use Emergency Plan funding to continue an ongoing clinical program that works through general practitioners and community clinics throughout the country, and to expand the program to three public hospitals in the Eastern Cape, North West and Gauteng provinces. The program is linked to workplace programs in eight provinces and provides HIV-related clinical care to dependents and partners of Anglo Group employees and Anglo Group contractors. The program is integrated with Aurum's longstanding workplace programs providing care to mining employees, and with ongoing patient education and awareness programs at Aurum clinical research sites. The major emphasis area for this activity will be human resources, with minor efforts in commodity procurement, healthcare financing, local organization capacity development, logistics, quality assurance and supportive supervision, SI, and training. Target populations include infants, children and youth; adults, including men and women of child-bearing age; PLWHA, including HIV-infected pregnant women, infants and children; street youth; and migrants/migrant workers.

BACKGROUND:

Aurum is 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 Anglo Group employees and Anglo Group contractors, and to strengthen service delivery for the broader general population through partnerships with general practitioners and public facilities. Aurum has significant experience in the field of HIV/TB, operating at delivery sites throughout South Africa, and provides management support for a number of Anglo-funded workplace programs that provide health services to Anglo employees.

This program was originally funded in FY05 to function within existing employee health clinics. Although the project continues to target the same population in the same geographic areas, for management reasons the project has been redesigned and is now working through general practitioners (GP), community clinics and public facilities.

Staff training in ARV drugs and ARV services started in November 2004. By mid-August 2005, nine GP candidate sites had been enrolled in the program to provide ARV drugs, and 18 nurses and 19 doctors had been trained. Patient recruitment started in March 2005. By mid-August 2005 440 patients had been started on ARV treatment.

ACTIVITIES:

Practitioners will be monitored and supported by telephone and through site visits. The practitioners will also have access to a 24-hour helpline for clinical support and quarterly training sessions. Specific areas for which Emergency Plan funding will be used in this program area include laboratory monitoring of all patients using ARVs; clinic staff salaries and overhead costs in all the sites; development, sourcing and distribution of educational material; reviewing and disseminating guidelines and protocols for the implementation of the program; visits to the sites for monitoring for

adherence to the standards; reporting on progress; and training of staff involved in the care of people using ARV drugs.

ACTIVITY 1 (General Practitioners):
Aurum will use FY06 Emergency Plan funding to continue an ongoing clinical program with general practitioners in targeted communities to provide HIV counseling and testing, HIV care and ART. With the current shortage of medical professionals in the country, general practitioners are an important means to provision of HIV services to the large numbers that require it, and are a promising avenue for delivery of quality care to HIV-infected populations. Aurum provides significant clinical training that benefits the entire community, and drugs to treat dependents and partners of Anglo Group employees and Anglo Group contractors (increasing gender equity in HIV/AIDS programs, key legislative issue). The protocols used to initiate patients into ART will follow South Africa's national ART guidelines. At least 85 doctors and 85 other healthcare workers will have been trained at the enrolled GP sites, which will be supporting about 2,300 patients on ARV drugs.

ACTIVITY 2 (Community Clinics):
Aurum is also developing community clinics in resource-poor areas. This aspect of the program currently targets areas where health education and awareness activities are already in place through Aurum's clinical research activities, including the Medical Research Council's (MRC) clinical trial sites in KwaZulu-Natal and an HIV vaccine trial site in the North West Province. In the community clinic sites, Aurum has trained three nurses. It expects to train at least eight additional doctors and five other nurses and counselors. The community clinic network expects to have over 1200 patients on ARV drugs.

ACTIVITY 3 (Public Facilities):
In a new activity that will begin in FY06, Aurum will work with managers at three public facilities to provide training, data management support and additional human resources to enhance the national ARV rollout program. Sites will include Tshepong Hospital in the North West Province, Madwaleni Hospital in the Eastern Cape, and Chris Hani Baragwanath Hospital in Soweto (Gauteng Province).

In the three sites in the public sector program, Aurum will train at least 12 nurses. This training will continue as needed. It is expected that the program will have over 3,200 patients receiving direct ARV support from Aurum. At Tshepong Hospital, Aurum will provide human resources and data management, as well as training support. At Madwaleni Hospital, Aurum plans to provide patient transport for poor and underserved patients (increasing gender equity in HIV/AIDS programs, key legislative issue), data management, human resources and training support. At Baragwanath Hospital, Aurum support will take the form of staff training and data management.

EXPECTED RESULTS:
By training physicians and other allied healthcare professionals in ARV service delivery and enrolling patients on ART, Aurum will contribute to the Emergency Plan goal of providing treatment to two million PLWHA. This work is also in line with the care and treatment objectives outlined in the USG Five Year Strategy for South Africa, particularly the goal of creating sustainable access to ART.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Health Care Financing	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	78	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	407	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	7,126	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	6,840	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	208	☐

Target Populations:

Adults

Street youth (Parent: Most at risk populations)

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Migrants/migrant workers (Parent: Mobile populations)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: AIDS Economic Impact Surveys
Prime Partner: Boston University
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2916
Planned Funds:
Activity Narrative: SUMMARY:

Boston University (BU) will use Emergency Plan funds to expand an ongoing analysis of cost and cost-effectiveness of models of treatment delivery in South Africa, results of which will be used to inform future planning by the USG/SA team and South African Government. 100% of the activity falls under the SI emphasis area, and the target populations for the activity are PLWHA, program managers, policymakers, doctors and USG in-country staff.

BACKGROUND:
BU was requested in FY05 to examine cost and cost-effectiveness of alternative models of treatment delivery, building on the Population Council/Horizons study which documents the various treatment models being used by Emergency Plan implementing partners in South Africa. In FY06, BU will expand on the cost and cost-effectiveness activity to include a larger number of models and/or sites and generate more robust findings.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The USG supports a wide range of treatment delivery models in South Africa, including public sector, private sector, and NGO-based programs. In FY05, the Emergency Plan provided initial support to the Boston University Center for International Health and Development (CIHD) for a targeted evaluation of the cost-effectiveness of approximately six of these models, with each model to be analyzed using data from one treatment site. The analysis will rely mainly on retrospective data collected from Emergency Plan-supported treatment programs to generate information about which models of treatment delivery are successfully treating the largest number of patients at the lowest cost, which characteristics of delivery systems are most important, and whether patient medical outcomes are affected by the model of treatment delivery. The models and sites will be chosen to represent the most promising or most common approaches to large-scale treatment delivery in urban and rural areas and in the public and private sectors.

BU has not yet received FY05 funds, but initial consultations with USG staff, Emergency Plan grantees, Population Council and other South African counterparts have begun. It has become clear through these discussions and the findings through Population Council, that the expansion of the original evaluation plan to include a larger number of models and/or more than one site per model would greatly increase the value of this evaluation to the South African Government, the Emergency Plan and its implementing partners. This project will support a second phase of work, which will allow BU to expand and strengthen the original evaluation by adding sites to the analysis.

EXPECTED RESULTS:
The information generated by these activities will assist the South African Government, Emergency Plan, and other funding agencies to estimate future resource needs, increase efficiency among existing providers, and target future investments toward the most cost-effective models of delivery, contributing to the U.S. Mission's ability to reach its treatment targets by 2008.

Emphasis Areas	**% Of Effort**
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

This targeted evaluation will provide key planning information to the USG in terms of treatment programs, therefore it will indirectly support the overall treatment number.

Target Populations:

Doctors (Parent: Public health care workers)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Program managers
USG in-country staff
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Doctors (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	2917
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) ARV Services activity is linked to its country-funded activities in ARV Drugs (#3806) and Basic Care/Support (#3805) and to its Track 1 activities in Basic Care/Support (#3808), ARV Services (#3296) and ARV Drugs (#3297).

SUMMARY:
EGPAF will continue to provide comprehensive HIV services by enhancing the capacity of the Ithembalabantu Clinic in Umlazi township, Durban, treating approximately 1500 people. The major emphasis area for the activities is quality assurance/supportive supervision, with supporting efforts in training, SI, local organization capacity development, infrastructure, human resources and development of network/linkages/referral systems. Activities target private health care workers and NGOs, with secondary beneficiaries being PLWHA and families affected by HIV/AIDS.

BACKGROUND:
The HEART (Helping Expand ART) program is part of a larger worldwide initiative by EGPAF to support care and treatment Services. HEART/SA was initiated in 2004 with Emergency Plan funds, and has grown substantially since then. The program has maintained a focus on integrating PMTCT services so as to provide a family-centered model of care that includes access to treatment of pregnant mothers, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are ongoing HEART partnerships that will continue with FY06 funds. New HEART partners include (i) two government Departments of Health (Free State and KwaZulu-Natal), and, (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban, a high prevalence community.

ACTIVITIES:
Through the AHF Ithembalabantu Clinic family-centered model of care, EGPAF provides comprehensive ARV services by funding infrastructure improvements, and training clinicians and other health care providers. Examinations, clinical monitoring and related laboratory services are offered to all HIV infected adults and children. Ithembalabantu Clinic has a highly effective treatment and adherence program that has resulted in outstanding sustained rates of therapy success. Treatment adherence and educational classes are all provided on site. Adherence counseling is also monitored by self-reporting, pill counting and follow-up with each patient's dedicated family member or friend.

Integration of ARV services with other services occurs at the PHC level of service delivery including TB services. All HIV positive adults and children are routinely screened for TB, as part of the clinical assessment that is conducted to identify those that are eligible for HAART. Those who are diagnosed with TB are referred to a local PHC facility for further management. CD4 testing is routinely offered to all HIV positive adults and children and based on eligibility they are started on treatment on-site care or referred to wellness clinic onsite. The AHF will increase capacity for pediatric ARV. For early diagnosis of HIV exposed infants PCR testing available and cotrimoxazole prophylaxis offered. Infants that test positive on PCR are managed by a pediatrician.

Another focus area is the up or down referral system (outreach program) planned for Ithembalabantu and the surrounding PHC clinics. The main objective of the system is to provide sustained comprehensive management of HIV positive children and adults at the PHC level, with ongoing support from Ithembalabantu. This will ensure

increased uptake and accessibility for new patients to be enrolled/ initiated at the Ithembalabantu while the stable patients are cared for at the PHC level. It will also support systems to improve the access to pediatric care and treatment. The key activities will include training of health workers, development of sustainable channels of communication and referral, and assessment of adherence. The program will be run by clinical mobile teams consisting of nurses, lay counselors, data capturers and pharmacy assistants. This core teams will be responsible for the processing of new patients to enter the system for ART treatment. This will include diagnosis, eligibility assessment, referral of treatment ready patients to Ithembalabantu for initiation until such time there is capacity to initiate therapy at PHC level. The PHC facility will provide ongoing clinical care as well as CD4 testing every six months.

EGPAF together with sub-partners will identify gaps/needs in the program at the individual site level and implement activities to address the needs. EGPAF may provide modest temporary accommodation or renovate existing buildings to provide adequate working space for the program, in addition to technical assistance, financial and in-kind support, and establishment of M&E of programs. EGPAF's intent is to facilitate the National/Provincial plans and work together to ultimately transition programs and patients to South Africa government support.

EXPECTED RESULTS:
The Foundation's HEART program has reached more than 1,200 newly initiated patients on treatment. EGPAF plans to embark on a growth strategy -- building on the experience and success achieved in FY05 -- to reach more than 2,200 newly initiated patients and 7,000 patients continuing on ART by September 30, 2006. By September 2007, EGPAF will reach another 2,000 new patients and will exceed 9,700 continuing patients. This growth in patient numbers will be achieved through a combination of expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of government departments of health at provincial and district level. At least 10% of all patients will be children between the ages of 0-14 years. Successful achievement of these goals and targets will greatly assist in reaching the long-term South Africa PEPFAR goals of having 500,000 persons on treatment.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Local Organization Capacity Development	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	380	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,680	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,512	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	8	☐

Target Populations:

Adults

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CTR
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2927
Planned Funds:
Activity Narrative: INTEGRATED ACVITY FLAG:
This ARV Services activity is linked with activities described in the Basic Care and Support (#2925) and Counseling and Testing (#3923) program areas. FHI also implements an unrelated project in the PMTCT program area (#2929)

SUMMARY:
Family Health International (FHI) will expand access to integrated family planning (FP) and HIV services for infected/affected individuals in HBC programs by continuing to strengthen the linkages between HBC, ARV and FP services, and by establishing a mobile clinic to provide HIV/FP services in underserved areas in Mpumalanga province. FHI and its partners will also utilize family planning clients and services as an entry point for HIV/AIDS related basic care, counseling and testing, and treatment referral. The major emphasis area for the following activities is training. Target populations addressed are men, women, pregnant women, family planning clients, HIV-positive pregnant women, caregivers, and families affected by HIV and AIDS.

BACKGROUND:
In response to requests from the national and provincial Departments of Health and Social Development, in FY05 FHI is strengthening the linkages between HBC, ARV and FP services for comprehensive treatment, care and support. This project addresses the need to establish formal referral and follow-up mechanisms for antiretroviral therapy and other essential health care services, such as family planning, in HBC programs. We anticipate that improved access to ARV services in South Africa will improve the health status of many HIV-positive individuals. Tighter linkages between care, ARV and FP services will be needed so that women, in particular, not only have the opportunity to improve their quality of life, but also to make informed decisions about their fertility. Linkages between these services can also be strengthened by equipping FP services to provide information about HIV prevention, care and treatment, thereby serving as an entry point for HIV/AIDS services.

With FY05 funds, FHI is creating functional referral mechanisms between 30 HBC, 40 FP and 20 ARV service programs in Mpumalanga to holistically meet the health care and treatment needs of over 40,000 HBC caregivers, clients and their families. This is being done through stakeholders meetings and referral skills workshops for all parties (to benefit clients in ARV, FP, and HBC settings); technical assistance(TA) to HBC volunteers and FP/ARV service providers on identifying FP, ARV, counseling and testing (CT) and HBC needs as appropriate; ARV adherence monitoring by HBC volunteers; and provider tools to facilitate referrals.

A major constraint in these programs, however, is limited access to essential reproductive health and HIV/AIDS services. A recent FHI mapping exercise showed that HBC programs typically reach out to low-resource, isolated communities where FP/HIV service needs are high and transport to services is prohibitively expensive. A mobile clinic can provide better access to FP, STI diagnosis/treatment, CT and ARV services to HBC caregivers, clients and their families—as well as the surrounding communities—who reside in remote, underserved areas in Mpumalanga.

ACTIVITIES:
In close collaboration with the Mpumalanga DOH, Project Support Association – South Africa (PSA-SA), South African Council of Churches (SACC), Right to Care (RTC) and other local partners, FHI will expand access to quality integrated FP and HIV services for infected and affected individuals in HBC programs through a continuation of the FY05 project and through the establishment of a mobile service unit (MSU) to provide FP, ARV, CT and STI services in rural, underserved areas.

ACTIVITY 1 (MSU):
Three remote communities served by HBC projects will be selected and served by a mobile service unit. The following activities will be carried out to maintain these mobile services:
• Hire and supervise six staff (two professional nurses, two counselors and two trainee counselors) to provide FP/ARV/CT/STI services;
• Train MSU staff to provide quality ARV screening and provision services;
• Work with HBC volunteers to provide referrals to MSU for FP/ARV/CT/STI services;
• Conduct outreach to HBC projects and communities through IEC materials and household visits; and
• Oversee quality of: CT, STI diagnosis/treatment, FP services and counseling, and ARV screening and provision in the MSU.

ACTIVITY 2 (Referrals to ARV and FP Services, and Monitoring ARV Adherence):
As a follow up to the FY05 project, FHI will continue to connect HBC clients, their caregivers and their families to FP and ARV services in 30 project sites by:
• Strengthening referral networks between 40 DOH FP clinics, 20 DOH and NGO clinic ARV providers, and 30 HBC programs sites through stakeholders meetings, referral workshops, provider tools and ongoing monitoring;
• Training HBC volunteers to refer clients to ARV services and monitor adherence to ARV therapy;
• Providing TA to HBC volunteers to identify FP needs among clients, caregivers and their families and to refer to FP clinics; and
• Working with FP and ARV providers to refer to FP/HBC/ARV services as appropriate, and to sensitize them on appropriate contraception for HIV infected women and HIV infected women on ARVs, and the interaction between ARVs and FP methods.

To support a potential scale up, FHI will develop a Management Information System (MIS) to collect service and referral data relating to the project. The data will be used to analyze the uptake and overall costs of FP/CT/ARV/STI services and referrals from the HBC programs. All activities and ownership of MSU will eventually be transferred to local partners.

These activities are expected to increase demand for and acceptance of FP services, STI and CT services and ARV treatment, as an integrated package, in underserved communities. Six health workers will be trained to deliver ART services according to national and/or international standards, and over 3,000 individuals will receive CT for HIV, and 175 individuals will initiate ART during in FY06. The FP and reproductive health needs of HIV-positive individuals will be addressed in three sites. Importantly, these activities will demonstrate the value of alternative models for reaching rural underserved populations with ARVs, FP, CT and STI services. .

These activities support the USG/SA Five Year Strategy for South Africa by improving access to ARV services to remote and/or underserved communities, and expanding linkages between CT and FP, HBC and ARV services. These activities contribute to the Emergency Plan goal of providing ARV Treatment to two million people by increasing access to and quality of ARV services.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	1,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	6	☐

Indirect Targets

FHI is getting a limited amount of funding to strengthen the referral network between the Home Based Care program and an ARV treatment program. FHI target is to ensure that 1,000 HBC patients eligible for ARVs are enrolled into a treatment program. They have negotiated with two other Emergency Plan partners to provide the treatment, Broadreach (#3006) and Right to Care (#2973). FHI is playing a key role in facilitating the treatment for the patients and will therefore claim the number as indirect. Broadreach and Right to Care will be providing and paying for the treatment will claim these patients as direct.

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Family planning clients

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas

Mpumalanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Foundation for Professional Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2930
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to the JSI smart-card technology activity described in ARV Services (#2943).

SUMMARY:
The project supports the expansion of access to comprehensive HIV/AIDS care by: 1) Providing training to health care workers involved in HIV/AIDS care in all 9 provinces; 2) Providing management training to managers working in AIDS; 3) Supporting public sector ARV Clinics with staff, equipment, technical assistance and refurbishment of facilities; and 4) Establishing a NGO ARV clinic in the Pretoria inner city to provide ART to vulnerable groups in association with an established FBO serving the PLWHA community. The major emphasis area for these activities is training, but several other emphasis areas (including commodity procurement, infrastructure, human resources, local organization capacity development, and the development of network/linkages and referral systems) support the success of the overall effort. Target populations for the activities include public and private health care workers, CBOs, FBOs, NGOs, implementing organizations and international counterpart organizations. The activities also directly and indirectly target PLWHA and most at risk populations.

BACKGROUND:
The Foundation for Professional Development (FPD) is a SA Private Institution of Higher Education working exclusively in the health sector in Southern Africa. Since 2001 FPD has trained approximately 10,000 health care (HC) professionals on AIDS-related subjects in 9 countries. Activities 1 and 3 were initiated in FY04 with Emergency Plan funding in association with JHPIEGO. In FY05 FPD received direct funding from the Emergency Plan for activities 1-3. Activity 4 will be initiated in FY06. The FPD project is managed through an umbrella agreement with PACT, Inc.

ACTIVITIES AND EXPECTED RESULTS:
All activities will support the Emergency Plan objectives of 2-7-10 by providing treatment for 11,000 patients and by increasing the number of trained and skilled managers and clinical staff in South Africa to effectively implement AIDS programs.

ACTIVITY 1 (Clinical Training Programs):
The objective of Activity 1 is to ensure a cadre of skilled HC practitioners able to provide care to PLWHA. 5,000 HC workers will be trained on various courses (clinical management of AIDS and TB, CT, Palliative care, Adherence and Workplace AIDS Programs) using a proven short course training methodology that provides training close to participants' work. PLWHA form part of the faculty to help with stigma reduction (key legislative issue) among participants and to articulate the needs of PLWHA. To maintain knowledge, an alumni program (regular continuing medical education (CME) meetings, journals, newsletters and mentorship) has been developed. This program provides alumni with membership of two relevant professional associations (Southern African HIV Clinicians Society and International Association of Physicians in AIDS Care). This activity scales up existing activities (1,782 trainees in 2004, 3,260 in 2005) and is in response to requests for training exceeding available funding in 2005 by 50%. With this funding, FPD will expand its current staff with the addition of a training program manager, training assistant and an alumni assistant to meet this increased training target.

ACTIVITY 2 (Management Training):
The objective of Activity 2 is to train 300 managers working in AIDS within the public, NGO and FBO sector on a management training program to develop local

organizational capacity. Scaling up from 200 students in 2005 will allow FPD to respond to requests for this program in provinces. Alumni will be enrolled with the SA Institute of HC Managers to provide them access to alumni services. Quality assurance mechanisms for activities 1 & 2 are those currently prescribed by the Council for Higher Education for SA Universities. Impact studies and participant surveys are also conducted on a regular basis.

ACTIVITY 3 (Support to public sector ARV clinics):
Emergency Plan funds will be used to respond to requests from provincial government to support public sector ARV sites by providing clinical and administrative staff as consultants, equipment, refurbishment and technical assistance. All sites supported provide an integrated system of treatment and prevention, including CT services. This service also emphasizes high levels of adherence and promotes ARV services amongst referral clinics, especially TB, STI & Family Planning clinics. In FY04, Emergency Plan funding allowed initiation of 1,500 patients on ARVs; this was expanded to 4,000 to date in FY05. The FY06 COP target is 10,800. To meet these targets the following staff will be funded by the Emergency Plan: 1 medical specialist, 1 infectious diseases registrar, 18 medical officers, 27 Nurses, 2.5 clinic project managers, 1 dietitian, 8 pharmacists, 12 Pharmacy assistants, 1 part time social worker, 18 data capturers, 10 admin/booking clerks, locum medical practitioners and 96 part time counselors. Some of these positions were filled in 2004-2005. All staff is required to attend FPD training programs to ensure appropriate skills. Quality assurance mechanisms already in place will expand to all sites and through a strategic alliance with JHPIEGO a formal performance standards mechanism and quarterly review of such standards will be introduced. Through linkage with another Emergency Plan funded partner, JSI, FPD is obtaining technical assistance and systems support to implement a patient information system utilizing innovative smart card technology.

ACTIVITY 4 (Pretoria inner city clinic):
This is a new project aimed at providing ART to 200 people from vulnerable groups living in the inner city who cannot afford private care or access to public sector care due to factors such as waiting lists, inability to pay minimum public sector user fees, fear of discrimination, etc. This activity will be implemented as a strategic alliance with the Tshwane Leadership Foundation, a FBO that currently provides social welfare services to PLWHA in the inner city. This clinic will serve as a facility to rapidly initiate and stabilize patients on treatment whose lives are at risk due to waiting lists.

FPD will contribute to the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Human Resources	10 - 50
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	7,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	11,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	11,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	5,000	☐

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Most at risk populations

Infants

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Children and youth (non-OVC)

University students (Parent: Children and youth (non-OVC))

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Religious leaders

Public health care workers

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: *Capacity Building 1*

Prime Partner: JHPIEGO

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 2939

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to ARV Services, JHPIEGO also implements activities in the TB/HIV program area (#2940).

SUMMARY:

JHPIEGO will continue to assist the National Department of Health to disseminate HIV/AIDS national guidelines to program managers, stakeholders and service providers in all nine provinces. JHPIEGO will also support HIV/AIDS technical experts who will assist the NDOH with the rollout of ARV services through accreditation of sites and will continue to collaborate with the Foundation for Professional Development (FPD, a training and treatment partner) in the implementation of a standards-based management approach to improve and increase access to quality ARV services. The primary target populations for these activities are public health workers and private sector physicians. Areas to be emphasized are quality assurance and supportive supervision and training.

BACKGROUND:

JHPIEGO is an international NGO that assists host country policy makers, program managers and trainers to increase access to and improve quality of health care services. JHPIEGO has been working with the NDOH to improve institutional capacity through training and dissemination of National HIV/AIDS service delivery guidelines from the national level to the service delivery level. By end of FY05, JHPIEGO will have cascaded the dissemination of national ART guidelines from the national level to service delivery level. JHPIEGO has also partnered with FPD since FY04 in the provision of ART services and training of service providers on HIV/AIDS management. In FY05, JHPIEGO and FPD will have initiated a standards-based management approach for improving ART services. This activity will continue in FY06.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

JHPIEGO will assist the NDOH to train facilitators and implement dissemination of four national guideline packages for treatment, care and support to provincial coordinators via user-friendly orientation packages. These activities will complete those started in *FY05. Expected results include dissemination of Continuum of Care national* guidelines to the service delivery level in all nine provinces, and 120 program managers and service providers trained to use national policy guidelines.

ACTIVITY 2:

Standards-based Management (SBM) is a practical management approach for improving the performance, efficiency and quality of health services. It consists of the systematic utilization of performance standards as the basis for the organization and functioning of these services and the rewarding of compliance with standards through recognition mechanisms. In FY05, JHPIEGO is initiating the SBM approach with the development of evidence-based operational standards for Antiretroviral Therapy (ART) for HIV/AIDS. These activities will have included setting standards for implementation and conducting continuous measurement in four ART sites. The process will be maintained in FY06 through continuous measurement using the performance assessment tool. The assessments can be self-assessments, internal assessments and external assessments. This process ensures sustainability of quality services as it acknowledges a multi-dimensional supervision system starting with self, clients, peer and site, as well as external supervision. Assessments will be conducted to determine the level of improvement in performance standards at all sites. There will be four large treatment sites targeted for complete measurement.

ACTIVITY 3:
JHPIEGO will support two HIV/AIDS experts as consultants at the Treatment and Care Subdirectorate (TCS) of the NDOH to help with the transfer of learning in treatment, care and accreditation of sites to provide ARV services. The HIV/AIDS experts will assist NDOH with the accelerated accreditation of treatment sites. Expected results include training of service providers in the national guidelines.

These activities will indirectly contribute to the overall PEPFAR objectives by ensuring that there are skilled service providers who can provide quality ARV services. Technical experts working with NDOH will indirectly contribute to increased access to treatment services through site accreditation, and standards-based management of services will indirectly increase access due to improved quality of service. These activities contribute the Emergency Plan goal of putting two million people on treatment, and support the USG/SA Five Year Strategy by building capacity for ART service delivery.

Emphasis Areas	% Of Effort
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	120	☐

Indirect Targets

The USG claims the entire SAG treatment number as indirect due to the number of partners who assist with the ARV rollout. JHPIEGO is one such partner, providing TA to the National Department of Health, guideline development and training.

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Public health care workers

Doctors (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Deliver 1
Prime Partner:	John Snow, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	2943
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

In addition to ARV Services, JSI also implements unrelated activities described in the AB (#2942) and Other Prevention (#2944) program areas.

SUMMARY:

JSI, in collaboration with NDOH and Emergency Plan ARV treatment partners, will continue the development of a patient information and program reporting system for HIV-positive children and adults based on a combination biometrics (fingerprinting) and smart card technology, called "STAT" (Secure Technology Advancing Treatment). Specifically JSI will sustain the STAT system in 20 Catholic Relief Services (CRS)/ Catholic Bishops Council sites, sustain a minimum of four Foundation for Professional Development (FPD) sites, implement new STAT modules for TB, Pharmacy, Logistics, and Palliative Care, and implement the STAT system in at least five public sector sites in four provinces. The target populations for this activity are people living with HIV/AIDS and the primary emphasis areas are strategic information and local organization capacity building.

BACKGROUND:

Based on its successful technical assistance to the NDOH in quality assurance and logistics systems for the HIV/AIDS Prevention Program, JSI was requested by the NDOH to advise the NDOH on patient information and reporting technologies/systems in use in South Africa that could facilitate the rollout of the government's ART program. It was evident that the national rollout faced an initial demand (500,000 people requiring immediate treatment) that far outstripped the human capacity to deliver the necessary treatment based on the number of doctors in-country and who were trained in ART. Given these constraints, it was clear that innovative service delivery models needed to be developed that facilitated ongoing patient support (i.e. once patients were stabilized in a hospital or health center setting) through community health workers who could provide local community and even home-based dispensing. No patient information and commodity tracking system that could be successfully implemented in this new service delivery mode existed. A responsive information system was needed to adequately address issues of confidentiality, authorization and verification of service providers and patients, patient mobility, and, most importantly, operate in an off-line environment at the community outreach level when necessary. In developing an appropriate system, JSI has partnered with NET1, a private sector, South African/USA biometrics/smart card leader that is currently contracted with the SAG. The challenge for JSI/Net1 was to adapt existing technology to meet the needs of the ARV rollout program. To date the STAT system is operational in an NGO palliative care community outreach setting in Soweto, one CRS ARV clinic, and a CRS ARV community outreach project providing ARV services to eight remote and underserved surrounding communities. Emergency Plan indicators and related data are batch up-loaded every 24 hours and made available to authorized users on a Web-enabled central JSI STAT reporting database, providing virtual real time reporting and strategic information capabilities to donors and program managers. Now that the system has been proven to work effectively in the NGO setting, JSI is well positioned to expand into the public sector.

ACTIVITIES AND EXPECTED RESULTS:

JSI's prime responsibility is to sustain the STAT system in the CRS sites while networking with National and Provincial counterparts to identify needs and opportunities for the STAT system in SAG sites. JSI believes this is best achieved on a province-by-province basis and will focus initially on those provinces that have expressed the most interest to date. In this effort, JSI will partner with Thamaga, a South African black empowerment group that has worked successfully with the SAG

in a number of provinces on hospital management systems. Emergency Plan funding will: sustain the STAT system in the 20 CRS sites and four FPD sites where implementation has taken place in FY05; facilitate the implementation of STAT modules for Pharmacy, Logistics and TB to be added to the existing ARV module; and implement STAT in at least four public sector sites in three provinces. It is expected that the introduction of STAT into public sites in Northern Cape and Gauteng Provinces, utilizing Emergency Plan funds, will lead to provincial government funding commitments, province-wide rollout of STAT, and long-term sustainability. This activity will contribute to an estimated 7,000 patients on ARVs and 30,000 HIV-positive patients receiving care & support. Over the past twelve months, this activity contributed to 2,451 patients on ARVs and 10,088 persons on care and support.

JSI will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by providing a state-of-the-art system to facilitate the virtual real time collection, analysis and reporting of the M&E indicators required under the Emergency Plan and required by the NDOH. This activity will also contribute to achieving the treatment 2-7-10 goals by helping 7,000 people receive their treatment more effectively.

Emphasis Areas	% Of Effort
Logistics	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	7,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

JSI is providing a state-of-the-art system to assist health care workers in patient management, as well as facilitate the virtual real time collection, analysis and reporting of patient data for reporting needs. This contributes to improvement in overall treatment program efficiency, therefore JSI will claim the treatment numbers for the sites they are working at as indirect. CRS (#3286) and FPD (#2930) will claim the patients as direct.

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: TASC2: Intergrated Primary Health Care Project
Prime Partner: Management Sciences for Health
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2948
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Services activity relates to additional IPHC activities described in the PMTCT (#2952), OVC (#2950), CT (#2951) and Basic Care and Support (#2949) program areas.

SUMMARY:

Management Sciences for Health/Integrated Primary Health Care Project (IPHC) in collaboration with the NDOH will assist provincial and district HIV and AIDS directorates in decentralizing the South Africa Government's Comprehensive Plan for Care and Treatment of HIV and AIDS program to the primary health care (PHC) level. Quality assurance and supportive supervision is the primary emphasis area for these activities, with additional emphasis on needs assessment and training. The target populations for the activities are public health care workers, program managers and PLWHA.

BACKGROUND:

The Government's Comprehensive Plan for Care and Treatment of HIV and AIDS has largely been confined to the tertiary or hospital level which has limited the number of patients on treatment. The Department of Health recognizes that there is a need to decentralize the process to relieve the workload at the hospitals and allow for more clients to receive life-saving therapy. IPHC activities will be carried out in five provinces (Eastern Cape, Mpumalanga, KwaZulu-Natal, Limpopo and North West) to increase access to ARV therapy and increase the number of people on treatment. IPHC will assist the DOH by supporting designated sites to meet the accreditation requirements, mentoring and supporting project management teams at facility and district level to implement the ART program in accordance with the norms and standards of the Comprehensive Plan. The PHC clinics will be responsible for screening, preparation of clients for ARV therapy and the follow-up of the clients who have commenced ARV therapy.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

IPHC Project will assist five provincial HIV and AIDS directorates in implementing its ART program as part of the national comprehensive prevention, treatment, and care and support plan. This activity will involve policy development and implementation, work plan development, implementation and monitoring and evaluation. IPHC will also assist selected sites in meeting accreditation requirements for initiating ARV therapy, implementation of the ART program once accredited and provide ongoing mentoring and support to these sites on a monthly basis.

ACTIVITY 2:

IPHC Project will train 400 services providers (80 per province and five provinces) on screening, preparation and follow-up of clients for ARV therapy. This training will also include adherence counseling and monitoring, nutritional assessment and counseling, identification and treatment of ADR (adverse drug reaction) and reporting ADR. IPHC Project will provide continuous mentorship and support to selected PHC clinics in implementing the ART program.

ACTIVITY 3:

IPHC Project will assist 10 districts (two in each of five provinces) in developing and implementing a referral system for the treatment program; this will include a down referral system from the hospital level to PHC level. IPHC will facilitate linkages and a referral system to other institutions such as TB hospitals, hospices etc.

The IPHC Project will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy by expanding access and building capacity for ART service delivery, and thereby increasing the number of people on ART.

Emphasis Areas	% Of Effort
Training	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	10,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	400	☐

Indirect Targets

IPHC project will indirectly impact on the number of clients accessing ARV therapy by increasing access at a primary health care level thus reducing the workload at accredited ARV sites. IPHC Project will assist 10 districts in implementing a down referral system to PHC level for follow-up of clients on ARV therapy thus increasing the capacity of accredited sites to increase the uptake of clients initiating therapy. The rate of expansion of this program and the number of clients accessing treatment depends on the readiness of the provinces and districts in implementing program. IPHC is claiming this number as indirect, as other Emergency Plan partners are working at the facilities doing direct service delivery. It is anticpated that this activity will eventually result in direct results.

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Program managers

Girls (Parent: Children and youth (non-OVC))

Boys (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: *TB/HIV Project*

Prime Partner: Medical Research Council of South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 2953

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to MRC activities in described in the TB/HIV (#2955) and ARV Drugs (#2954) program areas.

SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to support a comprehensive best-practice approach to integrated TB/HIV care at three ongoing sites and one new site. The project will improve access to HIV care for TB patients, with particular reference in this activity to provision of ARV services (infrastructure, training, laboratory investigations, clinical monitoring). Project results and lessons learned will be shared with the NDOH to inform existing policies and guidelines. The major emphasis area for this program will be the development of network/linkage/referral systems, with minor emphasis given to human resources, local organization capacity development, logistics, quality assurance/supportive supervision and training. TB/HIV co-infected individuals constitute the principal target population, including pregnant women and children; additional populations targeted for this activity include program managers, DOH staff and policymakers, and health care workers in both the public and private sectors.

BACKGROUND:

A best-practice approach to integrated TB/HIV care was initiated by MRC with FY04 Emergency Plan funding. Early activities include a systematic description of barriers faced by TB patients co-infected with HIV in an accredited ART site (CH Baragwanath Hospital (CHBH), Gauteng, which will serve as an evaluation site throughout this work). Implementation of a model site (Richmond Hospital, KwaZulu-Natal) began in FY05. Expansion of the best-practice approach to two additional sites in different geographical settings (Witbank TB Hospital, Mpumalanga and Randfontein Hospital, Gauteng) was started in FY05 based on lessons learned in the start-up sites, including essential human resource needs, the importance of negotiated partnerships with departments of health, and the challenges posed by obtaining ethics approval. Activities in the three best-practice sites (Richmond, Witbank, Randfontein) will continue in FY06, together with expansion to an additional site in the North West Province. ARV drugs will be provided in the four model sites. Activities are implemented directly by MRC in two of the sites and by a contracted sub-partner (Life Esidimeni) in the remaining two sites.

ACTIVITIES AND EXPECTED RESULTS:

Activities carried out in this program area include the establishment of infrastructure, training of clinicians and other health care providers, laboratory investigations, and clinical monitoring of HIV-infected TB patients. One (accredited ARV) site was supported in FY05 to document barriers to ARV service provision in 350 confirmed TB patients over a 12-month period, including completeness of HIV counseling and testing, strengths and weaknesses of referral systems, human resource constraints, access to and availability of ARV services, and adherence and drug adverse effect monitoring.

One (as yet non-accredited) ARV site is currently supported to implement a best-practice approach to integrated TB/HIV care, including clinical management (HIV counseling and testing, ARV treatment for eligible patients, management of drug adverse effects, management of opportunistic infections, preventive therapy), nursing care (patient education, treatment adherence, HIV prevention), combined TB/HIV information, education and communication, nutrition intervention, and HIV/AIDS care and support (palliative care, home-based care). Three additional (as yet non-accredited) sites will be supported in FY06.

From now until the end of September 2007, a total of 7391 TB patients will have been offered HIV counseling and testing under a best-practice approach in the four sites. Based on 80% CT uptake and expected levels of HIV infection and eligibility for ART (both varying geographically), an estimated 3,718 co-infected TB patients will have been referred for further evaluation (including ART service eligibility). By the end of September 2007, an estimated 2,092 patients will be receiving ARVs and nutritional support, and an additional 1544 will be receiving HIV wellness care. Site staff responsible for ART services will be trained on standard operating procedures for patient referral, laboratory investigations, clinical monitoring and assessment of treatment adherence. These services will be evaluated through on-site supervision, and external QA using MRC checklists.

Funding will be used to develop systems to coordinate the logistics of ART service provision, including access to clinical monitoring according to standards of care, specialist HIV referral services, strengthening of referral systems with accredited governmental ARV rollout sites, and systems to rapidly trace and recall patients defaulting from treatment. Funding will also be used to acquire the relevant laboratory services necessary for comprehensive ART service delivery and to ensure adequate training of clinicians and other health care providers.

Results from the project will facilitate evidence-based policy formulation on expansion of integrated TB/HIV care SA while simultaneously increasing and improving access to ART of eligible TB patients. TB services will in the future form a vital link to ARV accredited sites and this project will contribute to strengthening of the role of TB services as point of delivery of ART while ensuring that human, financial and infrastructure needs have been met. The cost-effectiveness and cost-benefit of integrated TB/HIV care will contribute to equitable allocation of scarce resources, in support of both the Emergency Plan and USG/SA Five Year Strategy.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	*Target Value*	*Not Applicable*
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	5	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,184	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,325	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,092	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	30	☐

Target Populations:

Adults
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Infants
International counterpart organizations
People living with HIV/AIDS
Pregnant women
USG in-country staff
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
HIV positive pregnant women (Parent: People living with HIV/AIDS)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)
Implementing organizations (not listed above)

Coverage Areas

Gauteng

KwaZulu-Natal

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Horizons

Prime Partner: Population Council

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 2964

Planned Funds:

Activity Narrative: SUMMARY:

Population Council/HORIZONS will test the feasibility and acceptability of promoting family-centered services to enhance pediatric HIV/AIDS treatment. Major emphasis areas for this activity are IEC and training, with additional effort in community mobilization/participation and development of network/linkages/referral systems. The target populations for the activity are public health workers, HIV-positive pregnant women and infants, OVC and HIV-affected families.

BACKGROUND:

This project will expand access to ARVs through pediatric/family-centered treatment. The overall goal of this project is to improve access to treatment and to reduce related morbidity and mortality among children, their mothers, and their families. This project builds upon an earlier Emergency Plan-funded project, which will be completed at the end of September 2005—a survey of service providers and caregivers. This survey, being conducted at eight health facilities providing pediatric care and treatment, is providing detailed information about the current composition of pediatric HIV services and the different means by which children (and their families) access ARV treatment. The proposed targeted evaluation will examine a strategy to expand access to care and support services for children and their families by comparing the current health facility model, in which adults and children are treated separately, to a family-centered model with a clinical and community component.

ACTIVITIES AND EXPECTED RESULTS:

The family-centered model is a comprehensive treatment strategy that takes into account all members of the family unit that are infected and affected. In this context, the family will be supported to promote access to treatment and successful management of children on ARVs. The family and community are critical for combating stigma and discrimination associated with HIV/AIDS treatment services and consequently for encouraging adherence to treatment. Moreover, the family and community are viewed as part of the network model approach for delivering services. At the health facility level, to reduce time and financial costs and encourage adherence with clinic visits, service will be reoriented so that all members of a family infected with HIV can be seen on the same day and in the same clinic for basic HIV care. This care includes diagnosis, ARVs, treatment of TB and other OIs, and referrals to related services. In the community, a range of groups that provide social, health [including CT, PMTCT, MCH, and Integrated Management of Childhood Illnesses (IMCI)], pastoral, material, and other services to families will be brought into the ARV treatment network as sources of referral for HIV diagnosis and care. Thus the family-centered model will have two focal points: a family care clinic in the health facility and an outreach and referral system in the community.

Six test sites, in four provinces, from the targeted evaluation will be selected for participation in the assessment from 2005 to 2006. At the health facility level, interventions will be introduced to integrate different types of HIV care for children, mothers, and partners. This will entail new staffing configurations and training and reorganization of space at the facility to cater to all family members. A number of entry points will be examined, including PMTCT, TB and in-patient services. Other entry points into HIV treatment, such as when the mother visits for post-delivery and subsequent child health services, will be considered. In the community, information regarding the importance of testing all children of HIV-positive mothers and the availability of ART for HIV-positive children will be included in the PMTCT and CT post-test counseling package to widen access for children. Information will also be provided to mothers through IMCI immunizations and social services regarding the

need to test children who fall sick frequently, are losing weight, or exhibit delayed *growth milestones. Mothers and their spouses will be encouraged to seek CT* services at each of the contact points with health facilities and community services.

EXPECTED RESULTS:
It is expected that where the family-centered intervention is introduced, there will be a significant increase in the number of children, mothers, and partners who are tested for HIV and subsequently access and adhere to ARV treatment services. This activity will provide strategic information for scaling up activities to address the Emergency Plan 2-7-10 goal of treating two million people and in particular support the Emergency Plan to reach the underserved population of children living with HIV/AIDS. This targeted evaluation will strengthen the implementation of network models for improving the coverage of HIV services and will document the issues *involved in scale-up of pediatric care services, and will directly contribute to improving* access, and thus support the Emergency Plan strategy.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	2,610	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	12	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	45	☐

Indirect Targets

This family-centered intervention is expected to significantly increase the number of children, mothers, and partners who are tested for HIV and subsequently access and adhere to ARV treatment services. Population Council is working on this approach primarily in already supported Emergency Plan sites, therefore is claiming the patients as indirect.

Target Populations:

HIV/AIDS-affected families

Infants

Orphans and vulnerable children

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Right To Care, South Africa
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	2973
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This ARV Services activity is part of an integrated program that includes activities described in the TB/HIV (#3276), CT (#2972), ARV drugs (#2974) and Basic Care and Support (#2975) program areas. This activity is also linked to the Family Health International activities reported in ARV Services (#2927).

SUMMARY:
Right to Care (RTC) is using Emergency Plan funds to strengthen the capacity of health care providers to deliver ARV Treatment services to eligible HIV-positive individuals in three provinces and to improve the overall quality of clinical and community-based health care services to them. The major areas of emphasis are local organization capacity development and human resources. The primary target populations are people affected by HIV/AIDS and public and private health care providers.

BACKGROUND:
RTC, a South African NGO established in 2001, is focused on building public and private sector capacity to deliver safe, effective and affordable care and support and ARV therapy. RTC's ART activities consists largely of support for the ART services of all of RTC's treatment partners, including its Thusong network of private practitioners, several SAG sites and NGO and FBO clinics/organizations. In addition, RTC itself implements the ART components of the Direct AIDS Intervention (DAI) workplace program. ART training is conducted by RTC's Training Unit as well as by several sub-partners.

In the delivery of medical ART services, doctors are given ongoing support in clinical decision-making, prescribing and case management by RTC's team of medical HIV experts through RTC's Expert Treatment Program (ETP). The ETP management model enables primary healthcare providers to communicate directly with HIV experts. This model uses a sophisticated web-based IT tool in the form of TherapyEdge, licensed to RTC, which enables the effective management of patients and includes a secure patient database.

In FY06 RTC will support the development of 12 new SAG treatment sites and six new NGO/FBO treatment sites, and a network of doctors treating indigent patients. Funding is directed towards public sector sites (SAG sites) for the provision of training, infrastructure and human resources with ARVs and laboratory support provided by the SAG. Similar support is provided to the NGO/FBO sector in remote sites, however this sector currently requires the provision of ART and laboratory monitoring. Doctors treating indigent patients are funded through a capitation fee model described below.

ACTIVITIES AND EXPECTED RESULTS:
RTC will consolidate and expand its support for SAG sites, NGO and FBO clinics/organizations and private sector programs, and build on past successes (trained 819 healthcare workers in ART in the 12-month period up to 31 March 2005, and reaching 4,572 patients with ART by 30 June 2005). In particular, RTC uses Emergency Plan funds to accelerate the implementation of the national rollout plan at SAG sites in partnership with the NDOH.

ACTIVITY 1 (Expand Treatment Sites):
RTC has successfully negotiated with provincial DOHs to supply certain NGO/FBO sites with ARVs and laboratory services, thereby freeing funds to support new treatment sites. Using Emergency Plan funds the program will continue to expand the network

of national treatment sites, increase the treatment activities at the current NGO/FBO treatment sites, and increase the network of private practitioners engaged in the treatment of HIV infected individuals in the employed sector and the Thusong program. In collaboration with Family Health International, RTC will also provide ARV services through a mobile clinic treatment program servicing remote communities in Mpumalanga. RTC anticipates having 76 sites operational using FY06 funding.

ACTIVITY 2 (Treatment Services for Expanded Numbers of Individuals):
Because the procurement of ARV drugs and lab services will be covered by the SAG, Emergency Plan funds will enable access to treatment to larger numbers of patients in these sites, leveraging Emergency Plan funds with SAG funding. RTC will ensure that each ART patient at RTC-supported facilities receives a minimum package of ART services, including clinical and pathology monitoring, adherence counseling and support, and follow-up of defaulting ART patients. Adherence counseling and support is implemented through individual counseling, support groups and directly observed therapy, either clinic-based or community-based. In order to complement clinic staff, support is provided to at least one community-based care organization for adherence services and the follow-up of defaulting patients. Adherence activities will include a focus on reducing stigma (key legislative issue) and encouraging disclosure in order to enhance drug compliance and to improve patient retention. Emphasis will be placed on increasing the number of HIV-positive children and pregnant women on ARVs. Mobile clinics are used to bring ART services to farm workers and other vulnerable populations.. RTC will provide treatment to over 21,000 patients using FY06 funding.

ACTIVITY 3 (Training and Support):
RTC supports all its ART providers by disseminating policies and guidelines, and sharing best practices. Ongoing quality assurance review and supportive supervision is undertaken by the centralized treatment experts. RTC and several of its sub-partners will also provide training in ART services for health workers. RTC will train 500 health care workers in ART service delivery with FY06 funding.

Emergency Plan funds will largely be used for human resources at all ART providers: NGO and FBO clinics/organizations receive sub-awards which are partially earmarked for doctors, nurses and counselors; SAG sites are given Emergency Plan funds to pay for human resources at the sites; and a fee-for-service arrangement exists with the network of private sector service providers for the Thusong and DAI programs. Emergency Plan funds will also be used to address minor infrastructure needs where necessary at NGO, FBO and SAG sites, and to maintain RTC's mobile clinics. NGO and FBO clinics also use Emergency Plan funds for the laboratory monitoring of HIV-positive patients, as well as for the procurement of health commodities. Emergency Plan funds will also cover the costs of labs for the new mobile clinic treatment program servicing remote communities in Mpumalanga, in collaboration with Family Health International.

In FY06-FY07, RTC will contribute 21,275 patients on ARVs at 76 outlets to the Emergency Plan treatment target of 2 million patients, and will train a further 500 healthcare workers in ART services. RTC will support the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Infrastructure	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	76	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,800	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	25,600	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	21,275	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	500	☐

Target Populations:

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Mpumalanga

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PHIDISA
Prime Partner: South African National Defense Force
USG Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 2985
Planned Funds:
Activity Narrative: This activity is funded with FY05 Emergency Plan funds. No FY06 funding is requested for this activity. This entry is included in the FY06 COP to provide information for reviewers.

FY05 Emergency Plan funds through the National Institutes of Health are being used to support an innovative treatment partnership between the SANDF and the US Department of Defense, in six provinces. Project Phidisa is a NIH-funded research project with the South African National Defence Force (SANDF). Emergency Plan funds support ARV therapy to members of SANDF and their families who are not enrolled in the NIH-funded Phidisa research program.

As part of the FY05 rapid expansion funds, the Emergency Plan will provide additional support for the SANDF ARV rollout in sites beyond the project Phidisa sites.

In FY06, through a new funding mechanism, the Emergency Plan will support the SANDF ARV treatment program to expand to additional sites, and will include ARV Drugs and Laboratory Services for the SANDF ARV nationwide rollout. This program will continue to support ARV treatment at the project Phidisa sites, and will also support ARV services at up to nine additional SANDF medical sites.

For FY06, this program will be funded through USAID and Right to Care, and will no longer be funded through NIH. Under the new funding mechanism, these activities are represented in the FY06 COP in the ARV Drugs (#3348) and Laboratory Infrastructure (#3350) program areas.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Africa Center for Health and Population Studies

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 2997

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is part of an integrated program providing care and treatment to HIV-infected individuals, the care component of which is described in Activity #2996 (Basic Care and Support). In addition, Africa Centre is a sub-partner to Elizabeth Glaser Pediatric AIDS Foundation, and receives funding for activities in Basic Care and Support (#3805) and ARV Services (#2917).

SUMMARY:
The Africa Center for Health and Population Studies (Hlabisa ART Programme) will deliver safe, effective, efficient, equitable, and sustainable basic health care to all HIV infected individuals who need it in the rural area in which they work. The program targets PLWHA, including infants, children and youth, and public health care providers. The major emphasis area for the activities is human resources.

BACKGROUND:
The Hlabisa ART Programme is a partnership between the KwaZulu-Natal Department of Health (DOH) and the Africa Centre. The Programme is based in Hlabisa sub-district, a rural health district in northern KwaZulu-Natal that provides health care to 220,000 people at one district hospital and 13 fixed peripheral clinics. The Hlabisa sub-district reportedly has the highest HIV prevalence rate in South Africa. The ART Programme is embedded in the DOH ART rollout so all drugs and laboratory tests are funded by the DOH. In addition, much of the clinical space and clinical staff are provided by the DOH. Emergency Plan funds are used to provide additional clinical staff, training for DOH staff, management support and infrastructure costs. The Hlabisa ART Programme started providing HIV related care, including ART, in September 2004. This Emergency Fund grant is managed through an umbrella agreement with Pact, and will be used in FY06 to support activities carried out at the district hospital and 13 clinics. Africa Centre also receives funding from the Emergency Plan as a sub-partner to Elizabeth Glaser Pediatric AIDS Foundation (EGPAF).

ACTIVITIES AND EXPECTED RESULTS:
Emergency Plan funding will be used to support the DOH rollout at Hlabisa Hospital and 13 peripheral primary health care clinics. The target population of the program is rural South Africans who are infected with HIV and require ART and with the aim to provide care in an equitable manner. In particular, therapy will be provided to those individuals in the most remote areas of the health district who cannot afford the transportation costs to come to the hospital. Emergency Plan funding will provide two nurses, one HIV counselor trainer, and 10 HIV counselors as well as support from the program manager, a doctor, a social worker, the monitoring and evaluation officer and data capturers. These staff will provide clinical care alongside the DOH staff. Some staff will also form a mobile training and support team for the peripheral clinics. They will visit clinics biweekly to provide on-site training, assess more difficult patients, and perform quality assurance checks. Data capturers, supervised by the monitoring and evaluation officer, will move with this team to capture data from the peripheral clinics. In addition to staff, the program will purchase modest park homes (pre-fabricated) to expand space in the smaller and busier clinics and renovate some of the DOH clinics.

A key component of the program is the continued development of strategies to allow HIV counselors to play a greater role in providing care to patients who are stable on ART. HIV counselors in the program clinics, in addition to providing education and counseling, are already assessing patients with backup from nurses and doctors. Africa Centre is currently refining assessment algorithms to increase the

counselor's ability to work independently. After these refinements, the algorithms will be programmed into handheld computers and Africa Centre will move the counselors into the community for monthly follow-up visits. Patients will then continue to be seen in clinics every three months for nurse assessment and to pick up their prescriptions. This will vastly increase the efficiency of the program which is working in an area where 40% of nurse positions are unfilled.

In FY06, Emergency Plan funds through the Pact umbrella agreement will support activities carried out at the district hospital and 13 clinics. Based on patient projections, Africa Centre plans to treat 2,500 people by September 2007, directly contributing to the Emergency Plan goal of providing treatment to two million people. Africa Centre strongly contributes to the USG Five Year Strategy for South Africa by improving capacity, access and demand for palliative care and ART.

Emphasis Areas	% Of Effort
Training	10 - 50
Human Resources	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	14	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,400	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,500	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,100	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	☐

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Infants

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Broadreach

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3006

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:
The ARV Services activity described here is one component of a comprehensive set of services further described in the Basic Care and Support (#3007), CT (#3136) and ARV Drugs (#3133) program areas.

SUMMARY:
Emergency Plan funds will support BroadReach to enroll and provide ongoing HIV/AIDS clinical management, care and support services to HIV positive uninsured individuals. BroadReach utilizes a basic capitation model tapping private sector health providers to provide comprehensive palliative care and treatment to poor uninsured HIV positive clients. BroadReach partners with the largest private sector treatment firm, Aid for AIDS, and with community- and church-based PLWHA support groups. Primary target populations are children and adults, including pregnant women, people affected by HIV/AIDS, and public and private health care providers. The major emphasis area is local organization capacity development.

BACKGROUND:
The program is an emergency response that will allow patients to get immediate access to ARVs while the SAG ARV program is scaling up. The program matches an existing network of community-based treatment sites composed of healthcare providers from civil society with community-based PLWHA support programs (e.g. support groups, home-based carer networks, etc.) By doing this, HIV positive, uninsured and indigent patients, who otherwise would not have access to life-saving ARV therapy, are given free care using a network that has extensive expertise to treat these patients. Moreover, the community-based PLWHA support programs are integral to identifying and assisting with treatment literacy, adherence support and ongoing community mobilization, prevention education activities, and positive living initiatives. The comprehensive and integrated program includes patient uptake and CT, doctor consultations, drug procurement and distribution, lab testing, doctor training, support group and home-based carer program capacity building, patient education, adherence support, patient counseling, treatment management, telemedicine, remote decision support, QA monitoring, and provider claims management. As the SAG scales up their program over the next four years, patients from the BroadReach program will be transferred to SAG rollout sites.

The work carried out in this Program Area is a continuation of BroadReach's ongoing comprehensive *Treatment, Care and Support program in South Africa. The program* began in late-May 2005 with FY05 Emergency Plan funding. During the first three months of the BroadReach program 23 treatment sites have been activated in eight communities across two provinces in South Africa (KwaZulu-Natal and Mpumalanga) accounting for over 350 patients. In FY06 BroadReach will expand its model to four additional provinces (Western Cape, North West, Limpopo and Gauteng). The initial model is based on a comprehensive program that covers all costs for the patient including education, adherence support, doctor training, clinical quality assurance, *drugs and labs at an estimated annual cost of $1,400 per patient. BroadReach is* aggressively experimenting with new models of cost sharing with the SAG and capitation to bring down overall costs.

BroadReach will maintain the existing patient targets (2,600) with the FY06 funding while exploring less expensive options to exceed that target. With FY05, FY06 and the Plus-Up Request, BroadReach will continue implementing new, less expensive models of cost sharing to increase the number of patients enrolled beyond the FY05 targets.

ACTIVITIES AND EXPECTED RESULTS:
The primary goal of this Program Area is to ensure that those patients who have been enrolled during the first year of the BroadReach Healthcare program continue to receive outstanding care and support and are started onto ARV therapy when clinically qualified. In order to achieve this goal, BroadReach will carry out the following four activities:

ACTIVITY 1 (Continue to provide regular doctor visits, laboratory test, HIVAIDS education and counseling, and prophylaxis therapy):
Patients will be treated in accordance with SAG HIV/AIDS and ARV National Guidelines. These services will be provided by the existing network of doctors and community support programs that began treating these patients during the first year of the BroadReach program.

ACTIVITY 2 (Continue to provide disease management program through Aid for AIDS to ensure high quality of care):
The Aid for AIDS system is a remote monitoring center located in Cape Town and houses patient and doctor call centers, secure patient databases and servers, physician specialist panels for difficult case consultations, clinical data input specialists and a staff of HIV/AIDS specialist physicians, nurses, pharmacists, case managers, patient counselors, biostatisticians, financial managers and operational consultants. This center monitors all patient data ensuring that patients receive correct treatment, that any complications are dealt with immediately, and that healthcare providers in the field are given outstanding training and clinical support.

ACTIVITY 3 (Continue to provide training programs):
BroadReach will continue to provide training to its network of providers including doctors, nurses, pharmacists and other healthcare professional through a variety of initiatives including remote decision support, telemedicine, web-based training, didactic training, and one-on-one preceptorships from experienced HIVAIDS clinicians.

ACTIVITY 4 (Continue to develop the skills of community-based partners):
BroadReach will continue to provide skills training to its community-based partners (e.g. home-based carers, treatment supporters, support group facilitators) so that they can effectively assist patients in the community with prevention, positive living, nutrition education, treatment and adherence literacy.

The model of care being implemented by the BroadReach program is unique in its ability to rapidly facilitate emergency scale-up of capacity and ARV treatment. The model brings care and treatment into community based settings where the demand exists and cannot be met by the national government roll-out or existing NGOs. This activity will directly contribute to the 2-7-10 goal of two million people receiving treatment. BroadReach will contribute to the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	10 - 50
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	15,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period *(includes PMTCT+ sites)*		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,966	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,697	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	250	☐

Indirect Targets

The target of 15,000 represent patients who are provided care and support through the Aid for AIDS care and treatment programme. Aid for AIDS is a private sector program providing workplace HIV programs for major companies in South Africa. Through BroadReach support to Aid for AIDS, all patients benefit from enhanced education, support, and monitoring. This is in additional to the South African Government rollout. Broadreach also supports a direct care and CT program.

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Religious leaders

Public health care workers

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Private health care workers

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3035

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038). This ARV Services activity is specifically linked to another Emergency Plan-funded activity carried out by I-TECH (Activity #3334) to support the Eastern Cape Regional Training Center through technical assistance.

SUMMARY:

The Eastern Cape Regional Training Center (ECRTC) will use Emergency Plan funds to support public sector ARV Services programs in the Eastern Cape province. This support will include establishment of a model care and treatment facility at the Mthatha General Hospital (MGH) Complex, provision of direct patient care, on-site mentoring/monitoring, preparing sites for ARV accreditation, and expanding and advertising existing telephone services for clinical consultations. The major emphasis area for this program will be human resources, with minor emphasis placed on quality assurance and supportive supervision, as well as training. The target population includes PLWHA (HIV-positive pregnant women, as well as infants and children) and public sector doctors and nurses.

BACKGROUND:

The ECRTC is implementing a primary care network model for HIV care in the Eastern Cape. The MGH Complex provides a prototype of the network which is replicated throughout the province. In the network, patients are screened for HIV-infection in nine community clinics and referred to outpatient clinics at district hospitals (MGH or St. Lucy's), or to five health centers to start ARV treatment. The most complex cases are either admitted to the district hospital or referred to a referral hospital (Nelson Mandela Academic Hospital) for specialist care. Once patients are stabilized they are down-referred for continued care at the nearest primary clinic. All ECRTC activities in the ARV Services program area, with the exception of the telephone clinical consultation center, are continuations from FY05 activities supported by the Emergency Plan. The provision of direct patient care and the telephone consultation service will be implemented by the ECRTC. The ECRTC will implement activities centered on the ongoing establishment of the MGH Complex and ongoing treatment mentoring at Eastern Cape (EC) hospitals. I-TECH (International Training and Education Center on HIV) will augment these activities with time-limited on-site mentoring.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Model Care):

In FY05, the ECRTC provided classroom and on-site mentoring to 80 MGH Complex staff. In FY06, the MGH Complex model care and treatment activities will include: 1) The identification of a cross-hospital department team of HIV doctors at MGH; 2) Weekly training for this team in HIV care and treatment (training conducted by the ECRTC clinical care team; numbers attributed to ECRTC); 3) Implementation of one week on-site mentoring and monitoring visits at each of two MGH Complex hospitals by I-TECH (attributed to I-TECH); and 4) Follow-up on-site mentoring and monitoring by the ECRTC clinical team on a monthly basis (numbers attributed to ECRTC).

ACTIVITY 2 (Direct Patient Care):

The ECRTC provides direct patient care in the MGH Complex. In FY05, ECRTC staff

screened 3,364 patients and will have started 700 persons on ART in the MGH Complex. In FY06, the provision of direct clinical care activity will include: 1) Supporting the MGH HIV-specialty clinic and St. Lucy's hospital with healthcare workers to provide direct care. 2) Procuring pharmaceuticals and medical supplies for the HIV-specialty clinic. These activities will expand the number of people on ART. It is estimated that 4,370 patients will be screened and 2,884 will have been treated with ARVs at the MGH Complex by September 2007.

ACTIVITY 3 (On-site mentoring):
In FY05, ECRTC staff conducted 14 trainings to 417 unduplicated staff at three EC sites outside of the MGH Complex. In FY06 the ECRTC will build on these outputs by providing monthly on-site mentoring/monitoring (by the ECRTC clinical team) to a total of 11 hospitals in Grahamstown, East London, and Queenstown. I-TECH will provide teams of two experienced providers to mentor senior clinicians and nurses via intensive four week visits (attributed to I-TECH). Follow-up support and mentoring provided by the ECRTC to ART sites throughout the province, co-implemented with I-TECH, will involve one week mentoring visits by the ECRTC team (return visits to be attributed to the ECRTC). It is estimated that 55 health care workers will be trained by this activity.

ACTIVITY 4 (Site Accreditation):
The ECDOH is charged with accrediting additional Eastern Cape hospitals/clinics to expand the network of sites providing ARV services. To date, only 24 out of 94 hospitals have been accredited to provide ARV services in the province. The accreditation process increases the capacity of hospitals/clinics to screen and start patients on ARV, thereby reducing the burden on existing ARV–accredited facilities and bringing services closer to the people who need them. The Department of Health has tasked the ECRTC to prepare new sites to pass the accreditation process. In FY05, the ECRTC developed a training program using the protocols and tools developed in the MGH Complex, as well as the lessons learned in that process. The province has requested the ECRTC to support new sites by providing the training. ECRTC trained 16 new sites for accreditation in FY05 and will build on this by training an additional 34 sites in FY06. This will be accomplished by providing nine accreditation trainings across the province to train a four-person team from each site (doctor, nurse, pharmacist, and administrator), with follow-up subsequent to the training. This activity will increase the number of sites capable of initiating a standardized ARV service.

ACTIVITY 5 (Clinical consultation service):
The telephone consultation service is a new activity in FY06. ECRTC will collaborate with the South African HIV Clinicians Society to link doctors and nurses to this service. The ECRTC will also advertise this service throughout the Eastern Cape.

By training a large cadre of healthcare workers to provide ARV services and supporting efforts to expand these services to new clinics, the ECRTC will directly increase access to these services for PLWHA in the Eastern Cape. These accomplishments will contribute to the realization of the Emergency Plan's goal of providing treatment to two million people. These activities will also support the objectives for ARV services outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Training	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	11	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,224	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,884	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,595	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	244	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Soul City

USG Agency: *HHS/Centers for Disease Control & Prevention*

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3056

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This ARV Services activity is linked to Soul City's activities described in the AB *program area (#3055), and to a much broader intervention which is funded by a* number of other donors. Soul City is the largest public broadcast vehicle for HIV and AIDS awareness in South Africa.

SUMMARY:

Soul City proposes using Emergency Plan funds to conduct three media activities to promote integrated HIV/AIDS prevention, care and treatment programs in South Africa. The major emphasis area will be information, education and communication, with minor emphasis placed on community mobilization and participation and training. The target population will include children and youth (non-OVC), adults, PLWHA, the business community/private sector, community leaders, teachers and public and private sector healthcare workers. CBOs, FBOs and NGOs will also be targeted.

BACKGROUND:

These activities are ongoing. The Soul City and Soul Buddyz media platforms, both complemented by community outreach activities, are multiyear initiatives which have provided HIV/AIDS education since 1994 and 2001, respectively. In the last year these two platforms have provided the majority of media treatment literacy support in South Africa. The Soul Buddyz Club, a Soul Buddyz intervention, has been operational for three years. The community based training has been operational for four years. Soul City conducts regular independent assessments of its activities and *their impact on behavior. The most recent evaluation report (September 2005)* shows that target audiences relate to characters and story lines, are more willing to seek ARV treatment, and are more accepting of people receiving ARV treatment. All activities were funded by Emergency Plan funding in FY05; funding was received in June 2005 and therefore no specific Emergency Plan-funded achievements are reported.

ACTIVITIES AND EXPECTED RESULTS:

These three activities will contribute to the goals of getting people to start treatment at the appropriate stage in the disease and improving treatment compliance.

ACTIVITY 1:

Soul City Series 8 comprises 26 half hour TV episodes aimed at a family audience and broadcast during prime time. It also includes 60 fifteen-minute radio episodes in nine languages, as well as a 36 page color booklet for adults printed in nine languages. Two million copies of the latter are distributed through newspapers, health facilities, NGOs and community organizations. Issues to be covered include HIV/AIDS and all aspects of treatment, ongoing messages about prevention and stigma (key legislative issue), including the promotion of abstinence, faithfulness, treatment literacy and CT. The series will also cover masculinity and gender (male norms and behaviors, key *legislative issue) with particular reference to HIV/AIDS. Marketing will promote and* link the above materials. Emergency Plan funding will be used to support approximately 30% of this activity.

ACTIVITY 2:

Soul Buddyz 4 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 broadcast of an existing drama called "Buddyz on the Move"; (3) the development

and production of 26 half hour radio episodes in nine languages; (4) the *development, printing and distribution of one million copies of a 42-page color* parenting book in four languages; (5) the development of a 116 page grade seven life skills book that will be distributed to pupils; and (6) marketing to promote and link these materials.

The topics for Soul Buddyz series 4 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 and absenteeism of teachers and children. The series will continue to include prevention messages, in particular the promotion of abstinence and faithfulness. It also educates children about treatment, contributing to treatment literacy. Emergency Plan funding will be used to support approximately 30% of this activity.

The following activity depends on the previous two activities for its credibility and impact at a community level. Without the supportive environment created by the media interventions, the community based intervention described below would not have the access or acceptance that it enjoys at community level. In addition as people have already been exposed to the media messaging, the community based intervention is able to deal in depth with issues in a way that would be difficult had it not already been introduced.

ACTIVITY 3:
This activity relates to information and materials used to train healthcare workers providing ART, people caring for children on ART as well as the general public. Soul City develops flexible training materials in five local languages. These deal with all aspects of the epidemic, with particular focus on ART, prevention stressing AB, as well as support for home-based care and OVC. These materials are used by 16 partner NGOs using a cascade training model. Two hundred and forty training sessions will be conducted in FY06.

By providing clear and relevant messages regarding ARV treatment and adherence, Soul City's activities will have a direct and measurable impact on demand for and effective use of ARV treatment in South Africa. These achievements will contribute to the realization of the Emergency Plan's goal of treating two million people, and support the treatment goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Community Mobilization/Participation	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	265,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

These activities contribute to the indirect ART targets by conducting three mass media activities to promote integrated HIV/AIDS prevention, care and treatment programs and increasing HIV and AIDS awareness.

Target Populations:

Adults

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Public health care workers

Private health care workers

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CAPRISA NIH
Prime Partner: University of Kwazulu-Natal
USG Agency: National Institutes of Health
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3072
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
ARV Services is one component of CAPRISA's HIV/AIDS treatment and care program described in the Basic Care and Support (#3814) CT (#3071) and ARV Drugs (#3073) sections of the COP.

SUMMARY:
CAPRISA will use Emergency Plan funds to provide ARV services to patients already initiated on treatment and to expand to have a total of about 1500 people on ART at CAPRISA's two established treatment sites in KwaZulu-Natal. The major emphasis areas for these activities are human resources, with additional emphasis on commodity procurement, infrastructure and logistics. Target populations for these services are PLWHA and commercial sex workers. This activity is a continuation of activities approved in the FY05 COP.

BACKGROUND:
The current CAT Program provides an integrated package of prevention and treatment services and an innovative method of providing ART by integrating TB and HIV care at both an urban and rural site. The CAPRISA eThekwini Clinical Research Site is attached to the Prince Cyril Zulu Communicable Disease Clinic (CDC) which is a large local government clinic for the diagnosis and treatment of STIs and TB, for which the SAG provides free treatment. The HAART provision at the CAPRISA eThekwini Clinical Research Site integrates HIV care into the existing SAG TB directly observed therapy (DOT) programs. This allows for the opportunity to initiate HIV care and HAART for patients identified as HIV infected during TB treatment as well as to be able to continue such management for those who develop TB during HIV treatment.

The CAPRISA Vulindlela Clinical Research Site is a rural facility located about 150 km west of Durban, KwaZulu-Natal. The Vulindlela district is home to about half a million residents whose main access to health care is at seven Primary Health Care Clinics that provide comprehensive services. The CAT Program at Vulindlela is an entirely rural nurse-driven service with 1.5 doctors available for the initial eligibility assessment and for advice and referral.

ACTIVITIES AND EXPECTED RESULTS:
At the eThekwini Site, patients are referred from the SAG TB clinic, or other CAPRISA research studies, and the Hope Centre (FBO next door). The clinic is open Monday–Friday and is operated by 3 full-time doctors, 2 part-time doctors, 4 nurses, 3 counselors, an assistant and a pharmacist. No inpatient facility is available at this clinic and all hospitalizations are referred to the local district hospitals, or to King Edward VIII hospital. Patients from throughout the greater Durban area who may have TB are routinely evaluated at the SAG clinic and are routinely offered CT. The CT that is offered includes prevention education and condom distribution. CT is offered in conjunction with rapid HIV tests and confirmed when necessary by laboratory ELISA tests. HIV-negative patients are invited to participate in ongoing prevention activities. Patients who test positive for HIV are offered HIV specific care through the CAT Program. The CAT Program offers extensive counseling and education around HIV, wellness maintenance, disclosure, and HIV treatment adherence. Patients are also encouraged to bring partners in for testing. In addition counselors network with social welfare departments and other CBOs, to assist in enhancing social support for patients. Other general HIV care offered include cotrimoxazole prophylaxsis, treatment of minor opportunistic infections (OIs), referral to tertiary level facilities when indicated for investigations or hospital admission, and contraception and pap smears for female participants. Patients with CD4 counts

200-350 are seen at 3 monthly intervals, those with CD4 counts 350-500 are seen at 6 monthly intervals and those with CD4 counts >500 are seen at 9 monthly intervals. All patients in the CAT Program with CD4 counts <200 see a clinician monthly for clinical and laboratory follow-up. These patients are initiated on ART following a clinical and laboratory safety assessment, as well as 3 or more intensive sessions of adherence support counseling.

Patients at Vulindlela are referred from the Mafakatini Primary Health Care clinic, research (e.g. microbicide trial, adolescent cohort), community based CT Project, and community referrals (from community health worker, community advocates and 30 youth peer-educators). The CAT program in Vulindlela aims to address issues of stigma and discrimination and is linked to an Oxfam funded project which addresses Stigma and Discrimination in the community. The CAT program provides support for disclosing to family members and assists patients in obtaining disability grants. CAPRISA has an extensive community program which supports and facilitates community involvement and informed participation for all CAPRISA projects. Comprehensive services are provided to HIV infected participants where appropriate. This includes pre and post test counseling for HIV infection, treatment and adherence education and support, implementation of ARV treatment, prophylaxis of opportunistic infections, management of OIs and adverse events. These are done at the clinic and through appropriate referral channels when needed.

EXPECTED RESULTS:
By providing ARV services to patients already initiated on treatment and expanding services, *CAPRISA expects to have a total of about 1500 people on ART at its two* established treatment sites in KwaZulu-Natal. CAPRISA does not anticipate having to expand the space at these facilities to reach these targets but will require additional nursing and counseling staff. Laboratory services will continue to be performed at the CAPRISA Laboratory.

These activities support the South Africa 5 Year Strategy by expanding access to ARV treatment, and contribute to the Emergency Plan goal of providing 2 million people with ARV treatment.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Logistics	10 - 50
Commodity Procurement	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	300	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,650	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,485	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	45	☐

Target Populations:

Adults

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PHRU NIH

Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit

USG Agency: *National Institutes of Health*

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: *11*

Activity ID: 3077

Planned Funds:

Activity Narrative: The Perinatal HIV Research Unit (PHRU) affiliated with the University of the Witswatersrand conducts substantial HIV and AIDS programs supported by the Emergency Plan and funded through USAID. PHRU also conducts important HIV and other research supported by the National Institutes of Health (NIH), including a CIPRA-SA "Safeguard the Household" grant.

This entry for ARV Services and the related entry for ARV Drugs (#3078) concern ARV treatment provided by PHRU as an adjunct to the NIH CIPRA program, and these funds are administered by NIH.

A consolidated description of the ARV treatment programs provided by PHRU funded through USAID and through NIH is contained in COP entries for ARV Drugs (#3331) and ARV Services (#3101). All aggregate targets are referenced in those entries.

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national *and/or international standards, in the provision of treatment at* ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Wits Health Consortium, Reproductive Health Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3081
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

RHRU's ARV Services activities are part of an integrated program that includes Other Prevention (#3032), Pediatric ARV Services (#5054), HIV/TB (#3091), Basic Care/Support (#3332), and CT (#3092). All targets for pediatric treatment (reported in Pediatric ARV Services Activity #5054) are included in this ARV Services program area.

SUMMARY:

The Reproductive Health & HIV Research Unit (RHRU) will provide ARV rollout support services in partnership with the DOH in 19 facilities in three provinces, including direct treatment for over 19,000 people, training for 2,000 health care workers, and development and provision of educational materials. The major emphasis area for these activities is training. Efforts in development of network/linkages/referral systems, human resources, IEC, local organization capacity development, and policy/guidelines are also important to this project. Services target PLWHA and their families, including pediatric populations and pregnant women, and public health workers including doctors, nurses and traditional healers.

BACKGROUND:

RHRU's model is built on the assumption that an effective and sustainable ARV treatment program must be built on a strong partnership with local public sector treatment sites; that the treatment assistance needs of each public facility may vary; and that a thorough facility-based situational analysis conducted in partnership with facility management is essential to the successful incorporation of an ARV treatment unit within the hospital structure. Another essential feature of the model is the concept of "up and down referral" whereby the monitoring of stable patients on treatment can be managed at peripheral sites closer to the patients with referrals back to the primary site as needed. This reduces the congestion at the primary site enabling the staff to take on more patients while at the same time providing stable patients with monitoring closer to their communities and increasing adherence.

This activity is implemented by RHRU and currently consists of ARV rollout support across 19 DOH sites. By June 2005, DOH/RHRU sites were treating over 6,000 people with ART, and 1,548 health providers were trained in ART. IEC materials developed include posters and leaflets mapping ARV initiation, ART eligibility and information for patients, TB referral, drug regimens and side effects. Approximately 20 posters and pamphlets have been developed and 2,500 posters and 3,000 pamphlets have been distributed in three provinces to date in 2005.

With FY05 Emergency Plan funding (received in July 2005), the project will expand services to an additional 19 sites and will maintain services in these sites through FY06, focusing on providing support to an entire referral network, and increasing support across both components to include a focus on pediatrics, provided by the Wits Paediatric HIV Working Group and by the RHRU teams in KwaZulu-Natal and North West.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Inner City Support):

A team of HIV Treatment and adherence specialists will support the 19 ARV sites in the inner city area of Johannesburg. 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 infection prevention and treatment, palliative care and ARV therapy, and will be involved in the training of health care professionals and traditional healers. The team will also develop and circulate IEC materials to inform and educate health care workers in all aspects of HIV care and referrals as required. Specifically as part of these activities, an outreach team will target ARV and referral clinics in the inner city area, and provide support to an up and down referral model in order to scale up ARV treatment and HIV care. Expert doctors, nurses and counselors at the local ARV rollout sites will deliver training and rotate through the surrounding referral clinics, including primary health care clinics to provide on site support to their DOH counterparts. They will work with clinic staff to improve practice, integrate services where practical (including TB) and maximize referral where necessary for counseling and testing, palliative care and ARV treatment. This program will provide HIV care and treatment to both adults and children. An initiative to better serve pregnant women with ART has also begun in Johannesburg Hospital. In addition, emphasis will be placed on developing family-based services and improving access for underserved groups, such as men (male norms/behaviors, legislative interest area).

ACTIVITY 2 (Provincial Support):
Teams operate in North West, KwaZulu-Natal and Gauteng Provinces, providing support and treatment at ARV rollout sites. Teams are staffed by nurses, doctors and counselors and provide expert capacity that can be used as a resource by DOH staff. The program works closely with government staff to run DOH ARV clinics to maximize ARV delivery. Through situational analysis and needs assessments, the RHRU teams work with government staff in ARV sites to develop models of effective service delivery using existing infrastructure and resources, allowing for local conditions and constraints. The RHRU team provides targeted training to doctors, nurses and other health providers, along with ongoing comprehensive on-site support that includes clinical management, data management, referral, patient flow and the development of IEC materials for service providers and those accessing ARVs as required. The team then orients and trains peripheral sites, and supports in-referral and up referral.

These activities will directly contribute to the Emergency Plan goal of putting 2 million people on treatment by reaching over 19,000 patients with these services. RHRU supports the South Africa 5 year strategy by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Human Resources	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	19	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	8,850	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	*26,600*	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	19,017	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	2,000	☐

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Traditional healers (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: RPM Plus 1

Prime Partner: Management Sciences for Health

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3088

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to a related activity described in the ARV Drugs program area (#3087).

SUMMARY:

In South Africa RPM Plus activities are in support of the Government ARV treatment roll out plan by improving the reliable provision of ARV services (and other related services); monitoring progress towards full compliance with pharmaceutical legislation and ARV accreditation requirements for provincial health facilities; training pharmacists and pharmacist assistants in basic principles of HIV and AIDS management; training health personnel in conducting Medicine Use Evaluations, using adherence to ART measurement tools; supporting provincial pharmaceutical and therapeutic committees to promote national standard treatment guidelines for HIV and AIDS, TB, STI and other diseases; and setting up provincial drug information centers. The major emphasis area for these activities is training, but the project also includes logistics, health care financing, infrastructure, and policy/guidelines. Target populations for RPM Plus ARV Services activities include a wide range of communities: National AIDS Control Program staff, policy makers, teachers, public and private health care workers (especially pharmacists), PLWHA and their families, OVC, and the general population of children, youth and adults. RPM Plus will work in all nine provinces.

BACKGROUND:

RPM Plus project's main objective is to improve the availability and use of health commodities (pharmaceuticals, vaccines, supplies and equipment) of assured quality. RPM Plus activities started with funds received in FY04. In 2005 RPM Plus assisted with the audit of over 1,100 health facilities in 8 provinces to assess progress towards legislative compliance. Since FY04 over 450 pharmacists (and other health personnel) have been trained by RPM Plus on efficacy, safety and costs of drugs to support rational drug use. RPM Plus works in collaboration with the National, Provincial and Provincial Government Pharmaceutical Services.

ACTIVITIES AND EXPECTED RESULTS:

In FY06 additional training programs will be conducted complemented by on-site follow-up visits. The development of provincial drug information centers will continue. RPM Plus will assist the SAG to develop ART adherence measurement tools and share best practices in adherence measurement tools for ART.

ACTIVITY 1:

This activity is to assist 8 out of 9 provinces in monitoring progress towards compliance with legislative requirements to deliver pharmaceutical services and contribute towards the accreditation of health institutions (hospitals, community health centers) to provide ART. This will address issues related to infrastructure, human resources, equipment and systems. This activity includes the development of a monitoring system and conducting periodic review with provincial counterparts in the provinces.

ACTIVITY 2:

In order to support the implementation of the National "Comprehensive Plan for the Care and Treatment of HIV and AIDS," pharmacists and pharmacist assistants need to be trained in the basic principles of HIV and AIDS management. RPM Plus has developed training materials that cover ARV logistics, quantification, adherence monitoring, counseling, medication errors and adverse drug events reporting modules. Provincial workshops will be conducted for pharmacy personnel attached to ARV accredited sites and referral centers (e.g. community health centers) to improve

patient care at dispensing counters. Pharmacists using computerized dispensing systems will be trained to assess ARV prescribing practices, compliance with National Standard Treatment Guidelines (STGs) and reporting on treatment failure. Overall 400 individuals will be trained in the next twelve months.

ACTIVITY 3:
Since August 2005, RPM Plus has been working in collaboration with the National and Provincial (Eastern Cape) HIV and AIDS directorates and other key stakeholders to improve treatment outcomes and prevent resistance to ARVs through the development of ART adherence measurement tools and determining best practices. These "best practices" will be piloted and implemented on a larger scale in FY06. Clinical staff (doctors, nurses and pharmacists) will be trained in providing: patient education on HIV/AIDS and ART; provider education on HIV/AIDS and ART; psychological and social screening of patients to assess readiness for treatment; and support services to facilitate resolution of barriers to adherence. Decision makers will be able to use the information for national health policy and planning. These efforts will also contribute to the overall strengthening of the health system as medication adherence monitoring and support measures are generic tools that may be applied to settings providing treatment for other chronic diseases. In the long term the goal is to develop a network of expertise and facilities, and establish South Africa as a Regional Pharmaceutical Technical Collaboration Center (RPTC) for adherence-related matters.

ACTIVITY 4:
The revised South Africa Adult and Pediatric Standard Treatment Guidelines (STGs) for the hospital level will be published in early 2006 by the NDOH. These STGs include new chapters on HIV and AIDS (and other related diseases) care and treatment. RPM Plus will assist the DOH in promoting these new STGs through provincial workshops on rational drug use; strengthening provincial, district and institutional Drug and Therapeutic Committees (DTCs); and training staff in basic principles of pharmacy-economics and the use of evidence-based principles for drug selection. Since FY04, more than 200 individuals have been trained, and additional 300 service providers will be reached.

All the activities above will support all HIV positive clients that will be receiving care and treatment at SAG ARV accredited sites through the improvement of the delivery of pharmaceutical services. These activities support the vision outlined in the USG Five Year Strategy for South Africa by facilitating the national ARV rollout.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Health Care Financing	10 - 50
Infrastructure	10 - 50
Logistics	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	13,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	700	☐

Target Populations:

Adults
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Infants
National AIDS control program staff (Parent: Host country government workers)
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Pregnant women
Teachers (Parent: Host country government workers)
USG in-country staff
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)
Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PMTCT and ART Project
Prime Partner: Wits Health Consortium, Perinatal HIV Research Unit
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3101
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The approach taken by the PHRU is one of comprehensive high quality care and support. This activity is related to PRHU activities described in the PMTCT (#3103), Basic Care and Support (#3102), CT (#3100), ARV drugs (#3331) and TB/HIV (#3099) program areas. These activities are also linked to the NIH-funded activities described in the ARV drugs (#3078) and ARV services (#3077) program areas.

SUMMARY:
The Perinatal HIV Research Unit (PHRU) will use Emergency Plan funds to provide ARV services to PLWHA in Gauteng and rural Limpopo. The emphasis areas for the ARV services activities are human resources and local organization capacity building. The target populations are HIV-positive adults, children, families, and caregivers.

BACKGROUND:
Since 1998 the PHRU has been providing comprehensive treatment, care and support to PLWHA. The PHRU has received funding to support ARV treatment in Gauteng and in rural Limpopo provinces. Through an Emergency Plan NIH grant the PHRU is directly purchasing ARVs and has demonstrated the ability to rapidly scale-up treatment by putting 1,000 adults and children onto treatment within a year. In FY06 the PHRU will conduct a number of activities that will contribute around 4,000 people to the Emergency Plan goal for South Africa of getting 500,000 people onto ARV treatment by 2008. The PHRU will work with the provincial health departments to ensure safe transfer for the participants to ongoing care within the SAG rollout program. The PHRU will support health care workers involved in the management, care and treatment of HIV-infected individuals. All programs follow national and international guidelines for ARV treatment and have ethics approval. Ensuring quality assurance and standards, client retention, monitoring and evaluation form an integral part of the program. Training for professional and lay staff takes place on a regular basis.

All sites are supported by HIV South Africa (HIVSA) which provides community-based support, support groups and education covering issues such as basic HIV/AIDS information, HIV services, HIV treatment, treatment literacy, adherence, positive living, nutrition, prevention, OIs and TB. The comprehensive care approach leads to stigma reduction, a key legislative issue, increased disclosure, and improved adherence to ART.

ACTIVITIES AND EXPECTED RESULTS

ACTIVITY 1 (NIH project):
Activity 1 supplements the NIH-funded CIPRA-SA "Safeguard the Household" grant. In FY04, through funding from NIH over 1,000 people were screened. The program is ongoing and drugs are being purchased for 833 people at the PHRU clinic based at Chris Hani Baragwanath Hospital (CHBH). The program provides treatment, monitoring and support for adults and children who meet the SAG guidelines for treatment. HIVSA provides treatment and adherence support. Treatment will continue to be provided to all 833 clients with adherence support and medical assessments.

ACTIVITY 2 (Pregnant women):
This program has been initiated in the maternity section at CHBH in July 2005 by PHRU in partnership with the Department of Obstetrics and Gynecology. In Soweto, annually 8,000 pregnant women are identified as positive with an estimated 1,600 needing treatment. Following SAG guidelines, pregnant women who are eligible for

treatment are offered triple therapy. In order to fast track women onto treatment, drugs will be purchased by PHRU. PHRU is training and mentoring the doctors and nurses in the Department. It is expected that the program will expand to two other clinics in the area. HIVSA provides treatment and adherence support. As part of these efforts, the pregnancy ARV treatment service will undertake to access all HIV-positive pregnant women for indications for ARV treatment readiness activities, and procure and provide ARV treatment to 1,410 women accessing the service.

ACTIVITY 3 (Children, Soweto):
The PHRU clinic identifies HIV-positive children who need treatment, including children of adults who are already on treatment. As part of a comprehensive family centered approach, these children are put onto treatment following SAG treatment guidelines with ARVs purchased by PHRU for this pediatric population according to USG and SAG guidelines. As a result of these efforts, more than 150 children will receive treatment. HIVSA has tailored support programs for caregivers and children that include adherence counseling and support around issues of stigma (key legislative issue) and disclosure.

ACTIVITY 4 (Bohlabela, Limpopo):
At Tintswalo hospital, in partnership with Rural AIDS Development Action Research Program (RADAR), adults and children are being identified as needing treatment in the palliative care program. RADAR supports the rollout in the Bohlabela district, which has been slow, and currently only two hospitals in the district are accredited by provincial authorities. Over 350 clients will be fast tracked onto treatment with the purchase of drugs and will be transferred onto the SAG program once it is up and running and has the capacity to absorb these clients.

This program also supports and will continue to support the SAG rollout at Mapulaneng hospital with over 250 clients, and Tintswalo Hospital, that has only recently been accredited, providing staff, training and mentoring existing treatment staff. HIVSA offers support in the primary care clinics that includes treatment literacy, adherence counseling and group support for these clients.

ACTIVITY 5 (Tzaneen, Limpopo):
The PHRU in partnership with the University of Limpopo is supporting the Department of Health's wellness program operating in the district's primary health care clinics. Currently clients are referred to Letaba hospital that has over 500 clients. A proposal has been submitted to the Department of Health to treat these clients in these very remote primary care clinics. All clients are provided with a treatment readiness program, referred to the rollout sites when they become eligible for treatment and given adherence support. As a result of these activities, approximately 30 additional clients will be referred to the SAG rollout site for ARV care.

ACTIVITY 6 (Franchise):
This program, due to start in September 2005, will target uninsured workers in densely populated areas in Johannesburg. Trained staff will run this service. ARVs will be made available and affordable through a franchising scheme, and supplied free of charge or at a significantly discounted rate to patients unable to purchase their own medication. More than 1,250 clients are expected to access the service.

These activities will contribute substantially to the Emergency Plan goal of providing ARV treatment to two million people. Particularly in its role of supporting SAG treatment sites, the activity will contribute to the Emergency Plan Strategy by increasing access to ARV services and by improving the quality of those services.

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,410	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,950	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,550	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	20	☐

Target Populations:

Adults

HIV/AIDS-affected families

Infants

People living with HIV/AIDS

Pregnant women

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gauteng

Limpopo (Northern)

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: University Research Corporation, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3108
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is linked to QAP activities in Basic Health Care & Support (#3109), TB/HIV (#3110), PMTCT (#3111) and CT (#3114). In addition, this activity is linked to activities implemented by RPM+ (#3087) and National Institute of Communicable Diseases (#2959).

SUMMARY:

Through training, mentoring and the introduction of quality assurance (QA) tools and approaches, URC/QAP will work with 15 ART sites in 4 provinces to improve provider and patient compliance with ART treatment guidelines. Major emphasis areas for this activity are training and quality assurance/supportive supervision, with minor emphasis on development of network/linkages/referral systems and needs assessment. The activity targets public and private health care workers, CBOs and NGOs, program managers and community volunteers, adults and children living with HIV/AIDS, and HIV-affected families.

BACKGROUND:

With FY05 funding URC/QAP is currently training health care providers in 5 ART service delivery sites in the use of QA tools and approaches for increasing compliance with ART guidelines. This will be increased to 15 ART sites with FY06 Emergency Plan funding. URC/QAP has developed a number of tools (sick adult treatment algorithm, quality assessment tools, etc.) for healthcare facilities offering ART services. It has also commissioned an in-depth study of ART programs in the country. The results of the study show that treatment readiness programs as well as treatment compliance by some HIV patients on ART still face challenges.

Strategy for FY06:

URC/QAP will work with ART facilities to enhance: (a) community-based support for ART patients to ensure treatment adherence; and (b) active facility-based quality improvement using QA tools and approaches. URC/QAP will hire sessional physicians in a number of provinces to provide ART services. These providers will serve as mentors to DOH staff. This strategy will help to create local capacity to provide treatment services over time. URC/QAP will work with other groups (RPM+, NHLS, etc.) to ensure that pharmaceutical logistics and laboratory support is fully functional. URC/QAP will also give small grants to local CBO/FBO's for integrating QA tools and approaches for improved quality of their home-based follow-up of ART patients. URC/QAP will help healthcare facilities to develop operational strategies for treating pediatric HIV-positive cases with ART.

ACTIVITIES AND EXPECTED RESULTS:

Specifically, URC/QAP will carry out the following activities in FY06:

Establish facility-level quality improvement teams:

URC/QAP will work with participating facilities to identify a core team representing ARV service providers, pharmacists, lab staff, counselors, social service staff, administration, etc. The facility-based teams, with support from URC/QAP. coordinators and other district staff, will be responsible for developing plans for improving the quality of ARV services as well as the continuum of care for patients on ARVs.

Baseline assessments:

Each facility team along with URC/QAP staff will conduct a rapid baseline assessment to identify quality gaps in current services for screening, treating and following up PLWHA on ARV treatment. The assessment will be done in 4-8 hours using QA tools

(chart audits, observations, knowledge quiz, and interviews).

Interventions:
URC/QAP will assist each facility team in developing a strategic plan for improving the quality of ARV services. The key elements of the plan will include training, infection control and prevention, patient information, follow-up system at treatment and other levels of care, etc. One hundred ARV service providers and other staff will receive training in quality assurance tools and approaches. URC/QAP will also strengthen the supervision and support systems from the district and provincial levels. In addition, URC/QAP will provide job-aids, sick-patient treatment algorithms, wall charts, etc. to improve compliance with clinical and counseling guidelines. URC/QAP will work with CBOs/FBOs/PLWHA associations to develop strategies for providing DOT support to PLWHA on ARVs in their community. URC/QAP will also assist providers to provide pediatric ARV services. Finally, URC/QAP will train facility and CBO/FBO staff in analyzing their performance (outputs) and quality (compliance) indicators. The staff will use trend lines to see if the interventions are having desired results increasing uptake of basic healthcare and support services on a monthly basis.

Sessional physicians and nurses:
URC/QAP will provide sessional doctors and nurses to provide ARV services at a limited number of facilities in the country. These providers will also serve as mentors to the local clinical staff..

On-the-job mentoring:
URC/QAP will visit each facility and participating CBO/FBO at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. The mentoring will focus on improving skills of ARV service providers in quality improvement and specific clinical services.

Compliance audits:
URC/QAP will conduct at least quarterly assessments in each facility/CBO/FBO to assess whether the staff are in compliance with the national TB/HIV and ARV guidelines.

Strengthening QA and supervision system:
URC/QAP will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of ARV services.

Scale-up of best practices: URC/QAP will assist the NDOH to scale-up best practices.

EXPECTED RESULTS:
These activities are expected to result in the following:
• URC/QAP will increase the number of PLWHA who continue to stay on treatment at various intervals (six months, one year, two years) due to improved adherence counseling and DOT support as part the quality improvement program.
• URC/QAP will increase the number of PLWHA receiving ARV treatment due to the availability of sessional service providers under the project.
• URC/QAP will increase compliance with clinical and counseling guidelines due to continuous mentoring and supervision.

URC/QAP will assist the Emergency Plan in reaching the vision outlined in the USG Five Year Strategy for South Africa by increasing access to treatment services. URC/QAP's work contributes to the Emergency Plan goal of providing treatment to two million PLWHA.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Quality Assurance and Supportive Supervision	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	4,200	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	15	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	☐

Indirect Targets

URC/QAP is providing technical assistance on quality assurance in ARV sites, which leads to increased capacity and more effective programs. There is overlap with other Emergency Plan partners within these sites that are providing direct service delivery, therefore the numbers are categorized as indirect to avoid double counting.

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Private health care workers
Doctors (Parent: Private health care workers)
Laboratory workers (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	McCord Hospital
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3122
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the McCord Hospital for ARV Drugs in the FY05 COP provide additional country funding to a Track 1 (Elizabeth Glaser Pediatric AIDS Foundation) facility in order to enroll an additional 200 patients on treatment.

In FY06 the funding for McCord Hospital is included in the FY06 funding for Elizabeth Glaser Pediatric AIDS Foundation (ARV Drugs #3806; ARV Services #2917), and thus separate FY06 funding is not requested for McCord Hospital.

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: St. Mary's Catholic Hospital

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3125

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to the St. Mary's Hospital for ARV Drugs in the FY05 COP provide additional country funding to a track 1 (Catholic Relief Services) facility in order to enroll an additional 200 patients on treatment.

In FY06 the funding for St. Mary's Hospital is included in the FY06 funding for Catholic Relief Services (ARV Services #3288; ARV Drugs #3309), and thus separate FY06 funding is not requested for St. Mary's Hospital.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Indirect number of individuals receiving treatment at ART sites	0	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites	0	☐

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3274
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

The ARV Services activities described here are part of an integrated program also described in the AB (#2988), CT (#2991), OVC (#2990) and Other Prevention (#2989) program areas.

SUMMARY:
The Health Communication Partnership (HCP) of the Johns Hopkins University/Center for Communication Programs will work through its various South African partners to mobilize and educate communities and clinicians about ARV treatment, with a focus on treatment literacy, adherence activities, and training clinicians through distance learning. The target populations for this activity are adult men and women, HIV-positive pregnant women, caregivers of orphans and vulnerable children and other PLWHA, discordant couples, volunteers, public health workers, community-based, faith-based and non-governmental organizations. The major emphasis areas for this activity are community mobilization and participation and IEC, but training and policy and guidelines development are also important aspects of the work.

BACKGROUND:
The HCP treatment initiatives are new activities in FY06 built on successful programming and partnerships with Mindset Health channel, Community Health and Media Trust (CHMT) and Wits University to address treatment literacy, adherence and clinician training.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Building Capacity through Education/Mindset):
The Mindset Health Channel provides direct broadcast information to health clinics, targeting both patient populations in waiting rooms with general information, and health care providers with technical and training information. To air current and accurate information on ARV treatment, HCP will continue its collaboration with the Mindset Health channel which at the beginning of FY06 will be in more than 250 sites. It is anticipated that this number will increase with FY06 funding to 750 sites. An additional 10 hours of treatment video, web content and print materials will be developed in five languages for health care workers at these sites. Material developed through previous Emergency Plan funding will be updated as National guidelines and protocols change. An estimated 6,000 health care workers will utilize these materials.

ACTIVITY 2 (Media and ARV Treatment):
Wits University's Department of Journalism will conduct targeted assessments on the role of media and its treatment of HIV/AIDS issues, with a particular emphasis on treatment literacy, and report the results back to communities, journalists and policy makers by means of the press and public forums. Both journalists and policy makers are expected to help disseminate and advocate for a change in how HIV/AIDS issues are represented to the public. This project builds on the successes of previous years where issues like PMTCT and OVC have been tackled with a focus on creating new representations in the media that decrease stigma (key legislative issue) and create voices for marginalized men and women. This activity will reach over 300 media workers and executives and, through their media coverage, an estimated 3,000,000 individuals on a regular basis at least 12 times over the year.

ACTIVITY 3 (Mobilizing communities to act):
CHMT, with non-Emergency Plan funding, has developed a series of video and print

materials for people affected by and infected with HIV, including PLWHA and their caregivers. Emergency Plan funding will assist CHMT in the rollout of these materials to 225 organizations that provide treatment support for approximately 10,000 PLWHA. CHMT will train these organizations on how to utilize the treatment literacy materials and mentor them throughout the year on treatment related issues. The materials also cover male norms and behavior (key legislative issue) and stigma and discrimination (key legislative issue). CHMT will also train and mentor volunteer facilitators to work with HIV-positive clients on treatment literacy issues that will be aired through Mindset's patient channel at the 250 sites. The seven-hour treatment literacy videos, developed by CHMT and Mindset for the public channel, will be a major part of the support materials for the volunteer facilitators (in addition to the materials developed previously by CHMT). An estimated 1,500,000 people in clinics waiting rooms will be reached with this activity.

HCP will contribute substantially towards meeting the vision outlined in the USG Five Year Strategy for South Africa by providing quality treatment literacy education to health providers, their patients and the communities through Mindset Health channels. In addition HCP will build capacity of other organizations to utilize treatment literacy materials so that they in turn work with HIV-positive people on treatment literacy issues. By training approximately 6,000 individuals to deliver quality ARV services and reaching several million people with correct treatment literacy messages, this activity contributes to the Emergency Plan goal of putting two million HIV-infected people on treatment.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	6,000	☐

Indirect Targets

By training approximately 6,000 public sector health care workers to deliver quality ARV services and by reaching several million people with correct treatment literacy messages, this activity contributes indirectly to the overall SAG ARV rollout. This is one of many activities that the Emergency Plan activities that supports the national ARV rollout, therefore the entire number is counted under indirect support.

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Discordant couples (Parent: Most at risk populations)

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Caregivers (of OVC and PLWHAs)

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CDC Support

Prime Partner: National Department of Health, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3282

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the NDOH; additional activities include PMTCT (#3047), TB/HIV (#3045), CT (#3046), SI (#3044) and Other Prevention (#3043). Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

Emergency Plan funding will support the NDOH in the implementation of the Comprehensive Plan, by providing financial and technical assistance to ensure greater access to antiretroviral treatment. The major emphasis area for this program area is local organization capacity development, with minor emphasis on development of network/linkages/referral systems, human resources and IEC. Target populations for the activity are South African NDOH staff, policymakers and National AIDS Control Program staff.

BACKGROUND:

This is an ongoing activity to support the NDOH, and was also funded in FY05. The resources in FY06 are increased significantly due to the addition of new activities. These activities are implemented by CDC staff supporting the NDOH, and will, when necessary, involve contracting out services.

ACTIVITIES AND EXPECTED RESULTS:

The support activities include the following components:

• Support for staff costs for a locally hired CDC staffer to provide support to the NDOH when required in the implementation of the Comprehensive Plan;
• Support for integrated TB/HIV activities in sites providing ART through an evaluation of the extent to which national guidelines for TB screening, diagnosis, referral and care are being implemented in order to identify best practices for improved TB/HIV collaborative activities;
• Support for at least six meetings with external stakeholders providing ARV services, including those supported by the Emergency Plan, to ensure proper coordination with the SAG, and to share lessons in implementing antiretroviral treatment programs;
• Support for capacity building for the National Project Management Team in the NDOH, including the appointment of an additional locally hired staff person (most likely an epidemiologist) to strengthen the work of this management structure and to build project management skills;
• Support for the development and distribution of communication and marketing materials to the nine provincial management teams relating to ART.

These activities will contribute to the implementation of the 2-7-10 Emergency Plan goals by strengthening the capacity of the NDOH to implement the Comprehensive Plan, and ensure improved access to treatment. All activities support the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites	265,000	☐
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

These activities contribute to the indirect ART targets by supporting the NDOH in the implementation of the Comprehensive Plan, by providing financial and technical assistance to ensure greater access to antiretroviral treatment.

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Host country government workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Absolute Return for Kids
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3283
Planned Funds:	
Activity Narrative:	SUMMARY:

Absolute Return for Kids (ARK) will use Emergency Plan funds to provide ART and accompanying support to primary HIV-infected caregivers (predominantly mothers). Although mothers are the primary focus, ARK supports ARV treatment in all of their assisted facilities for all people (adults and children) who are eligible. Target populations for the funded activities include PLWHA, HIV/AIDS affected families, OVC and their caregivers, doctors, nurses, pharmacists and CBOs. Major emphasis areas for the project are human resources and local organization capacity building.

BACKGROUND:
ARK prevents children from being prematurely orphaned by providing life-saving anti-retroviral treatment to mothers and other HIV-infected caregivers. To date, 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 through non Emergency Plan funds. More recently, with the financial assistance from the Emergency Plan, ARK has rolled out into seven facilities in KwaZulu-Natal (KZN). Results anticipated include increased demand for and acceptance of ARV treatment, strengthened infrastructure (minor renovations) of the ARV delivery system in target sites, strengthened human resources and institutional capacity to deliver ARV services, and improved compliance among those on ARV drugs. ARV drugs are supplied by the South African Government for this partner's activities in public sector facilities.

ACTIVITIES & EXPECTED RESULTS:
ARK's primary objective is to keep mothers alive to continue caring for their children. The primary caregiver's continued survival and potential ability to earn a living while receiving ARV treatment will have a substantial impact on the entire extended family. In addition to targeting mothers, ARK supports ARV treatment for all who are eligible at all of their assisted facilities. Maximizing treatment depends on effective testing, counseling and screening by a comprehensive health team. Emergency Plan funds will be used to support and improve infrastructure (minor renovations), 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:
- Provision of additional temporary medical human 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.
- Working with government authorities to develop the necessary processes and systems to manage the program, to ensure that the model created is scaleable, sustainable and replicable elsewhere.
- 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.

To date, ARK has successfully put 3,897 patients onto treatment in the Western Cape and 932 patients in KwaZulu-Natal, prior to receiving Emergency Plan funding. It is estimated that an additional 2,275 patients will be enrolled onto treatment in

KZN with FY06 Emergency Plan funding, directly contributing to the Emergency Plan goal of putting two million people on treatment. ARK will contribute to the Emergency Plan's vision outlined in the USG/South Africa Five Year Strategy by expanding access to ART services for adults and children, building capacity for ART service delivery, and increasing the demand for and acceptance of ARV treatment.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	10	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,275	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,500	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Adults

Community-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Program Area: *HIV/AIDS Treatment/ARV Services*
Budget Code: *HTXS*
Program Area Code: 11
Activity ID: 3286
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program described in Track 1-funded activities in ARV Drugs (#3287) and Basic Care and Support (#3833), and in country-funded activities described in Basic Health Care and Support (#3832), ARV Drugs (#3309) and ARV Services (#3288). This activity is also linked to the JSI smart-card technology activity described in ARV Services (#2943).

SUMMARY:
Catholic Relief Services (CRS) will use Emergency Plan funds to provide antiretroviral services to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support provision of quality ARV services under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. The emphasis areas for these activities include: community mobilization/participation; development of network/linkages/referral systems; human resources and IEC; logistics and needs assessments; and SI and training. The target population is people affected by HIV/AIDS.

BACKGROUND:
AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. In FY05, local USG Mission funding was received to support central funding. The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:
With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. All activities will continue to be implemented in close collaboration with the NDOH HIV/AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG's own rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ACTIVITY 1 (Service Provision):
ARV services will be provided through the 24 field sites to ARV patients through clinic-based and home/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families. 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 who have already received initial training will undergo refresher courses (either in-house or external),

coupled with exchange of training courses and materials between sites with active support from the local training provider, Kimera training center. Treatment adherence training is provided to all patients who are enrolled on the ART program. In most sites home-based care networks will follow-up and support patients. Each site ensures that HIV-positive patients are screened for tuberculosis prior to placing them on antiretroviral treatment, and are referred to TB treatment if they are tested positive. Screening and testing for TB is conducted in a number of different ways, specific to each field site – while screening is conducted by the medical professional at each of the field sites, in most cases patients are referred to the nearby SAG medical facility for TB.

Emergency Plan funding will also support lab services, which are outsourced to a private provider, Toga Laboratories. The pricing structure of Toga for CD4 and viral load testing is the same as that of the public sector, provided by the National Health Laboratory Service. 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.

ACTIVITY 2 (Capacity-building):
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 (JSI ARV Services activity #2943). 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.

Through these activities, CRS will provide ARV Treatment to over 7,500 patients by September 2007 (this total is the combined total from Track 1 and local country funding). ARV drugs are provided to all qualifying HIV/AIDS patients who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically in the 24 partner field sites, about 10% of patients on HIV treatment have been children.

By delivering ARV services to underserved communities in South Africa, these activities will contribute to the realization of the Emergency Plan's goal of providing treatment for two million people living with HIV/AIDS. These activities also support the ARV treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	24	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	187	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	4,172	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,793	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	24	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Catholic Relief Services

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3288

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

These activities are part of an integrated program described in country-funded activities in ARV Drugs (#3309) and Basic Care and Support (#3832), and Track 1-funded activities described in Basic Health Care and Support (#3833), ARV Drugs (#3287) and ARV Services (#3286). This activity is also linked to the JSI smart-card technology activity described in ARV Services (#2943).

SUMMARY:

Catholic Relief Services (CRS) will use Emergency Plan funds to provide antiretroviral services to underserved communities in seven South African provinces. This will be achieved through a strong home-based care model, and through collaboration with the provincial health departments. Activities are implemented to support provision of quality ARV services under the comprehensive ART program carried out by Catholic Relief Services in 24 field sites. *The emphasis areas for these activities include:* community mobilization/participation; development of network/linkages/referral systems; human resources and IEC; logistics and needs assessments; and SI and training. The target population is people affected by HIV/AIDS.

BACKGROUND:

AIDSRelief (the Consortium led by Catholic Relief Services) received a Track 1 award in FY04 to rapidly scale up antiretroviral therapy in nine countries, including South Africa. *In FY05, local USG Mission funding was received to support central funding.* The activity is implemented through two major in-country partners, Southern African Catholic Bishops' Conference (SACBC) and the Institute for Youth Development South Africa (IYD-SA), that provide care and treatment services; and the Futures Group, tasked with providing support for Strategic Information (SI) activities -- reporting to the US Government at the central level and assisting selected sites with their IT infrastructure.

ACTIVITIES AND EXPECTED RESULTS:

With funding provided in FY06 AIDSRelief will continue implementing the activities in support of the South African national ARV rollout. All activities will continue to be implemented in close collaboration with the NDOH HIV/AIDS Unit and the respective provincial authorities to ensure coordination and information sharing, thus directly contributing to the success of the SAG's own rollout and the goals of the President's Emergency Plan. These activities are also aimed at successful integration of AIDSRelief activities into those implemented by the SAG, thus ensuring long-term sustainability.

The 24 existing field sites, activated in FY04, will maintain their existing patient numbers set out for FY05. In the interest of maximizing available funds the focus will be on strengthening the existing sites providing services rather than on assessing and activating new sites. Utilizing technical assistance from AIDSRelief staff members and South African experts, ongoing support and guidance will be provided to sites in form of appropriate refresher medical training courses, patient tracking and reporting, monitoring and evaluation mechanisms and other necessary support.

ACTIVITY 1 (Service Provision):

ARV services will be provided through the 24 field sites to ARV patients through clinic-based and home/community-based activities aimed at optimizing quality of life for HIV-infected clients and their families. 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 who have already received initial training will undergo refresher courses (either in-house or external),

coupled with exchange of training courses and materials between sites with active support from the local training provider, Kimera training center. Treatment adherence training is provided to all patients who are enrolled on the ART program. In most sites home-based care networks will follow-up and support patients. Each site ensures that HIV-positive patients are screened for tuberculosis prior to placing them on antiretroviral treatment, and are referred to TB treatment if they are tested positive. Screening and testing for TB is conducted in a number of different ways, specific to each field site – while screening is conducted by the medical professional at each of the field sites, in most cases patients are referred to the nearby SAG medical facility for TB.

Emergency Plan funding will also support lab services, which are outsourced to a private provider, Toga Laboratories. The pricing structure of Toga for CD4 and viral load testing is the same as that of the public sector, provided by the National Health Laboratory Service. 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.

ACTIVITY 2 (Capacity-building):
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 (JSI ARV Services activity #2943). 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.

Through these activities, CRS will provide ARV Treatment to over 7,500 patients by September 2007 (this total is the combined total from Track 1 and local country funding). ARV drugs are provided to all qualifying HIV/AIDS patients who come to the field sites irrespective of their age, gender, nationality, religious or political beliefs. Historically in the 24 partner field sites, about 10% of patients on HIV treatment have been children.

By delivering ARV services to underserved communities in South Africa, these activities will contribute to the realization of the Emergency Plan's goal of providing treatment for two million people living with HIV/AIDS. These activities also support the ARV treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	*10 - 50*
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Needs Assessment	*10 - 50*

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	24	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	189	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	4,112	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	3,738	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	24	☐

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Caregivers (of OVC and PLWHAs)

Widows/widowers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1

Prime Partner: *Columbia University Mailman School of Public Health*

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3290

Planned Funds:

Activity Narrative: Columbia University's work in ARV Services is one activity receiving support from two funding sources (Track 1: Activity #3290; Country-funded: Activity #3291). All targets for this activity are reported in this Track 1 submission.

INTEGRATED ACTIVITY FLAG:
This Track 1 activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's capacity to provide quality antiretroviral treatment and related support services in urban and rural communities. Emergency Plan funds will continue to support ARV treatment services at six current and 2 new Eastern Cape Department of Health (ECDOH) service sites, including recruitment of staff, training, infrastructure development, and information system management. The project is implemented through an ongoing collaboration between ECDOH and the Mailman School of Public Health (MSPH) at Columbia and is expected to provide ART for up to 6,300 individuals in the Eastern Cape by September 2007. The major emphasis area will be healthcare financing, with minor emphasis given to the development of network/linkage/referral systems, human resources, infrastructure, local organization capacity development and quality assurance and supportive supervision. The target population will include children and youth (non-OVC), adults, PLWHA (including HIV-positive infants and children and their families), and public and private sector healthcare workers (doctors, nurses, pharmacists, lab workers and others). Community-based organizations will also be targeted.

BACKGROUND:
Columbia University (Columbia) has an ongoing collaboration with the ECDOH to support ARV services at designated points of service. Columbia has been directly supporting HIV treatment services in the districts of OR Tambo, Amatole and Alfred Nzo. The current participating facilities are composed of five hospitals: St Patrick's, Holy Cross, Rietvlei, Frere and Cecilia Makiwane hospitals and their 19 primary care clinics, and one NGO: the Ikhwezi Lokusa Wellness Center. In 2006, Columbia plans to begin supporting pediatric ART services in Port Elizabeth, specifically in Dora Nginza and Livingstone Hospitals. Columbia will implement these programs by building on its experience and success in providing HIV care to over 5,700 patients and ART to 1,124 patients over the last 18 months in the Eastern Cape.

ACTIVITIES AND EXPECTED RESULTS:

Four programmatic areas will be addressed.

ACTIVITY 1 (Clinical Monitoring):
Columbia will continue to support the management of patients on ART by providing technical assistance in HIV clinical care to health care providers. In FY06 more focus will be given to providing ART to eligible infants and children at all supported sites, with an aim of increasing overall ART enrollment of infants and children to at least 10% of the total number of individuals on ART. Activities in this area will include:
• Recruiting two additional clinical advisors to support clinical mentoring activities at the new sites (all recruitment is through the Eastern Cape Regional Training Center).

• Recuiting additional staff at the sites to provide clinical care (four doctors and eight nurses).
• Establishing referral linkages with identified entry points into HIV treatment: CT, PMTCT, TB and STI services.

ACTIVITY 2 (Community Based support):
A supportive network will be created for patients on ART through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV treatment services. Twenty lay counselors/community health workers and 10 peer educators will be hired to implement community mobilization activities.

ACTIVITY 3 (Training and on-site clinical mentoring):
Currently, healthcare providers rendering services at the ART sites participate in ongoing training events and are supported with regular clinical and supportive supervision. Columbia will continue to support the training of community health care workers and peer educators to offer ART adherence counseling and support. Columbia will also support didactic training and onsite clinical mentoring in ART services for medical doctors and nurses. This training will ensure that clinics adhere to national and international standards of care.

ACTIVITY 4 (Information system):
Columbia will continue to support the implementation of a provincial information system that captures information on HIV palliative care and ART. Activities in this program area will include:
• Implementation of facility-based non-ART and ART registers that capture both adult and pediatric ART and non-ART indicators.
• Hiring four data capturers and two data managers for site support.

It is expected that a total of 6,300 patients will be enrolled in ART by end of September 2007. Activities in all these health facilities will be undertaken to create sustainable ART programs that offer comprehensive HIV care and treatment as well as ARV drugs.

By supporting ARV service delivery programs that will assist more than 6,000 patients by the end of FY07, Columbia University will contribute to the realization of the Emergency Plan's goal of treating two million people with ARV drugs. These activities will also support efforts to meet the treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	51 - 100
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Infrastructure	10 - 50

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
Children and youth (non-OVC)
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Doctors (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Columbia University Mailman School of Public Health
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	*HIV/AIDS Treatment/ARV Services*
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3291
Planned Funds:	

Activity Narrative: Columbia University's work in ARV Services is one activity receiving support from two funding sources (Track 1: Activity #3290; Country-funded: Activity #3291). All targets for this activity are reported in the Track 1 submission.

INTEGRATED ACTIVITY FLAG:
This country-funded activity is part of a comprehensive program that receives both Track 1 and country funding. Columbia's Track 1-funded submission includes activities described in the Basic Care and Support (#3828), ARV Drugs (#3289) and ARV Services (#3290). Columbia's country-funded submission is comprised of activities described in the Basic Care and Support (#3319), TB/HIV (#3320), Counseling and Testing (#3321), ARV Drugs (#3318) and ARV Services (#3291).

SUMMARY:
Columbia University (Columbia) will use Emergency Plan funds to strengthen the Eastern Cape Department of Health's capacity to provide quality antiretroviral treatment and related support services in urban and rural communities. Emergency Plan funds will continue to support ARV treatment services at six current and 2 new Eastern Cape Department of Health (ECDOH) service sites, including recruitment of staff, training, infrastructure development, and information system management. The project is implemented through an ongoing collaboration between ECDOH and the Mailman School of Public Health (MSPH) at Columbia and is expected to provide ART for up to 6,300 individuals in the Eastern Cape by September 2007. The major emphasis area will be healthcare financing, with minor emphasis given to the development of network/linkage/referral systems, human resources, infrastructure, local organization capacity development and quality assurance and supportive supervision. The target population will include children and youth (non-OVC), adults, PLWHA (including HIV-positive infants and children and their families), and public and private sector healthcare workers (doctors, nurses, pharmacists, lab workers and others). Community-based organizations will also be targeted.

BACKGROUND:
Columbia University (Columbia) has an ongoing collaboration with the ECDOH to support ARV services at designated points of service. Columbia has been directly supporting HIV treatment services in the districts of OR Tambo, Amatole and Alfred Nzo. The current participating facilities are composed of five hospitals: St Patrick's, Holy Cross, Rietvlei, Frere and Cecilia Makiwane hospitals and their 19 primary care clinics, and one NGO: the Ikhwezi Lokusa Wellness Center. In FY06, Columbia plans to begin supporting pediatric ART services in Port Elizabeth, specifically in Dora Nginza and Livingstone Hospitals. Columbia will implement these programs by building on its experience and success in providing HIV care to over 5,700 patients and ART to 1,124 patients over the last 18 months in the Eastern Cape.

ACTIVITIES AND EXPECTED RESULTS:
Four programmatic areas will be addressed.

ACTIVITY 1 (Clinical Monitoring):
Columbia will continue to support the management of patients on ART by providing technical assistance in HIV clinical care to health care providers. In FY06 more focus will be given to providing ART to eligible infants and children at all supported sites, with an aim of increasing overall ART enrollment of infants and children to at least 10% of the total number of individuals on ART. Activities in this area will include:
• Recruiting two additional clinical advisors to support clinical mentoring activities at the new sites (all recruitment is through the Eastern Cape Regional Training Center).
• Recuiting additional staff at the sites to provide clinical care (four doctors and eight

nurses).
• Establishing referral linkages with identified entry points into HIV treatment: CT, PMTCT, TB and STI services.

ACTIVITY 2 (Community Based support):
A supportive network will be created for patients on ART through community mobilization efforts and the creation of wellness centers aimed at enhancing community involvement in HIV treatment services. Twenty lay counselors/community health workers and 10 peer educators will be hired to implement community mobilization activities.

ACTIVITY 3 (Training and on-site clinical mentoring):
Currently, healthcare providers rendering services at the ART sites participate in ongoing training events and are supported with regular clinical and supportive supervision. Columbia will continue to support the training of community health care workers and peer educators to offer ART adherence counseling and support. Columbia will also support didactic training and onsite clinical mentoring in ART services for medical doctors and nurses. This training will ensure that clinics adhere to national and international standards of care.

ACTIVITY 4 (Information system):
Columbia will continue to support the implementation of a provincial information system that captures information on HIV palliative care and ART. Activities in this program area will include:
• Implementation of facility-based non-ART and ART registers that capture both adult and pediatric ART and non-ART indicators.
• Hiring four data capturers and two data managers for site support.

It is expected that a total of 6,300 patients will be enrolled in ART by end of September 2007. Activities in all these health facilities will be undertaken to create sustainable ART programs that offer comprehensive HIV care and treatment as well as ARV drugs.

By supporting ARV service delivery programs that will assist more than 6,000 patients by the end of FY07, Columbia University will contribute to the realization of the Emergency Plan's goal of treating two million people with ARV drugs. These activities will also support efforts to meet the treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Health Care Financing	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	*Target Value*	*Not Applicable*
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,450	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	6,300	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	5,670	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	1,500	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Men (including men of reproductive age) (Parent: Adults)

Women (including women of reproductive age) (Parent: Adults)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: track 1

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: N/A

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3296

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

The Elizabeth Glaser Pediatric AIDS Foundation's (EGPAF) ARV Services activity is linked to its Track 1 activities in ARV Drugs (#3297) and Basic Care/Support (#3808) and to its country-funded activities in Basic Care/Support (#3805), ARV Services (#2917) and ARV Drugs (#3806).

SUMMARY:

EGPAF will use Emergency Plan funds to continue ARV treatment services at McCord Hospital, an FBO in Durban, and at the Africa Centre, an NGO also based in Durban. These funds will also be used to expand care and treatment services (including infrastructure development and clinical training courses) to the HIV treatment programs at the Ithembalabantu clinic in Umlazi township, Durban. Emergency Plan funds in this program area have also been budgeted for care and treatment activities at new sites in the Free State. The major emphasis area for this activity is quality assurance and supportive supervision, with additional emphasis on training, SI, local organization capacity development, infrastructure, human resources and the development of network/linkage/referral systems. The target populations will include private and public sector health care workers and NGOs, PLWHA and families affected by HIV/AIDS.

BACKGROUND:

HEART/SA (Helping Expand ART) is part of a broader initiative by EGPAF to support care and treatment services worldwide. It was initiated with FY04 Emergency Plan funds and has grown substantially since then. The program is focused on integrating PMTCT services into a family-centered model of care that includes access to treatment for pregnant women, partner testing and screening for TB. McCord Hospital, an FBO, and the Africa Centre, an NGO, are current HEART partners and will continue with FY06 funds. New HEART partners will include (i) two government DOH (Free State and KwaZulu-Natal through the Pediatric Outreach Program), and (ii) the AIDS Healthcare Foundation's care and treatment program in Umlazi township in Durban.

ACTIVITIES:

ACTIVITY 1 (New Activities):

Activities at Free State sites are still under discussion, but will focus on training and mentoring healthcare workers in advanced ART service delivery. This training will focus on pediatric aspects of ART and, as such, will include information on care and treatment for new mothers and pregnant women (increasing gender access to HIV/AIDS programs, key legislative issue). Specific activities are likewise still being discussed for the Ithembalabantu clinic in Umlazi township. These activities are expected to focus on infrastructure development, specifically clinic renovations to facilitate the storage and delivery of ARV drugs.

ACTIVITY 2 (McCord Hospital):

Through the McCord Hospital family-centered model of care and the Africa Centre Care and Treatment programs, HEART provides comprehensive ARV services by funding infrastructure, training clinicians and other health providers. Examinations, clinical monitoring and related laboratory services are offered to all HIV infected adults and children. McCord hospital has an adherence program, and has developed adherence assessment tools for adherence monitoring. Both McCord Hospital and Africa Centre provide and support community-adherence activities.

ACTIVITY 3 (Integration of Services):

Integration of ARV services with other services will occur at various levels, as with

the integration of PMTCT and TB services. At McCord, all HIV-positive adults and children are routinely screened for TB as part of the clinical assessment to determine eligibility for ART. Those who are diagnosed with TB are initiated on TB treatment on-site and are referred to a local PHC facility for further management. CD4 testing is also routinely offered to all HIV-positive adults and children. Eligibility for ART is determined based on the test results. Eligible patients are either started on therapy at the on-site clinic (following three adherence counseling sessions) or referred to a wellness clinic. For early diagnosis in the PMTCT program, HIV-exposed infants are offered PCR testing and cotrimoxazole prophylaxis at six weeks of age. Infants who test positive are referred to the on-site care and treatment program for management.

ACTIVITY 4 (Referral Systems):
A referral system (outreach program) is planned for Pietermaritzburg. The main objective of this system will be to provide sustained and comprehensive treatment for HIV-positive children and adults at the primary healthcare level, with ongoing support from the referral hospital. This system is designed to increase uptake by facilitating accessibility for new patients. In this way, new patients are enrolled and/or have treatment initiated at the hospital while existing (stable) patients are cared for at the primary healthcare facility level. The ultimate goal will be to support systems that improve access to pediatric care and treatment. The key activities will include training of health workers, development of sustainable channels of communication and referral, and adherence assessment. The program will be run by mobile clinical teams including nurses, lay counselors, data capturers and pharmacy assistants. The core teams will be responsible for processing new patients for ART. This will include diagnosing HIV infection or AIDS disease, performing ART eligibility assessments, and referring patients to hospitals or primary healthcare facilities, as available, to begin ART. EGPAF believes this combination of activities is also a powerful tool to combat stigma and discrimination (key legislative issue). While not all primary healthcare facilities will be able to deliver ART to patients immediately, they will nonetheless provide ongoing clinical care for patients, including CD4 testing every six months. Those primary healthcare facilities that are unable to dispense ART immediately will be upgraded throughout the course of the program.

EGPAF and its sub-partners will identify and address program gaps and needs at each participating site. EGPAF may provide modest temporary shelters or renovate existing buildings to ensure primary healthcare facilities have adequate work spaces to deliver ART to enrolled patients. EGPAF will also provide technical assistance, financial and in-kind support, and assist in the establishment of an M&E program. EGPAF's intent with these activities is to facilitate national and provincial HIV/AIDS care and treatment plans with the goal of ultimately transferring the programs described above to the SAG.

EXPECTED RESULTS:
In FY05, EGPAF's HEART program (financed by Track 1 funds) will provide ART and support to more than 1,200 newly enrolled patients. In FY06, EGPAF plans to embark on a growth strategy to reach more than 2,200 newly initiated patients (1,841 funded through Track 1) by September 30, 2006, for a total of 7,000 patients (5,127 funded through Track 1) receiving ART. By September 2007, EGPAF's HEART program will reach another 2,000 new patients (1,611 funded through Track 1), for a total number of patients receiving ART in excess of 9,700 (7,286 funded through Track 1). This growth in patient numbers will be achieved by expanding the efforts of existing HEART programs, enrolling new sub-partners, and supporting the efforts of the DOH at the provincial and district levels. At least 10% of all patients are expected to be children between the ages of 0-14 years.

By providing capacity building support to ART service providers in an underserved area of South Africa, EGPAF will contribute to the Emergency Plan's goal of providing ART to two million people. In addition, these activities are in line with the USG Five Year Strategy for South Africa by increasing access to high quality ART in an equitable and sustainable manner.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Infrastructure	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	9	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,611	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	8,096	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	7,286	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	45	☐

Target Populations:

Adults

Country coordinating mechanisms

Faith-based organizations

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Children and youth (non-OVC)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Laboratory workers (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas

Free State

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: HIVCARE
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3299
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This ARV Services activity is linked to HIVCare's activities described in the ARV Drugs program area (#3298).

SUMMARY:
HIVCare will use Emergency Plan funds to work with the Free State Department of Health to provide antiretroviral treatment to patients who do not have private medical insurance. In addition to providing ARV medication, this program will also support patient care, including blood tests, doctor consultations, management for patients who default on their treatment, disease specialist interventions and individualized case management. The major emphasis area for this program will be human resources, with minor emphasis given to commodity procurement, quality assurance and supportive supervision, training and clinical monitoring. The target population includes men and women, families of those infected and affected, factory workers and other employed persons, and SAG employees – specifically teachers, nurses and other health workers. The most significant specific target group includes people of working age who cannot access services through the Free State's public health services.

BACKGROUND:
This project began in June 2005 with Emergency Plan funding. The main thrust of the activity was to match the Free State Department of Health (FSDOH) with partners from the private sector (in this case Netcare, the largest private sector health provider in South Africa, through the Medicross Medical Centre) in order to build private sector capacity and absorb some of the burden from state facilities. Many FSDOH centers have waiting lists of people waiting to go on ARV treatment. Patients from these overflow lists who meet the eligibility criteria for this program will be referred from those clinics to the Medicross Medical Centre in Bloemfontein for treatment. HIVCare's initial goal of serving six sites was reduced to one site in FY06 due to Emergency Plan funding constraints. The FSDOH is a collaborating partner in this project.

ACTIVITIES AND EXPECTED RESULTS
The Medicross Medical Centre will provide all medical services related to the delivery of HIV care and treatment. Management and coordination activities will be provided by HIVCare. Patients will be referred from public clinics in the FSDOH network to the Medicross Centre based on the following criteria:
• Clinical criteria (CD4 <200 cells/mm3 or WHO stage III or IV)
• Inability to pay (lack of private insurance or state coverage)
• Overcrowding at referring clinic

Among the non-medical criteria for enrollment (based on the SAG Comprehensive Plan and a request from the FSDOH), is that the patients have a stable point of contact to assure continued follow-up. HIVCare relies heavily on telephone access to ensure that patients keep scheduled physician visits, collect their medication, and respond to other questions. Government employees will receive assistance only as far as they are unable to provide for themselves through existing structures (public sector clinics) and medical insurance.

In addition to clinic referrals, Free State government employees (e.g., teachers) will be encouraged to contact Medicross/HIVCare on their own. Currently many state employees are unwilling to approach FSDOH clinics for treatment out of fear of stigmatization. The Medicross Centre is being promoted among state employees in the Bloemfontein area as an alternative care and treatment site that is not "under

their employer's control".

Patients referred to the program receive Emergency Plan-funded consultations and exams from Medicross Centre physicians, who will also order relevant tests and refer patients to expert specialists when necessary. The package of care also includes counseling and testing (for patients who do not know their status), adherence counseling, and access to short-term nutrition support (as per the national guidelines). Treatment for opportunistic infections is specifically excluded from the menu of free care provided by the program. While patients with these infections may still receive treatment from the Medicross Centre, they will be responsible for the cost. Likewise, treatment for TB can be obtained from the Centre, however these costs must be assumed by the patient. Due to the high cost of TB medications, most patients are referred back to state-run clinics for TB care and treatment. In these instances, a referral letter is provided from Medicross to the public clinic with a request for information about the patient's TB regimen. This information is critical for Medicross/HIVCare physicians and case managers in order to avoid potential adverse drug reactions.

In order to provide these services, three additional nursing sisters (registered nurses) will be trained in ARV services. Emergency Plan funds will also pay stipends for five other nursing sisters involved in individualized case management for HIV/AIDS patients enrolled at the Medicross Centre. This individualized management approach will also include telephone support for patients and their families.

This program area will promote the public-private partnership between HIVCare/Medicross and the FSDOH. This partnership strengthens the system of both parties and allows for the sharing of knowledge and skills. This public-private partnership has been ongoing for a number of years and includes the greater Netcare Group in the Free State. In addition to providing treatment to eligible patients, HIVCare will use Emergency Plan funds to support one of the FSDOH sites through capacity building (training) and assisting the public sector site to improve case management.

By providing comprehensive ARV services to 730 patients, and promoting ARV services for a large population of underserved PLWHA (people without private insurance), HIVCare is contributing to the Emergency Plan's goals of placing two million people on ARV drugs and providing care for 10 million others who are infected with HIV. These activities also support care and treatment objectives outlined in the USG Five Year Strategy for South Africa by expanding public-private partnerships and expanding care to an underserved population.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	1	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	36	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	766	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	730	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	3	☐

Target Populations:

Adults

Factory workers (Parent: Business community/private sector)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Teachers (Parent: Host country government workers)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Free State

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: American Center for International Labor Solidarity
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3314
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated comprehensive prevention education and care and treatment program for the South African labor movement. It includes activities described in the Other Prevention (#3322), CT (#3003), ARV Drugs (#3001), AB (#3004), and Policy Analysis/Systems Strengthening (#3546) program areas.

SUMMARY:

Emergency Plan funds will be used by the American Center for International Labor Solidarity (ACILS) in three targeted provinces (KwaZulu-Natal, Eastern Cape, Mpumalanga) to provide ART and home-based adherence counseling to teachers and their spouses as part of the Prevention, Care and Treatment Access (PCTA) program for South African Educators. The major emphasis areas for this program will be commodity procurement and training, with minor emphasis given to the development of a network/linkages/referral system, SI, community mobilization/participation and workplace programs. The target population will be teachers living with HIV/AIDS.

BACKGROUND:

The recent Human Sciences Research Council of South Africa (HSRC) study of HIV prevalence among teachers revealed that 12.7% of the approximate 360,000 teachers in government schools are HIV-positive. Of these approximately 22,000 have CD4 counts of <350 cells/mm3 and approximately 11,000 have CD4 counts of <200 cells/mm3. Based on the HSRC's mortality study at least 4,000 teachers died of AIDS complications in 2004. The three provinces targeted for PCTA pilot program were selected because the teacher HIV prevalence is higher then the national norm; all districts in KZN and the border districts in the Eastern Cape and Mpumalanga have HIV infection rates of 19% or higher, with young women teachers in some districts in KZN close to 40%.

While treatment is a new activity for teacher unions, it is a follow-on to the CT advocacy program that SADTU, the largest of the unions, has been conducting in the three provinces with support from Education International and The American Federation of Teachers Educational Foundation (AFTEF). Tshepang Trust, established by the South African Medical Association (SAMA) for the express purpose of providing clinical management of ART, will be awarded a sub-grant to implement ART services. The Trust has recruited 100 private physicians to provide these services, all of whom have been trained by the Foundation for Professional Development (FPD) under an Emergency Plan grant. AFTEF will take the lead on treatment advocacy and AED will be responsible for monitoring and evaluation.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Providing ART services):

Treatment will be provided according to SAG treatment protocols, and will include pre-treatment counseling and the assignment of an adherence counselor (see Activity 2). All physicians will have access to Specialist Provider backup, a centralized, specialist HIV and AIDS knowledge pool, structured through an efficient remote-medicine infrastructure network and administered through a contracted chronic disease management program. The PCTA projects that at least 1,650 teachers/spouses will access treatment in FY06 and 700 additional individuals will be reached in FY07.

ACTIVITY 2 (Home-Based Adherence Counseling):

Tshepang Trust doctors will recruit 75 adherence counselors from community-based organizations that provide care and counseling, former nurses, PLWHA, church groups, etc. ACILS will provide the adherence counselors with a comprehensive four-day training course held in each of the three provinces. The training curriculum will include knowledge about the drug protocols and potential patient reactions, skills to use in negotiating adherence to the drug protocol, psychosocial counseling methods, as well as information on healthy living, stigma reduction (key legislative issue), and details of reporting required by the doctors and Tshepang Trust. Each training session will include pre- and post-testing to determine qualifications.

Adherence counselors (each assigned to a specific Tshepang Trust doctor) will be responsible for the continued home-based support and monitoring of teachers and their spouses who are receiving treatment under this program. The counsellor will reinforce the treatment readiness counselling (provided by the doctor prior to treatment initiation), providing general information to the patient about HIV and drugs and potential reactions, in addition to advising the patient on healthy living. The adherence counsellor will visit the patient regularly in his or her home (at least once a month) in order to monitor adherence to the pill taking regimen and to watch for side-effects. In an arrangement between Tshepang Trust and Cell C, adherence counselors will be provided cell phones so that they may file their reports to the doctors by text messaging. These reports will be filed daily and focus on pills counts and problems experienced by specific patients.

ACTIVITY 3 (Monitoring and reporting):
Tshepang Trust is using the Business Systems Group's SMART (Smart Management of Anti-Retroviral Treatment) software program and IBM hardware for tracking the client services of the doctors, treatment adherence, drug distribution and all related costs. Doctors will file a daily report and the Tshepang Trust will provide AED with timely monthly reports. AED will have access to daily information generated by Tshepang Trust's provincial monitoring system which tracks patient flow from the first point of contact with the doctor throughout the treatment process.

ACTIVITY 4 (Publicizing Treatment Availability for Teachers):
A provincial listing of Tshepang Trust doctors will be made available to all teachers through internal teacher union publications and the ongoing peer education activities in the schools. NGOs with treatment hotlines will provide information directing teachers to Tshepang doctors.

By providing a complete line of ARV services, including patient eligibility testing and drug procurement, ACILS will provide life-extending care and treatment to 2,350 HIV-infected teachers by the end of FY 07. These accomplishments will directly contribute to the Emergency Plan's goals of providing comprehensive HIV/AIDS care to 10 million people and ARV treatment to two million. These activities will also support the care and treatment objectives laid out in the USG Five Year Plan for South Africa.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Workplace Programs	10 - 50
Community Mobilization/Participation	*10 - 50*
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	100	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	700	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,350	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,115	☐
Total number of health workers trained to deliver ART services, *according to national and/or international standards (includes* PMTCT+)		☑

Target Populations:

People living with HIV/AIDS

Teachers (Parent: Host country government workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Eastern Cape

KwaZulu-Natal

Mpumalanga

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	IBM
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3324
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

With [redacted] in Emergency Plan funding, the Joint Economics, AIDS and Poverty Program (JEAPP) is supporting 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. Activities 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. While the evaluation is on-going, no further funding is needed.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3334
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity also relates to I-TECH activities described in the Policy/Systems Strengthening program area (#3335). In addition, this activity is linked to the activities carried out by the Eastern Cape Regional Training Center, described in the ARV Services program area (#3035).

SUMMARY:
I-TECH will use Emergency Plan funds to support the public health system in the Eastern Cape Province as it scales up to provide quality, integrated HIV/AIDS services. The activities under this program area provide intensive one week, on-site clinical mentoring to key clinicians (i.e. doctors, nurses, pharmacists) at hospitals throughout the Eastern Cape Province. Quality assurance and supportive supervision (particularly the latter) will be the major emphasis areas addressed by this program, with minor emphasis given to the development of networks/linkages/referral systems, local organization capacity development, and training. The target population will include public and private doctors and pharmacists, as well as nurses in the public health sector.

BACKGROUND:
In FY05 I-TECH activities in the Eastern Cape (EC) focused on PMTCT, but based on current needs FY06 activities will focus on ARV services. The FY06 activities under this program area will be implemented by the I-TECH sub-partner, the University of California-San Diego (UCSD) Owen Clinic. The UCSD team will build upon the on-site clinical mentoring activities that commenced on a limited basis in FY05 with Emergency Plan funding. The report from the last ARV trainings conducted in May 2005 by a UCSD clinician in the Eastern Cape (EC) Province indicated that, with very few exceptions, the ARV expertise in EC hospitals and clinics is inadequate. Intensive on-the-job mentoring of senior level doctors and nurses has been identified by the Eastern Cape Department of Health (ECDOH) AIDS Directorate and the Eastern Cape Regional Training Center (ECRTC) as a major FY06 ECRTC activity. The I-TECH activities listed below will support the ECRTC by providing highly experienced US clinicians to conduct intensive mentoring sessions in selected EC hospitals and clinics.

ACTIVITIES AND EXPECTED RESULTS:
FY06 Emergency Plan funding will support a portion of UCSD Owen Clinic administrative staff time and the salaries, travel, lodging and expenses of four Owen Clinic teams. These teams of two HIV specialists (e.g. a physician and nurse practitioner, a physician and pharmacist, and/or pediatricians depending on the needs of each hospital/clinic) will travel to the EC for four-week visits to provide intensive on-the-job mentoring to five senior HIV care providers (doctors, nurses, pharmacists) from each of 10 hospitals/clinics in the EC. In addition, the US-based clinical mentors will share best practices, lessons learned and real-life case studies with their South African counterparts.

Six hospitals in the Mthatha, East London, and Grahamstown areas have been identified for these visits based on recommendations from the FY05 activities. The remaining four sites will be determined (based on need) during an October 2005 visit. The ECRTC medical team will provide logistical support and coordinate the mentoring visits conducted by the Owen Clinic, and will conduct monthly follow-up mentoring with supportive supervision site visits.

Training and mentoring will be provided to both public and private sector clinicians because patients go between both sectors for their care. I-TECH supports the ECRTC's public-private partnership initiative by training private and public care doctors

to, for example, make treatment approaches consistent with national guidelines and identify areas for improvement in levels of care and referral systems linkages. I-TECH will assist the ECRTC to implement systematic plans and processes to enhance continuity at different levels of care (e.g. clinics to district hospitals to referral hospitals). I-TECH also supports the ECRTC in its efforts to support the Eastern Cape's other Emergency Plan partners by providing intensive physician training/mentoring at health facilities throughout the province. I-TECH's FY06 activities will build upon FY05 achievements which included sending seven clinicians to conduct on-site training and mentoring/monitoring visits at hospitals and clinics throughout the EC. Seven clinicians trained 880 health care providers in ARV care and treatment services; 872 on palliative care, including pediatric HIV management; 54 on PMTCT; and 36 on counseling and testing.

Clinical mentoring activities support the Emergency Plan's 2-7-10 objectives by training health care workers in the provision of ARV therapies, assuring the quality of the HIV/AIDS care delivered, and building the capacity of senior doctors in hospitals throughout the EC to mentor other EC health care workers in the care and treatment of persons with HIV/AIDS. All of these activities support the Emergency Plan goal of providing treatment for two million individuals, and the USG Five Year *Strategy for South Africa* goals of building capacity to place more HIV-positive patients on antiretroviral therapy.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	50	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Coverage Areas

Eastern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Twinning Project
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3337
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is related to the twinning activity described in the Basic Health Care and Support (#3900) program area.

SUMMARY:
The American International Health Alliance (AIHA) will continue a South-South twinning partnership to strengthen the ability of two district hospitals in rural North West Province to provide high-quality, integrated HIV, TB, and palliative care services to patients seeking treatment at hospitals/clinics in the Brits referral network. The major emphasis area for the activity is local organization capacity building, with additional emphases in training, development of network/linkages/referral systems, human resources, quality assurance and supportive supervision, and strategic information. The activity targets public health care providers at the public facilities, and PLWHA and HIV-affected families using their services.

BACKGROUND:
American International Health Alliance (AIHA) facilitates the twinning partnership (key legislative issue) between The Foundation for Professional Development (FPD) and Brits District Hospitals, which commenced on a limited basis in September FY05 with AIHA core funding. AIHA is a new partner for the USG South Africa, but the FY06 activities under this program area represent a continuation of FY05 start-up activities that will continue to be implemented directly by the FPD (South Africa) through a South-South Twinning Partnership with district hospitals. A US-based partner (including a volunteer component, key legislative issue) may be selected in order to rapidly build capacity according to evolving needs identified by the partners. The activities under this program area are partially funded via the USG SA Emergency Plan allocation and partially through central AIHA Emergency Plan funding.

ACTIVITIES AND EXPECTED RESULTS:

Three activities will take place as a result of this partnership:

ACTIVITY 1:
The objective of this activity is to strengthen the operational/management systems in the Brits HIV/AIDS Clinic. FPD will:
- Place a clinic manager to analyze the facility situation and suggest improvements in patient booking and tracking; patient flow; patient records; infection control procedures; and linkages to other clinics, including the pharmacy, SI, etc.;
- Develop policies/guidelines that define the roles of nurses and other personnel within the clinic;
- Develop activities/programs to help recruit and retain clinic staff (e.g., "care for the caregiver" programs; creative, non-monetary incentives; addressing fear and stigma, etc.) and improve the physical working environment of staff.

Where needed clinical and managerial staff will be seconded by FPD to support the achievement of this objective.

ACTIVITY 2:
To assist in the development of an Integrated HIV/TB/Palliative Care model, FPD will:
- Improve communication between relevant services at Brits Hospital (e.g., HIV [adult and pediatric], TB, palliative care, pharmacy);
- Share and adapt successful programs and operational systems across units;
- Strengthen and coordinate VCT across relevant HIV services;
- Determine where services can be integrated and where they should remain

separate;
- Provide technical assistance/training to appropriate Brits' administrative personnel in the areas of fund raising and creating public/private partnerships;
- Provide technical assistance for fundraising.

ACTIVITY 3:
Down-referral refers to strengthened linkages with community-based treatment facilities for ongoing care, thereby increasing throughput capacity in the specialist clinic for evaluation, initiation of ART and difficult cases. To strengthen Brits Hospital's HIV/AIDS Down-referral System to Odi Hospital, FPD will carry out the following:
- Increase communication and information sharing between the units in the referral network;
- Ensure that the down referral site is adequately staffed, equipped and that the physical working environment is adequate (such support could include placement of staff from FPD and minor refurbishment);
- Develop and implement a strategic plan to provide training and technical assistance to referral hospitals and clinics.

The Twinning Center activities support the vision outlined in South Africa's Five Year Strategy by establishing a formal, substantive, long-term robust South-South partnership that strengthens the capacity of government health care facilities to integrate HIV/TB/Palliative care and treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	900	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	1,500	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	1,440	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

HIV/AIDS-affected families

People living with HIV/AIDS

Public health care workers

Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Twinning

Volunteers

Coverage Areas

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 3339
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

ARV Services form one component of the South African National Defence Force's (SANDF) comprehensive approach to HIV/AIDS prevention, care and support funded through the U.S. Department of Defense and described in the AB (#2977) Other Prevention (#2978), Basic Care and Support (#2980), OVC (#2980), Strategic Information (#2981) and Counseling and Testing (#2982) program areas. ARV services are linked to the SANDF – ARV project, assisted through USAID and Right to Care, which supports these activities with the provision of ARV drugs (#3348) and laboratory services (#5380).

SUMMARY:

SANDF, through its comprehensive HIV/AIDS project known as Masibambisane, will continue its phased rollout of ARV services for the South African military by building capacity among health care workers and pharmacists, equipping pharmacies, and carrying out a pilot project on drug adherence. The emphasis areas for this program area are infrastructure, IEC, training and quality assurance and supportive supervision. ARV Service activities will target several military populations: children, youth and adults, family planning clients and pregnant women, while training will be directed at health care workers working in military health facilities.

BACKGROUND:

The activity commenced in FY05 with PEPFAR funding and focused on the preparation of pharmacies at the first military ARV rollout site. This activity will expand to include laboratory support and services for clinical monitoring as part of the treatment component of the Masibambisane program. The main emphasis of these activities will be to ensure that the required capacity exists in the SANDF among health care workers and health care facilities to ensure appropriate treatment and adherence support for treatment.

Note that ART-related laboratory services and drug procurement will be carried out under a separate funding mechanism (see integrated activity information, above) managed by USAID and assisted by Right to Care. Aggregate targets are listed under the USAID/Right to Care entry (#5380).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Capacity Building):

Masibambisane will prepare health care workers and specifically pharmacists as the rollout phases progress, through supportive supervision. This activity will also include the purchase of equipment in some pharmacies, such as appropriate cooling equipment, and upgrading of existing pharmacy consultation rooms where the need exists.

ACTIVITY 2 (Training):

Masibambisane will train the various health care workers within the multi-professional team to ensure appropriate treatment with IEC support. The goal is to train most of the South African Military Health Service multi-professional team members in ARV treatment and PMTCT.

ACTIVITY 3 (Adherence Initiative):

Masibambisane will implement a pilot project on drug adherence at some of the first rollout sites, using the motivational interviewing technique. This activity will involve training for personnel at the sites in the interviewing technique and pilot implementation. Pending results of the pilot, this technique may be implemented

more broadly in the organization.

All activities will be closely monitored with supervision and support by project coordinators, the HIV program manager and the monitoring and evaluation coordinator for quality assurance. These activities support USG/South Africa's Five Year Strategy by expanding ARV treatment services, and contribute to the Emergency Plan goal of providing such treatment to two million patients.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Doctors (Parent: *Public health care workers*)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Military personnel (Parent: Most at risk populations)
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Northern Cape Department of Health

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 3347

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to the Northern Cape DOH ARV Drugs activity (#3924) described in that program area.

SUMMARY:
Northern Cape Province Department of Health (NC DOH) will use Emergency Plan funds to strengthen the capacity of health care providers to deliver ARV Treatment services to eligible HIV-positive individuals and to improve the overall quality of clinical and community-based health care services. The major emphasis area for this activity is human resources and the populations to be targeted include people affected by HIV/AIDS and public health care providers.

BACKGROUND:
The Northern Cape DOH (NC DOH) submitted a request to the USG/South Africa for assistance with its public sector ARV rollout. Right to Care (RTC) will provide that assistance. Right to Care (RTC) is a South African NGO established in 2001 that builds public and private sector capacity to deliver safe, effective and affordable antiretroviral therapy. RTC's ARV Treatment (ART) services are a continuation of ongoing activities, which have been USG-funded since the commencement of RTC interventions in 2002. Since its establishment, RTC's ART rollout has rapidly expanded through a range of partnerships with government sites, private sector providers and NGO and FBO clinics/organizations, and is now reaching substantial numbers of people from predominantly vulnerable populations. RTC has trained 819 healthcare workers in ART in the 12-month period up to 31 March 2005, and was reaching 4,572 patients with ART by 30 June 2005. With further cooperation of the NDOH, RTC is focused on supporting the SAG sites in more remote areas of the country.

ACTIVITIES AND EXPECTED RESULTS:
With the Emergency Plan funds earmarked for the NC DOH, RTC will expand its support for the NC DOH by supporting two new treatment sites, Springbok Hospital and De Aar Hospital. These sites have been chosen by the NC DOH for support due to their remote rural position, lack of infrastructure and personnel resources. Emergency Plan funds will be used to support doctors, nurses and counsellors. Emergency Plan funds will also be used to address infrastructure needs at these as well as other Northern Cape Province government treatment sites, based on the findings of site needs assessments.

Each ART patient will receive a minimum package of ART services, including clinical and pathology monitoring, adherence counselling and support, and follow-up of defaulting ART patients. Adherence activities will include a focus on reducing stigma and encouraging disclosure in order to enhance drug compliance and to improve patient retention. Emphasis will be placed on increasing the number of HIV-positive children and pregnant women on ARVs.

In the delivery of medical ART services, doctors are given ongoing support in clinical decision-making, scripting and case management by RTC's team of medical HIV experts, through RTC's Expert Treatment Programme (ETP). The ETP management model enables primary healthcare providers to communicate directly with HIV experts. This model uses a sophisticated web-based IT tool in the form of TherapyEdge, licensed to RTC, which enables the effective management of patients and includes a secure patient database.

A comprehensive package of treatment adherence support will be implemented at these sites. This includes group adherence support, peer counselling at sites, training

and education of community members for directly observed therapy, and in exceptional cases the use of treatment monitoring tools.

By 30 September 2007 NC DOH will have 2,000 patients on ARVs at two outlets. These activities will directly contribute to the Emergency Plan goal of putting two million people on treatment. NC DOH's activities support the USG/SA Five Year Strategy by expanding access to ART services for adults and children.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Infrastructure	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	2	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,200	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,200	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Northern Cape

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Correctional Services, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4526
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

FY05 COP activities involved the training of DCS nursing personnel in the management of HIV and AIDS related illnesses. This activity will not be continued in FY06. Some funding allocated for this program area will be redirected in FY06 to CT (#3032) to increase the number of inmates who know their HIV status.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4717
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Following an assessment of potential Volunteer placements for FY06, Peace Corps determined that the greatest capacity building needs were among local organizations implementing basic care and support and OVC programs. Because the capacity-building needs of organizations providing ARV Services are less critical, Peace Corps does not intend to place Volunteers in support of organizations operating in this program area in FY06. Continued funding is requested in the Basic Care and Support (#3106) and OVC (#3107) program areas.

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Wits Health Consortium, Reproductive Health Research Unit
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5054
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

The Reproductive Health & HIV Research Unit's (RHRU) Pediatric ART services are part of an integrated program that includes Other Prevention (#3032), HIV/TB (#3091), Basic Care/Support (#3332), ARV Services (#3081) and CT (#3092). All related targets for pediatric treatment in this section are reported in the ARV Services program area (#3001).

Although reported in ARV Services, the South Africa Task Force will allocate the budget for this project to the OVC program area for measurement against overall budgetary requirements.

SUMMARY:
RHRU will use FY06 Emergency Plan funds to respond to a lack of capacity in the public sector to meet the demand for access to pediatric ARV and HIV services by providing care and treatment, as well as training and capacity building to public sector health professionals. RHRU will strengthen networks of tertiary, secondary and primary level pediatric ART sites to facilitate the rapid scale-up of pediatric ARV services that form part of the SAG's National ARV Rollout Program. These activities will enable direct provision of care and treatment to one thousand children ages 0-5, and an additional 1,000 children between the ages of 6 and 14 years by September 2007. In addition, an adolescent friendly antiretroviral service for HIV infected adolescents identified through the National Adolescent Friendly Clinic Initiative (NAFCI), will be established. RHRU will provide support to pediatric ARV rollout in three provinces. The primary emphasis areas for this activity are quality assurance and supportive supervision and training along with efforts in development of network referrals and local organization capacity development.

BACKGROUND:
This is a new activity for RHRU, and is implemented in partnership with the Wits Paediatric HIV Working Group. Access to care and treatment for HIV- positive children is currently limited due to a lack of capacity at the service provision level. Many health care workers turn children away from HIV clinics, as pediatric treatment is perceived to be complicated and expensive. These activities aim to address this shortcoming and provide comprehensive quality services to children.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The majority of children accessing ART in Gauteng are managed by ART sites affiliated to academic institutions. These tertiary sites are subject to increasing human resource constraints as they continue to enroll children onto the ARV program without the opportunity to down-refer stable children on ART to primary level sites for care and support. This proposal will link tertiary institutions to three support teams, consisting of one doctor, one primary health care (PHC) nurse, one counselor and two data clerks. Before and during the program, teams will undergo training in clinical management of children with HIV, chronic care and systems improvement. The teams will rotate between the tertiary sites (to receive training) and the primary and secondary sites (to provide training). The main objective is to directly facilitate provision of antiretroviral therapy to HIV-infected OVC.

Barriers limiting rapid provision of ART and HIV care to children include: diagnostic challenges in young children/infants with HIV; uncertainty as to how to clinically stage children according to the WHO staging; lack of practical experience in prescribing ART for children; children being crowded out by adult patients at sites

without pediatric/family-focused clinic services; severe human resource limitations; and poor general pediatric services in primary health care clinics. Training is proposed to improve local capacity building by providing on-site training, as well as supporting the creation of family/child focused sites/clinics. Accredited primary and secondary ARV sites urgently require clinical and systems related assistance at a site level in order to scale-up the provision of ARVs for children. Capacity building at secondary and primary care levels will free up capacity at the tertiary care level by creating alternative referral sites. It will also create sustainable secondary and primary sites with the capacity and skills to overcome the barriers to providing quality and speedy ARV treatment and care to children on an ongoing basis. Local capacity will be improved by establishing a specialist treatment center, focusing on adolescents' unique needs.

ACTIVITY 2:
National surveys indicate that the HIV prevalence among adolescents is worryingly high and that HIV infection occurs predominantly through heterosexual intercourse. The NAFCI program supports the public sector to provide quality services for adolescents. They provide general adolescent care and age appropriate information on sexual behavior and life skills, as referenced in the ABC guidance. They have identified a need to develop a referral system for HIV infected adolescents to receive ongoing care and provision of ART. This proposal will assist NAFCI by identifying and engaging youth into a care system allowing them to access proper HIV treatment facilities. The activity will be limited to selected NAFCI sites around the HIV treatment facilities at Harriet Shezi Children's Clinic and Chris Hani Baragwanath Hospital, Soweto. In the first year, it is anticipated that this limited program will provide ART directly to 100 young people.

These activities contribute to the 2-7-10 goals by increasing and improving care and treatment to OVC. RHRU will contribute to the Emergency Plan's vision outlined in the Five Year Strategy for South Africa by expanding access to ART services for adults and children.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Training	51 - 100

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)

Coverage Areas

Gauteng

KwaZulu-Natal

North-West

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	MEASURE Evaluation
Prime Partner:	University of North Carolina
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5059
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

In addition to its activities in ARV Services, MEASURE Evaluation will implement unrelated activities described in the OVC (#3277) and SI (#3075) program areas.

SUMMARY:
University of North Carolina/MEASURE Evaluation is leading a project in KwaZulu-Natal to develop tools for the monitoring and evaluation of ART and TB programs called ACTSMART Adhere: Evaluation for Sustaining and Enhancing Participation and Adherence in ARV and TB Treatment Programs. The major emphasis areas for this activity are training and strategic information, with additional emphasis on quality assurance/supportive supervision and local organization capacity development. The activity targets PLWHA, program managers and DOH staff.

BACKGROUND:
This is an ongoing activity that was initiated at the request of the KZN DOH, but to date has only been funded through a core USAID/Washington MEASURE Evaluation contract. FY06 will be the first time that this activity will receive South Africa Mission Emergency Plan Funds, which will allow the project to expand from six to 11 sites. This activity will be implemented by The Adherence Support Project, The Manoff Group, MACRO International, and the KZN DOH.

ACTIVITIES AND EXPECTED RESULTS:
The project will investigate positive and negative determinants of ARV adherence. Tools will be designed to study adherence to long-term treatment at six (core-funded) and five (country-funded) sites in KwaZulu-Natal. Qualitative and quantitative data collection and analysis will be utilized to study three domains of influence on long-term therapy adherence: the clinical health system; patient psychosocial support system; and community variables. Proposed outputs are as follows:
o Replicable rapid evaluation procedures for generating program-relevant SI to enhance ART program participation and boost adherence.
o Findings and recommendations regarding positive and negative factors affecting adherence and participation.
o Recommendations for M&E training at district and municipal levels.

This project will focus on the impact of TB on ARV adherence and will make recommendations regarding ARV treatment for patients with TB.

This activity will support the USG mission's overall objectives in South Africa to 1) support the efforts of local government in successfully rolling out ARVs and 2) reach 500,000 people with quality treatment programs. More specifically, this activity will improve the quality of treatment and adherence programs in KwaZulu-Natal, contributing to indirect targets.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

This activity will be done at 11 of the major ARV sites in KwaZulu-Natal, at the request of the Provincial DOH. The results of this targeted evaluation will indirectly stregthen the overall ARV rollout program in KZN by identifying key factors to adherence, and strategies to integrate them into programming.

Target Populations:

People living with HIV/AIDS

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas

KwaZulu-Natal

Table 3.3.11: Activities by Funding Mechanism

Mechanism: ARV's

Prime Partner: South African Military Health Service

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 5380

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

These ARV Services/clinical monitoring activities are funded through USAID together with ARV Drugs activities (#3348) to support the South African National Defence Force's (SANDF) ARV rollout. The U.S. Department of Defense also supports SANDF's comprehensive prevention, care and treatment program described in the AB (#2977), Other Prevention (#2978) Basic Care and Support (#2979), OVC (#2980), CT (#2982) and ARV Services (#3339) program areas. Aggregate targets are listed under this activity.

SUMMARY:

SANDF will use FY06 Emergency Plan funds to support the provision of comprehensive treatment and care to military members and their dependents through the provisioning of ARV services, including clinical monitoring and related laboratory services. *The emphasis area for the activity is commodity procurement.* The activity targets military members and their dependents living with HIV/AIDS, and health care workers at the military facilities.

BACKGROUND:

SANDF could only budget for the provisioning of ARV drugs and the relevant clinical monitoring through laboratory services in their FY08/09 budget due to the previous restriction on the provision of ART in the country. ART has been provided since FY04 through PEPFAR to patients who enrolled in Project Phidisa (an NIH-funded research project), but who did not meet the criteria for randomization or who declined participation in the research trial. These patients will continue to be managed as part of the SANDF's general provision of ARVs in all regions and is therefore an ongoing activity.

General provision of ARVs in a phased approach will start, using FY05 PEPFAR funding, at the existing Project Phidisa sites as well as at one site in each of the remaining provinces, thereby ensuring that ARVs are available in all nine provinces during the first phase of the rollout. During the next two phases, additional sites will be added in each province until ARVs are provided at most of the SANDF health care facilities.

The clinical management of the individuals on ARV drugs requires very specific clinical monitoring and laboratory services. Basic clinical monitoring and laboratory support will be provided by the South African Military Health Services (SAMHS); however, any further monitoring that requires laboratory services must be sourced out to the National Health Laboratory Services (NHLS) according to an existing agreement *between the SAMHS and the NHLS. The funding for these services will be* channeled through an existing Emergency Plan partner, Right to Care, who will be responsible for the procurement of laboratory services from NHLS.

ACTIVITIES AND EXPECTED RESULTS:

Only one activity will be conducted in this program area with Emergency Plan funding, namely the procurement of laboratory services for diagnostics and clinical monitoring of military members and dependants who receive ARV treatment, including HIV-positive pregnant women, HIV-positive infants and youth.

Through PEPFAR funding 330 individuals will have received treatment by September 2005. The general roll out of ARV drugs will only commence in October 2005. It is projected that by September 2007 the target of 2,400 individuals will receive treatment and care through Emergency Plan funding.

This activity supports the USG Five Year Strategy for South Africa by facilitating the expansion of ARV services to a high risk population, and directly contributes to the Emergency Plan goal to treat two million people with ARVs.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of ART service outlets providing treatment		☑
Indirect number of individuals receiving treatment at ART sites		☑
Indirect number of current clients receiving continuous ART for more than 12 months at ART sites		☑
Indirect number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites		☑
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	15	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	400	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,400	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	2,400	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

In 2001, South Africa restructured its public sector medical laboratory services and created the National Health Laboratory Services (NHLS). The NHLS comprises approximately 260 laboratories countrywide, including all provincial diagnostic pathology laboratories and tertiary laboratories that are used by the university medical schools. As part of this restructuring, the SAG added health-oriented microbiology, parasitology, and entomology laboratories to the National Institute of Virology to create another new entity – the National Institute for Communicable Diseases (NICD). NICD is a division of NHLS and offers comprehensive microbiology laboratory support for epidemiologic surveillance and monitoring.

Ongoing Emergency Plan support has been provided to build capacity for long-term sustainability of quality laboratory systems in South Africa, both in the public and private sectors, and to assure the accuracy and quality of testing services in support of rapid scale-up of HIV testing and ART rollout. The NDOH has determined that there is not a specific need for additional donor support in the area of public sector laboratory infrastructure development. Therefore, the majority of FY06 activities funded by USG at NICD will provide important strategic information for health policy decision-making, rather than infrastructure development. Some of these activities are detailed under Strategic Information in the COP, rather than Laboratory Infrastructure.

Nonetheless, the Emergency Plan continues to support laboratory infrastructure related to very specific needs, particularly in support of the nationwide ARV rollout. These activities focus on (1) purchasing diagnostic equipment and adding staff to provide full laboratory support to comprehensive treatment programs provided to thousands of people in the Eastern Cape and KwaZulu-Natal Provinces; (2) supporting development of training on rapid tests and CD4 monitoring, as well as partial support for a TB reference laboratory to provide services for HIV-positive persons with TB; and (3) supporting the South African National Blood Service to develop the capacity of laboratory technicians to enhance an inventory logistics and management system and better meet blood supply needs in the country.

No other major donors currently contribute in this program area in South Africa.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20
Number of individuals trained in the provision of lab-related activities	1,700
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	

Table 3.3.12: Activities by Funding Mechanism

Mechanism: CDC GHAI
Prime Partner: National Institute for Communicable Diseases
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: *Laboratory Infrastructure*
Budget Code: HLAB
Program Area Code: 12
Activity ID: 2959
Planned Funds:
Activity Narrative: SUMMARY:

National Institute for Communicable Diseases (NICD) will use Emergency Plan funds to: 1) Receive appropriate technical assistance and equipment to develop a national TB reference laboratory (NTBRL). 2) Develop appropriate tools to assess rapid HIV test kits. 3) Implement a quality management training program at HIV testing sites that use HIV rapid test kits. 4) Implement an External Quality Assessment (EQA) program to monitor the performance of HIV viral assays. 5) Implement an operational plan to scale up HIV diagnosis in infants. The major emphasis area for this program is infrastructure, with minor emphasis on policy and guidelines, commodity procurement, local organization capacity development, quality assurance/supportive supervision, and training. The target populations include government policy makers and members of the National AIDS Control Program, laboratory workers, nurses, NGOs, and international counterpart agencies.

BACKGROUND:

As the TB infection rate increases, the need for an NTBRL has become increasingly important. The National Health Laboratory Service (NHLS) is overburdened with requests for routine diagnostic services. This has had a deleterious effect on standards and has increased turnaround times for specimen processing. It is envisaged that the NTBRL could play a pivotal role in improving not only TB lab services, but could also relieve some of the burden currently borne by the NHLS.

Second, as the use of rapid tests is increasing, it will be critical to ensure that quality assurance and quality control (QA/QC) mechanisms are in place and that the rapid tests kits themselves have been reviewed for efficacy. In addition, it is important to establish QA mechanisms that would normally be in place in diagnostic labs. The proposed quality management system (QMS) is designed to remedy current deficiencies in CT centers.

Third, there are quality concerns in molecular diagnostics, especially when considering the routine use of nucleic acid testing (NAT). These include: Assay sensitivity and specificity, contamination, clinical significance, variable isolation/amplification procedures, lack of robustness and standardization, lack of appropriate control material, regulations and policies. In order to help detect weak spots in performance and improve reliability and confidence when reporting results, an EQA program (as part of the QMS) will allow comparison and benchmarking, education in good lab practice and method utility. In addition, EQA will provide references where no international standards are available, as well as support for the validation and implementation of new methods for clinical use.

Lastly, developing improved practical methods for early infant HIV diagnosis is important to establish the effectiveness of PMTCT interventions and to develop improved methods of clinical management of HIV-exposed infants. NICD proposes to help develop program guidance, technical support, and in-country evaluations to implement an operational plan to scale up HIV diagnosis in infants.

ACTIVITY 1:

An NTBRL will be established. The design, implementation and monitoring of the reference lab requires expert technical assistance in order to ensure compliance with national and international standards. The technical assistance required will focus primarily on design and implementation with an emphasis on optimizing facility performance and developing safe, functional and efficient work zones. The design aspect that will require the highest level of expert consultation will be the development of the PCR labs and lab areas rated biosafety level 3 (BSL3). The NICD

has identified an expert in electro/mechanical systems who will join an ad hoc committee that is overseeing the development of the BSL3 lab for TB.

The NTBRL will also work to: 1) Characterize the mechanisms of drug resistance found in South African isolates. 2) Conduct lab investigations of MDR-TB outbreaks using molecular methods. 3) Develop and explore novel methods for the rapid diagnosis of TB and early recognition of multiple drug resistance. 4) Perform operational research related to the National TB Control Programme.

By designing, implementing and safely operating a new BSL3 lab, NICD will enhance the SAG's ability to respond to the growing TB epidemic among HIV-infected South Africans. This enhanced response will lead to faster diagnostic test results for clinicians. This will allow afflicted patients to begin treatment sooner. Data from these activities will generate new interventions to combat and/or prevent new infections.

ACTIVITY 2:
NICD will evaluate and determine the performance of rapid test kits and testing algorithms in the field and in the lab. In Phase I, an evaluation of rapid test kits will be conducted. The sensitivity, specificity, positive predictive value, negative predictive value of each kit or combination of kits will be calculated. Phase II will assess the field performance of rapid kits. The results of these evaluations will be used to inform the implementation of rapid testing on a larger scale. In FY05, the NICD evaluated 15 rapid HIV test kits and conducted field testing and evaluation at three clinical sites.

In addition an assessment and quality control program will be implemented as part of the national strategy for quality control in CT testing as well as PMTCT.
Well-characterized panels will be sent to participating labs on a quarterly basis. The approach has been successfully tested in participating labs in the national antenatal survey and 170 NHLS labs to date. For CT sites that utilize the rapid HIV-1 kits the dried blood spot (DBS) is proposed as a proficiency-testing tool.

ACTIVITY 3:
A CT QMS will be established by first defining all of the aspects required for a such as system (i.e. proficiency panels, standard operating procedures (SOPs), Safety, piloting ELISA testing from dried blood spots) and then establish the lab and training capacity to implement it. The expected outcomes are to train public health sector as well as NGO counselors that perform rapid HIV testing to implement quality management of testing. The NICD in conjunction with CDC have engaged the key organizations including the NDOH and NGOs in the demonstration of the curriculum.

ACTIVITY 4:
An EQA program will be implemented that will monitor lab performance related to the ART program, including performance of the viral load assay in labs as well DNA PCR that is important for infant diagnosis. By improving the quality of ART delivery, the NICD will improve HIV testing performance, including NAT testing, at labs nationwide. These improvements will lead to greater efficiencies in the ART program and more enrolled patients.

ACTIVITY 5:
NICD will provide technical support to CDC to develop expert guidance on simplified early diagnosis tools and the use of dried blood spot PCR testing. Specific activities include: Provide expert lab consultation and participate in a CDC-organized early diagnosis workgroup; develop simplified lab SOPs for standardized field application in resource-poor settings; test available specimens for test validation and optimization; provide training to selected labs and Emergency Plan partners; and help develop and support a plan for implementation of improved methods for early diagnosis. By scaling up access to advanced PCR-based HIV testing assays for infants born to HIV-positive women, the NICD will improve the ability of pediatricians to assess and prescribe ART to prevent or combat infection in exposed infants.

These comprehensive lab activities will contribute to the Emergency Plan's goals of preventing 7 million new infections and treating 2 million people infected with HIV. They also support prevention and treatment goals outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	20	☐
Number of individuals trained in the provision of lab-related activities	1,600	☐
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests		☑
Indirect number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Nurses (Parent: Public health care workers)

International counterpart organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Laboratory workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Health, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	3038
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:
The Eastern Cape Regional Training Center (ECRTC) seeks Emergency Plan funding to support public sector laboratory infrastructure programs in the Eastern Cape. Activities will focus on training nurses, doctors and lab personnel in eight Eastern Cape hospitals in the use of lactate machines to assure the quality of blood samples. Mentoring and monitoring activities are also proposed. The major emphasis area for this program will be quality assurance and supportive supervision, with minor emphasis given to commodity procurement, human resources, local organization capacity development and policy and guidelines. The target population will include PLWHA and public sector doctors, nurses and laboratory workers.

BACKGROUND:
Laboratory infrastructure activities began in FY05 with Emergency Plan funds. In FY05 the ECRTC purchased and installed a bedside lactate machine in eight Eastern Cape hospitals (in Mthatha, Queenstown, Grahamstown, and Port Elizabeth). To ensure quality at these hospital, Emergency Plan funds were also used to employ a laboratory technologist to coordinate the lab services in the hospitals and link the services to the National Health Laboratory System (NHLS). All activities were, and will be, implemented by the ECRTC.

ACTIVITIES AND EXPECTED RESULTS:

The ECRTC will:
• Continue to provide supplies and consumables for the lactate machines;
• Train a healthcare worker team (one lab worker, two nurses and one doctor) at each hospital in correct use of the lactate machines;
• Support a laboratory technologist to continue providing quality assurance in the eight hospital laboratories. This technologist will conduct quarterly visits to each site to mentor and support staff, and monitor the quality and availability of laboratory services. The laboratory technologist, who will also be available to the health care worker teams by telephone to provide ongoing consultation.
• Provide training in laboratory support for two people from all 34 functioning ART sites and from almost 50 new provincial ART sites.

By improving the availability and quality of laboratory services in the Eastern Cape, ECRTC's activities will have a complementary influence on the expansion of ARV services in the province. These accomplishments – ensuring quality testing of blood samples to determine when patients should initiate ART – will lead to more PLWHA accessing life-extending treatment, a key Emergency Plan goal. These activities will also support the treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Commodity Procurement	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	100	☐
Indirect number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests		☑
Indirect number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Laboratory workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

The USG HIV/AIDS Task Force has identified two key priorities for SI: (1) building the capacity of the SAG to improve HIV surveillance systems and the effective use of monitoring and evaluation (M&E), and (2) building the capacity of implementing partners to improve accountability and to use M&E effectively for continuous program improvement. A five-year SI strategy will be submitted to provide detail on how these priorities will be achieved. To date, significant progress has been made toward our second priority: over 70 partners (nearly 250 individuals) have attended a five-day M&E training and 30 have participated in a Data Quality Assessment (DQA), both resulting in increased capacity to report and use program data effectively. Within the SAG, despite ongoing investments, capacity to provide adequate information for planning and monitoring purposes has not kept pace with the rapid expansion of HIV/AIDS programs. Additional qualified professionals are needed at all levels to develop and manage the M&E system.

SAG:
M&E is a priority under the SAG five-year National HIV and AIDS Strategy, and the USG is responding to this priority by providing both direct funding and targeted technical assistance (TA) to various SAG departments. The NDOH has an engaged M&E unit, which has assisted in the development of standardized data elements, data collection tools and use protocols for the HIV/AIDS program. The District Health Information System, supported by USAID/Equity Project in 1997-2003, is an integral part of the M&E system, capturing routine health data. The USG continues to provide TA for SI, including direct personnel support, development of surveillance systems and training to specific programmatic units within the NDOH.

Other SAG departments work independently of NDOH on HIV/AIDS issues. While the USG embraces the goal of supporting one M&E system, it is necessary at this time to provide assistance to build M&E systems within the different departments, taking care to assure integration whenever possible. In addition to the NDOH in FY06, the USG will support SI efforts such as: 1) the development of a national OVC MIS system, as well as TA for an OVC M&E framework to the Department of Social Development (DSD); 2) assistance to the South African National Defense Force to develop an HIV surveillance system, as well as a routine MIS; 3) TA for the National Institute of Communicable Diseases on a variety of surveillance activities; and 4) TA to develop comprehensive M&E systems for two provincial level DOH.

Partners:
The USG supports a comprehensive and systematic approach to partner capacity building so that partners can effectively plan, implement and report on Emergency Plan activities. These activities include: 1) conducting M&E workshops designed to assist partners in developing an M&E plan specific to their organization; 2) the development of a data warehouse and collaborative website to assist USG and USG partners with the collection, reporting and analysis of data as well as creating a tool for communication among partners; 3) the establishment of a DQA initiative to improve the quality of data at the partner level for program management and reporting, as well as to identify specific M&E TA needs; and 4) the establishment of an internship program with the University of Pretoria to place M&E MPH students with partners in need of more intensive M&E TA.

Other major donors active in SI include the Italian Cooperation, working closely with NDOH on GIS and national surveys; UNAIDS, which supports a staff person at the NDOH to work on strategic planning and M&E; DFID, which collaborates closely with USAID to leverage SI expenditures; and Japan International Cooperation Agency which contributes to the tracking of DSD community based activities. The USG works closely with The Global Fund at a programmatic level, but not on national level M&E activities.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1,942
Number of local organizations provided with technical assistance for strategic information activities	159

Table 3.3.13: Activities by Funding Mechanism

Mechanism: ASPH Cooperative Agreement
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 2935
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Harvard School of Public Health received its Emergency Plan funding late in FY05. The SI component of this project will roll out in five provinces the tools to systematize rigorous, measurable, and sustainable peer education programs until the FY05 funds are spent. Although standard program monitoring activities will continue, *the SI-specific activities will not be continued in FY06 because of funding* adjustments to allocate money to meet legislative budgetary requirements, particularly in the area of AB.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	295	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	2941
Planned Funds:	
Activity Narrative:	SUMMARY:

JHPIEGO will build the capacity of PMTCT Program managers in the area of strategic information through on-site supervision and implementation of interventions to improve monitoring and evaluation for PMTCT, and through installation and support of Training Information Monitoring Systems (TIMS) at the national and provincial departments of health.

BACKGROUND:
From 2004 to 2005, JHPIEGO has worked to increase the capacity of government partners in the area of strategic information. By the end of FY05, JHPIEGO will have trained approximately 250 HIV and AIDS program managers and coordinators from the national department of health and 8 provincial departments of health in monitoring and evaluation (M&E) fundamentals. Following completion of training, JHPIEGO will provide intensive on-site supervision and follow-up to targeted sites in 2005. This follow-up will be guided using a supervision tool outlining PMTCT M&E standards. JHPIEGO technical staff will guide site supervisors, PMTCT program managers, and their staff to use the tool to measure the degree to which they meet expected criteria for M&E, identify their M&E performance gaps, and the root causes for deficiencies. Using information generated from this assessment, JHPIEGO will facilitate development of site-specific action plans that will be supported in FY05 and FY06.

In FY05, JHPIEGO has also worked with national and provincial PMTCT units to implement TIMS. TIMS is a database that allows program managers to track the location of trained providers and trainers, and it provides important information for resources allocation and policy development. By March 2006, JHPIEGO will have installed TIMS at the national PMTCT unit and will have supported the flow of training data between provincial PMTCT course directors and the National program. Using FY06 funds, JHPIEGO will continue to strengthen TIMS for PMTCT training activities and the flow of data between provincial course directors and the NDOH. This will be done by assisting national and provinces with system development processes around data flow.

ACTIVITIES AND EXPECTED RESULTS:
In FY06, JHPIEGO will build on FY05 COP activities to improve M&E systems at the facility level. JHPIEGO will also assist PMTCT units to capture training through installation of and use of TIMS.

Following assessment of M&E at the facility level, and through development of facility action plans, JHPIEGO will help facility-based health care workers implement interventions to improve M&E capacity. Technical assistance may be focused on interventions such as record keeping, interpretation of data, or reporting. During the action planning phase, site staff may identify additional training needs that will be required. Following implementation of these interventions, JHPIEGO will assist facilities to reassess their needs. JHPIEGO will encourage facilities to use the M&E performance tool as an internal method for supervising their effectiveness for M&E. PEPFAR funding will be used to support technical assistance costs (M&E expert consultants) to facilitate this process at the site level. At the end of FY06, site assessments will reveal improvements in M&E at sites as evidenced by an increase in the number of M&E standards that program managers and supervisors meet.

In FY06 JHPIEGO will also continue to strengthen the capacity of national and provincial PMTCT units to track training data through installation and support of TIMS. In FY05, JHPIEGO will have assisted the PMTCT units to develop a strategy to

capture training data between national and a targeted group of provincial PMTCT units. JHPIEGO will provide technical assistance to strengthen and expand this strategy to remaining provincial PMTCT units. By the end of FY06, a system linking reporting of provincial and national training data will exist between the NDOH/PMTCT and provincial units in at least 8 provinces in South Africa.

These activities will contribute to Emergency Plan goals by indirectly increasing access to PMTCT services through improved training and deployment of staff and by assisting staff to compare their progress against set Emergency Plan targets and indicators.

Emphasis Areas	% Of Effort
Other SI Activities	10 - 50
Health Management Information Systems (HMIS)	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	6	☐

Target Populations:

Nurses (Parent: Public health care workers)
National AIDS control program staff (Parent: Host country government workers)
Program managers
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism: PMTCT Sentinel Surveillance

Prime Partner: Natal University for Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 2956

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

The University of KZN Sentinel Surveillance project continues to use Emergency Plan funds to implement the first PMTCT surveillance project to measure the impact of South Africa's PMTCT Program. The major emphasis of this SI project is HIV surveillance systems, with minor emphasis in monitoring/evaluation and reporting. These activities target infants, policy makers and staff at the National AIDS Control Program as the primary beneficiaries of the surveillance system.

To date seven sentinel sites have been established at immunization clinics in KwaZulu-Natal. The specific objectives of the sentinel surveillance are to: (i) Determine HIV prevalence and vertical transmission rates in six week old infants attending the immunization clinics at the sentinel sites; (ii) Establish baseline infant and child mortality rates in the populations served by the clinics using clinic-based surveillance methods and continue to monitor these rates; and (iii) Validate clinic-based infant and child mortality rates using community-based surveys. The sentinel surveillance targets infants of six weeks attending seven immunization clinics in KZN.

Annual data from the sentinel surveillance is already being used by the KwaZulu-Natal DOH to strengthen the PMTCT program.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Infants

Coverage Areas

KwaZulu-Natal

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC GHAI
Prime Partner: National Institute for Communicable Diseases
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 2958
Planned Funds:
Activity Narrative: SUMMARY:

National Institute for Communicable Diseases (NICD) will use FY06 Emergency Plan funds to:

- Enhance existing national surveillance by continuing and extending sentinel surveillance of opportunistic bacterial and fungal pathogens in HIV-infected individuals in nine provinces.
- Conduct monthly surveillance for syndromically diagnosed STIs in 270 sentinel sites in 9 provinces.
- Coordinate and support the National Microbiological Surveillance Programme (NMSP) for STIs.
- Develop a program to assist national efforts in communicable disease surveillance by providing appropriate training for epidemiologists and laboratory workers.
- Collect trend data for HIV incidence in the evaluation of the BED assay as well as validation of the assay in general populations.
- Conduct HIV-1 drug resistance testing in drug naive and drug-treated persons.

Major emphasis areas will be HIV surveillance and other SI. The target population will include infants and children, adults, pregnant women, clients and sex partners of CSWs, volunteers, members of the National AIDS Control Program, public healthcare workers and country coordinating mechanisms.

BACKGROUND:

Since 2000, data on national disease burden have existed for certain invasive bacterial infections. HIV opportunistic infection surveillance was initially enhanced with CDC funding in FY03 by establishing population-based incidence rates of Cryptococcus in Gauteng Province. This provided an indirect measure of persons living with AIDS in the province. Emergency Plan funding in FY05 was used to expanded cryptococcal surveillance to all nine provinces. Ongoing monitoring of these diseases will allow South Africa to document changes in incidence rates, which will be reflected in HIV patient management and care protocols. This system is well positioned to document the effect the introduction of ART has had on the incidence of opportunistic diseases in South Africa. STIs remain a major co-factor for the acquisition and transmission of HIV infection. Until 2003, an STI syndromic surveillance program did not exist at the national level or in most provinces. An ongoing surveillance program for STIs is essential to providing appropriate management information at various levels of the health service. These data are critical for monitoring the effectiveness of syndromic management algorithms and for measuring the impact of STI interventions on HIV prevention in South Africa. However, syndromic management of STIs does not allow for surveillance of either disease etiology or of antimicrobial resistance. Changes in either may occur unnoticed, with serious public health repercussions, including the potential for enhanced HIV transmission. The National Microbiological Surveillance Project was first funded by CDC in 2003. Data from this project inform national and local HIV-STI policy development.

ACTIVITIES AND EXPECTED RESULTS:

TRAINING: There is an increasing need for public health professionals to receive training in integrated public health practice. South Africa cannot afford to send professionals abroad for training that could last 1-2 years; trainees must therefore learn by doing. The Field Epidemiology and Laboratory Training Program (FELTP), which is modeled on the CDC's EIS, is a two-year training and service program intended to build capacity in applied epidemiology and public health practice. The NICD, an arm of the NHLS, plans to partner with the NDOH and the CDC to develop a FELTP in South Africa. FELTP training will include: Situational analyses to identify

management skills and performance gaps and to create an action plan for faculty and curriculum development, and training in epidemiology, laboratory and public health practice. TA will be provided to support FELTP graduates in conducting needs assessments and in-country investigations, as well as supervising applied learning projects. Sustainability will be ensured by addressing local funding, integrating the program with other programs and stressing program evaluation.

HIV INCIDENCE TESTING: Incidence testing is critical for targeted planning and to measure the effect of HIV prevention programs. HIV incidence measures are needed to understand the dynamics of the epidemic and to make decisions about interventions to prevent infections. Methods that measure incidence from cross-sectional population surveys (by distinguishing recent infections from long-term infections) can potentially avoid the logistical and measurement limitations associated with surveillance systems or with inferring incidence from prevalence. Moreover, in the context of expanding ART programs it will become more complex to interpret HIV prevalence survey data, and more valuable to have HIV incidence estimates as an additional data source.

HIV DRUG RESISTANCE: The HIV drug resistance project started in 2003 will continue to watch for the emergence of drug resistance in the community (transmitted resistance). This is key for determination of regimen choices and to identify high levels of resistance for further investigation. HIV drug resistance testing will be performed on newly diagnosed patients to determine potential transmitted resistance. It will also be performed on those receiving treatment to determine resistance to drug regimens.

The BED assay will be used to evaluate specimens from the 2005 and 2006 ANC seroprevalence surveys. NICD will also measure the specificity of the BED, estimate the sensitivity of the BED and determine HIV-1 incidence in a rural population. This will be achieved by testing this population annually for five years as part of a large population-based HIV surveillance program conducted by the Africa Centre. The estimates of HIV-1 incidence rates obtained from BED tests of cross-sections of individuals tested as part of the population-based HIV survey will be compared to estimates obtained by using the BED to test women coming for ANC at six SAG health clinics. Other methodologies for resistance surveillance will also be evaluated. NICD will establish assays for measuring phenotypic drug resistance.

SURVEILLANCE: Three activities are planned.

- OI surveillance will be performed by: Capturing case data at sentinel site hospitals; analyzing clinical data centrally, and gathering details about pathogens with regard to susceptibility, serotypes/groups, subspecies and other relevant data; providing training and site visits for feedback to clinical and laboratory staff; establishing provincial and national laboratory networks; conducting annual meetings for principal collaborators to discuss results, surveillance objectives, and the inclusion of new diseases/syndromes as national priorities change.
- STI clinical surveillance: Emphasis will be on data collection and management. Health care providers will be trained in syndromic STI management. All 270 sentinel sites will provide regular clinical data on STI syndromes. The STI syndromic surveillance system will be monitored routinely and evaluated annually.
- Molecular STI surveillance will include: Testing of specimens; training and capacity building at other centers; timely reporting of trends in etiologies; and monitoring gonococcal antimicrobial resistance. By improving STI surveillance capacity, the NICD will be able to inform prevention policy and, it is hoped, directly impact the number of new infections.

By improving surveillance and building capacity to inform policy and facilitate program management, these activities will contribute to the Emergency Plan's goals of preventing seven million new infections and treating two million people. These also activities support the prevention and treatment goals in the USG Strategy for South Africa.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	642	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	9	☐

Target Populations:

Adults
Country coordinating mechanisms
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Infants
National AIDS control program staff (Parent: Host country government workers)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Pregnant women
Children and youth (non-OVC)
Partners/clients of CSW (Parent: Most at risk populations)
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Horizons

Prime Partner: Population Council

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 2966

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Building USG partner capacity in monitoring and evaluation had been identified as a need in FY04 as implementing partners began to scale up their interventions. With Emergency Plan support, HORIZONS, in coordination with Measure Evaluation, implemented three one-week M&E trainings in FY05, which were incredibly successful. The agenda and curricula are now fully developed and will continue to be replicated in FY06. Due to human capacity, the activity will be implemented in FY06 by Measure Evaluation (#3075).

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	70	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Frontiers
Prime Partner: Population Council
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 2969
Planned Funds:
Activity Narrative: This activity is funded with FY05 Emergency Plan funds, and is on-going. However, this activity was re-categorized into the Abstinence and Be Faithful Program Area in FY06 due to new guidance by OGAC to include all targeted evaluations in the program area (#3804) they support, rather than under the Strategic Information Program Area. This entry is included in the "old" SI program area to provide complete information for reviewers.

FRONTIERS is conducting a baseline survey that will be used as a benchmark to assess the effectiveness of the expanded Men As Partners (MAP) program, and 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. 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.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	40	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Masibambisane 1
Prime Partner: South African Military Health Service
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 2981
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

These Strategic Information activities are directly linked to each area of Masibambisane's comprehensive HIV/AIDS prevention, care and support program described in the AB (#2977) Other Prevention (#2978), Basic Care and Support (#2980), OVC (#2980) Counseling and Testing (#2982) and ARV Services (#3339) *program areas. These activities are also linked to Masibambisane's ARV project*, implemented through USAID and Right to Care for the provision of ARV drugs (#3348) and laboratory services (#3350).

SUMMARY:

Masibambisane will use Emergency Plan funding to expand the current data management systems used for monitoring and evaluating Masibambisane program components, train key staff in M&E and data quality, support focused prevalence studies on targeted populations, and undertake strategic planning. Strategic Information funding also supports an annual Knowledge, Attitude, Practice (KAP) study to monitor knowledge, attitudes and practices within the Department of Defense. Emphasis areas for these activities include population survey, facility survey, HMIS, IT and staff training, and the activities target policy makers and program managers.

BACKGROUND:

Masibambisane is a comprehensive program with complex reporting and planning requirements. In FY04 and FY05, important improvements were made in the M & E system for the Masibambisane program. With the support of M&E and data quality training from the Emergency Plan SI team, additional improvements were identified and adjustments made to ensure that all those served by the program were reported into the system. Masibambisane will continue to review and improve its M&E and data quality systems as the program and program elements expand.

Masibambisane program planning also benefits significantly from surveys that inform program direction and needs, including the annual KAP survey, and targeted prevalence surveys of new recruits. These surveys will both be carried out again in FY06.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:

Masibambisane will continue to make improvements to the data management system used to collect and process service data, including the development of an interface with the Health Informatics System of the SA Military Health System.

ACTIVITY 2:

All project coordinators (60) will be trained in M & E and strategic information, including a strong emphasis on ensuring data quality through all levels of the data collection and reporting process. In addition, this activity will ensure that all project coordinators have internet and IT access to improve reporting capability.

ACTIVITY 3:

Masibambisane will conduct a KAP population survey and a targeted prevalence survey among new recruits in the Military Skills Development course.

ACTIVITY 4:

Masibambisane will continue a process begun in FY05 to carry out internal audits and site visits to verify data to ensure data quality. This activity will also include the

development and implementation of steps to address any data quality concerns that arise during the internal audits.

ACTIVITY 5:
Masibambisane will carry out activities within the SANDF command structure to review progress and increase support for HIV/AIDS prevention and treatment through a series of meetings, workshops and other events aimed at showcasing the benefits of a proactive HIV/AIDS program within the SA military.

ACTIVITY 6:
Masibambisane will conduct annual training and workshops of the regional nodal points and project coordinators in the strategic objectives of the program. The training will include monitoring and evaluation, reporting, the key strategic issues, and focusing the interventions to the national goals. The trainings and workshops will further serve to ensure coordination and integration of the program.

ACTIVITY 7:
Masibambisane will share information and best practices through attendance at Emergency Plan treatment meetings, and presentations on the program at conferences and workgroup meetings.

The main thrust of these activities is to ensure the quality of data used to report and plan activities for this important program that reaches thousand of individuals in the South African military with prevention, care and treatment. All activities are in support of the USG/SA Five Year Strategy for South Africa, and specifically contribute to the Emergency Plan 2-7-10 goals by ensuring the quality of service data reported.

Emphasis Areas	**% Of Effort**
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Military personnel (Parent: Most at risk populations)

Policy makers (Parent: Host country government workers)

Program managers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	2987
Planned Funds:	
Activity Narrative:	This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to JHUCCP for SI in the FY05 COP are for a national level survey to measure effectiveness of the three large mass media activities in South Africa: 1) the NDOH Khomanani campaign; 2) Soul City's treatment adherence campaign; and 3) Tsha Tsha and Mindset. This activity will be co-funded by all three organizations -- the NDOH has budgeted for this expense. These three prevention *initiatives are a large part of the NDOH prevention campaign. No further funding is* requested because FY05 funds will be sufficient to cover the costs of this activity.

The targets associated with this activity are from FY05.

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	☐

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Policy Project

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3017

Planned Funds: [redacted]

Activity Narrative: INTEGRATED ACTIVITY FLAG:

In addition to its Strategic Information activity, The POLICY Project will also carry out unrelated activities in AB (#3014), Basic Care and Support (#3015) and Policy Analysis/Systems Strengthening (#3016).

SUMMARY:

The POLICY Project and/or its follow-on project, Policy Development and Implementation (PDI), will carry out capacity building activities and provide technical support to ensure improved national level financial planning and effective resource allocation for HIV/AIDS. The target populations are USG in-country staff and the National AIDS Control Program staff; and the emphasis areas are health care financing strategic information and local organization capacity development.

BACKGROUND:

The POLICY Project has significant expertise in providing assistance to governments and donors in planning and allocating future resources to manage national HIV/AIDS programs. This is an ongoing activity in South Africa, first initiated in 2001 with the collaboration of the NDOH and several other government departments. In 2004/5 the activities were funded with Emergency Plan funds and were used to provide TA and training for staff at the Health Financing and Economics Unit (HFEU) of the NDOH. POLICY has worked and will continue to work collaboratively with the Health Economics Unit at the University of Cape Town to ensure continued support to the NDOH.

ACTIVITIES AND EXPECTED RESULTS:

POLICY will carry out two separate activities in this program area, both of which work towards ensuring stable and effective short and long term health care financing. Both activities will also focus on training, so that staff members are able to work independently and apply the different models.

ACTIVITY 1:

POLICY/PDI will assist the HFEU in monitoring the cost implications of progress in implementing the government's comprehensive AIDS program. This will be achieved through the application of the goals model to provide ongoing information and assistance to the NDOH and the SA Emergency Plan Task Force to help them explore the costs and effects of different strategy options. POLICY and/or its follow-on project Policy Development and Implementation (PDI) will continue to develop conversion factors to estimate infections averted and other targets from service statistics.

ACTIVITY 2:

This activity will ensure ongoing capacity support to the HFEU to enable them to develop strategic information regarding resource estimates for the Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa that informs resource allocation by SAG. This technical support will be given by the Health Economics Unit at the University of Cape Town.

By providing training and support enabling the SAG to explore costs and benefits of different health care financing options, this project addresses sustainability challenges outlined in both the Emergency Plan Five Year Strategy and the USG Five Year Strategy for South Africa.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	5	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: IBM
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3023
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

INTEGRATED ACTIVITY FLAG:
In addition to its Strategic Information activity, this evaluation is also reflected in the FY05 Palliative Care activity (#3022).

This activity was approved and funded in the SI program area in FY05 COP. Emergency Plan funding was given to the Joint Economics, AIDS and Poverty Program (JEAPP) to support an evaluation of the costs and effectiveness of home community-based care (HCBC) programs. This study was 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. This study was co-funded by AusAID and other donors. The project is reviewing different models of community home-based care programs in order to develop models that will have the greatest and most sustainable impact on highly affected communities. 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. While the evaluation is on-going, no additional FY06 funding is needed to support these targeted evaluations.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Measure DHS
Prime Partner: Macro International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3026
Planned Funds: [redacted]
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

MACRO's Emergency Plan FY05 funding [redacted] was originally budgeted for to support and formulate plans for a national facility-based survey to determine capacity to provide HIV/AIDS and related services. This was inline with OGAC recommendations for data collection by Emergency Plan countries. However, after an initial planning visit by ORC Macro staff, the idea was presented to the South African Government. The National Department of Health felt that it was not needed at this time. The majority of funding was then re-allocated into Measure Evaluation to support other components of the USG SI strategy.

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Correctional Services, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3031
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is linked to other Department of Correctional Services programs described in Other Prevention (#3029), Counseling and Testing (#3032) and Basic Care and Support (#3030).

SUMMARY:
The Department of Correctional Services (DCS) proposes using Emergency Plan funds to develop a monitoring and evaluation (M&E) system for all HIV and AIDS activities in the national correctional system. The major emphasis area will be monitoring and evaluation or reporting, with minor emphasis given to HIV surveillance. The activity is primarily targeted at DCS staff, particularly nurses and program managers.

BACKGROUND:
DCS has no systems in place to assist to collect data and monitor programs on HIV and AIDS in correctional centers. Monitoring and evaluation is a new activity, which will be implemented by the DCS. This resulting data will be used to provide accurate information for DCS planning purposes and to meet Emergency Plan reporting requirements.

ACTIVITIES AND EXPECTED RESULTS:

DCS will carry out the following activities in this program area:

• DCS will develop a single uniform and standardized reporting format that will provide the department with accurate and up to date information on all HIV and AIDS services provided in the correctional centers.
• DCS has designed and will implement monitoring tools in all correctional centers. Observational visits will be conducted within the Department during which a monitoring checklist will be utilized to assess implementation. Monitoring will also be based on reports that must be submitted in accordance with the South African Public Finance Management Act. Evaluation will be undertaken within the Departmental framework as soon as this framework is approved.
• In order to ensure that all personnel involved understand the importance of correct and accurate reporting and data compilation, monitoring and evaluation training will be conducted throughout the six DCS regions. These trainings will include modules on data quality.

By expanding M&E activities to prevention programs in South Africa's correctional system, the DCS will enhance the quality of data collected on these programs and improve the speed and efficiency with which these data are transmitted within the department and to external partners. The impact of these improvements will be an increase in the value of the data for planning and evaluation purposes, and the quality of HIV/AIDS prevention programs administered by the DCS. These accomplishments will directly contribute to realization of the Emergency Plan's goal of preventing seven million new infections and providing care and services to 10 million. These activities also support the objectives outlined in the USG Five Year Strategy for South Africa, particularly the priority of supporting the SAG.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	240	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Adults
Commercial sex workers (Parent: Most at risk populations)
Community-based organizations
Nurses (Parent: Public health care workers)
Most at risk populations
Injecting drug users (Parent: Most at risk populations)
Men who have sex with men (Parent: Most at risk populations)
Street youth (Parent: Most at risk populations)
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Prisoners (Parent: Most at risk populations)
Caregivers (of OVC and PLWHAs)
Transgender individuals (Parent: Most at risk populations)
Public health care workers

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3039
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038). The implementation of this AB activity will be linked to Activity #3043 (local hire CDC youth specialist) and Activity #3835 (Harvard School of Public Health AB activities).

SUMMARY:

At the request of NDOH, CDC will use Emergency Plan funds in the form of a Cooperative Agreement with NDOH to hire and place 11 monitoring and evaluation (M&E) officers in information management offices at the national and provincial levels. Specifically, two officers will be placed at the NDOH, and the remaining nine will be placed in provincial DOH. These officers will support NDOH information gathering and reporting efforts and contribute to improving the flow of critical data within the department and among its external partners. The major emphasis area for this program will be the recruitment of proposed staff for SI, with minor emphasis given to developing health management information systems and information technology and communications infrastructure. The activity targets policy makers, National AIDS Control Program staff and other NDOH staff.

BACKGROUND:

The NDOH has identified a need to have M&E officers working in each province to coordinate and facilitate district-level data reporting to the provincial level and to the national department. A lack of high-quality data has a negative impact on the NDOH's ability to analyze disease trends and plan new policies and interventions. The capacity gap at the provincial level was identified by the NDOH some time ago, however due to a lack of resources and other constraints local capacity building exercises have not been conducted. The move to assign new staff to provincial offices began in mid-2004. Since then, questions about roles and responsibilities, reporting lines between the provincial and national departments, and supervision have been addressed and new guidelines have been formulated. With this policy foundation in place the NDOH is now prepared to begin assigning M&E officers to the nine provinces and two at the national level. These officers will assist in improving the collection, flow and analysis of data for planning purposes.

ACTIVITIES AND EXPECTED RESULTS:

Eleven M&E officers will be recruited and trained in South African information management policies and practices. Upon completion of the training, the officers assigned to the nine provinces will take up their positions, as will the two officers assigned to NDOH.

The M&E officers will provide technical expertise in strategic information (SI), with a special emphasis on improving data flow within the provincial DOH (e.g., between districts and the provincial capital) and between the provinces and the national level. The officers based at the NDOH will also contribute to improving the department's ability to share information with external partners. In addition to facilitating information flow, the officers will work to build local capacity in data management and the use of public health/epidemiological data for planning.

Expected results: By improving the quality of data collected in the field (i.e., at the district and provincial level) and facilitating the flow of information from the provincial to the national level in an efficient and timely manner, the M&E officers will

contribute to the NDOH's ability to produce high quality policy and scientific reports, and to provide appropriate reporting data to its partners in the donor community. The development of a reliable data system from the district level to the national level will also improve the NDOH's ability to respond to changing disease trends and plan future program interventions. The ultimate objective for these activities is to generate a positive impact on the way HIV/AIDS prevention, care and treatment services are delivered nationwide.

Improving data quality and analysis will directly contribute to improvements in HIV/AIDS service delivery. These improvements, in turn, will have a positive impact on South Africa's ability to prevent new infections, care for patients living with HIV, and provide treatment for those with AIDS – all goals outlined in the Emergency Plan's 2-7-10 strategy.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CDC Support
Prime Partner: National Department of Health, South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3044
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity is one of six activities in support of the NDOH; additional activities include PMTCT (#3047), TB/HIV (#3045), CT (#3046), Other Prevention (#3043) and ARV Services (#3282). Taken in whole, these activities provide overall HIV/AIDS programmatic support to NDOH and supplement their ongoing program. In addition, NDOH relies on CDC to implement activities that address NDOH's emerging priorities, providing financial and technical support more quickly than the systems of NDOH allow.

SUMMARY:

Emergency Plan funds will support the NDOH in its effort to implement M&E activities in its HIV/AIDS programs nationwide. The major emphasis area for this program will be the development of health management information systems, with minor emphasis given to improving information technology and communication infrastructure, M&E and reporting, and proposed staff for SI. The target population will include SAG policy makers, members of the National AIDS Control Program, and other staff in the NDOH.

BACKGROUND:

The NDOH currently lacks trained M&E personnel for specialized information gathering and management tasks around the country. As such, data on disease surveillance and HIV/AIDS service uptake is often weak and/or not transmitted in a timely manner. This disconnect has had a negative impact on the NDOH's ability to effectively analyze epidemiological trends and have current information on standard indicators. CDC has provided technical support for M&E at both the national and provincial levels since 2003. To date, CDC has provided technical support in developing standard indicators, developing policies and guidelines and training tools. These funds will be used to expand the NDOH's M&E activities especially human capacity development at the national and provincial levels.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Training):

Funds will be used to conduct orientation sessions on M&E for HIV/AIDS program staff. These sessions will serve as a means of introducing new (and existing) M&E officers, and to provide staff with basic information on the importance of M&E, its objectives and the activities required to meet these goals. Staff will also receive training in the District Health Information System (DHIS), an electronic database currently used to track disease and health indicators nationwide, and in more sophisticated M&E techniques used in program planning. HIV/AIDS program staff will be trained in data management techniques.

ACTIVITY 2 (New staff):

An expert in Strategic Information will be hired to provide technical assistance to the NDOH to support data use and analysis efforts within the NDOH.

ACTIVITY 3 (GIS):

Emergency Plan funds will also support the development of a geographic information system (GIS) program in the NDOH.

Improving the NDOH's ability to collect, process and utilize Strategic Information will directly contribute to improvements in HIV/AIDS service delivery by having the information available for decision making purposes. These improvements, in turn, will have a positive impact on South Africa's ability to prevent new infections, care for

patients living with HIV, and provide treatment for those with AIDS, in support of Emergency Plan goals. In addition these efforts support the USG Five year Strategy for South Africa by building capacity within the SAG.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	200	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	10	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CAPRISA CDC
Prime Partner: University of Kwazulu-Natal
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3074
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

This SI activity is linked to CAPRISA's NIH-funded HIV/AIDS treatment and care program described in the Counseling and Testing (#3071), ARV Drugs (#3073) and ARV Services (#3072) sections of the COP.

SUMMARY:

This Emergency Plan activity will involve partial support for two components of the work being done in Vulindlela with the aim of producing valuable information to guide current and future prevention and treatment activities in this kind of setting. The project to obtain strategic information involves 2 components: i) Stigma and discrimination (HIV status disclosure), and ii) Gender, youth and HIV – prevalence and incidence of HIV in adolescents. The emphasis area for this activity is HIV surveillance systems. The target populations are in- and out-of-school youth and young adults, public health workers, and CBOs.

BACKGROUND:

Stigma and discrimination (key legislative issue) results in low uptake of the government provided VCT services and low levels of disclosure of HIV positive status. In South Africa, adolescents and particularly young women are a vulnerable group at high risk of acquiring HIV. Preliminary data suggest that several factors may be important in relation to HIV acquisition in adolescent women. A limitation of these data is that they are cross-sectionally collected. By establishing cohorts of young women and systematically assessing factors such as age of sexual debut, sexual coupling patterns, family structure, and sexual practices prospectively in relation to HIV acquisition we will be able to refine our interventions targeted at reducing HIV risk in adolescent sexually active women. The strategic information efforts will be used to expand a rudimentary youth-friendly health service in Vulindlela.

Currently, the comprehensive primary care services provided through the public sector Primary Health Care (PHC) clinics does not specifically include youth friendly services (YFS). The fact that about two thirds of ante-natal clients are under the age of 24 years and HIV risk is high underscores the need to focus on sexually active young women. In conjunction with the DOH, CAPRISA has been piloting the integration of YFS into existing PHC services. The main focus of this activity is in training of staff to be less judgmental and more supportive of young sexually active women utilizing PHC services. Given their HIV risk, emphasis is placed on reproductive health services, treatment of STIs, and HIV risk reduction counseling. This pilot effort will be transferred to the Mafakathini Clinic where staff will initially shadow CAPRISA staff providing YFS. In addition, more detailed information will be sought in relation to sexual debut, sexual practices, sexual coupling patterns and safer sex practices. In the annual HIV seroprevalence studies conducted among ANC clients HIV risk among young women whose sexual partners are 5 or more years older than them is substantially higher compared to young women whose sexual partners are their peers. We will focus on comparing women whose sexual partners are 5 or more years older than them to those whose sexual partners are about the same age as themselves with the aim of better understanding factors fuelling HIV risk.

ACTIVITIES AND EXPECTED RESULTS:

Community members will be hired and trained to collect the information (including information on family structure, sexual practices, sexual networking patterns, other STIs and violence) (key legislative issue) in young sexually active women, including those under the age of 18 years. Similar data on male sexual partners (male norms and behaviors, key legislative issue) will also be collected where possible. Data

collectors will conduct home visits and where needed, transport adolescent women to the CAPRISA clinic for CT, support group meetings and clinical care. In depth interviews and focus group discussion will be conducted to better understand sexual risk as well as experiences of stigma and discrimination and disclosure. Findings about factors contributing to stigma and discrimination will be used to develop interventions to reduce stigma and discrimination and thereby enhance uptake of HIV/AIDS prevention, care, and treatment programs.

EXPECTED RESULTS:
This support of CAPRISA will enable the collection of program related information to improve the existing counseling programs for adolescents accessing CT services to support disclosure to significant family members and to establish support for young persons living with HIV. As part of the community preparatory work a number of group discussions have taken place in the past 6 months with different groups in Vulindlela around HIV/AIDS. While these groups report on high levels of awareness and knowledge about HIV/AIDS including AIDS-related mortality there is no one who has publicly disclosed their HIV status or are willing to, and uptake of the CT services at the PHC clinics remain low. The leadership in the community has expressed concern about the increasing mortality particularly in young men and women. Fear of stigma and discrimination has been raised as a major barrier to dealing with the epidemic in this community. These funds will also support establishing and retaining a cohort of about 400 negative, sexually active adolescents and exploring a number of ways to keep them negative.

By improving epidemiological surveillance at PMTCT sites, CAPRISA's activities will contribute to South Africa's understanding of the HIV/AIDS epidemic among young women and their newborn children. This information will, in turn, support prevention efforts and allow more HIV-infected people to access care and treatment services. These accomplishments will contribute to the realization of the Emergency Plan's 2-7-10 goals of providing ART to two million people, preventing seven million new infections, and proving care services to 10 million people living with HIV.

Emphasis Areas	**% Of Effort**
HIV Surveillance Systems	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	27	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Secondary school students (Parent: Children and youth (non-OVC))
Men (including men of reproductive age) (Parent: Adults)
Women (including women of reproductive age) (Parent: Adults)
Out-of-school youth (Parent: Most at risk populations)
Other health care workers (Parent: Public health care workers)
Private health care workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

KwaZulu-Natal

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	MEASURE Evaluation
Prime Partner:	University of North Carolina
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3075
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is related to the MEASURE activity described in the OVC program area (#3277). In addition, MEASURE Evaluation will implement an unrelated activity described in the ARV Services program area (#5059). This activity is also linked to the data quality audits that will be done by an independent auditor, with follow-up TA from Measure (#3345).

SUMMARY:
MEASURE Evaluation will provide a broad program of technical assistance and other targeted project support to improve the quality, availability and use of strategic information in South Africa, in coordination with the USG SI team. Strategic information will contribute to strengthening programs, improving accountability and reporting, and information sharing with Emergency Plan partners. The major emphasis area for this activity is monitoring, evaluation and reporting; the activity targets program managers, National AIDS Control Program staff, USG in-country staff, and NGOs, FBOs, CBOs and implementing organizations.

BACKGROUND:
The overall activity objective of Measure Evaluation Phase II is to improve the collection, analysis and presentation of data to promote use in planning, policy-making, managing, monitoring and evaluating the South Africa Emergency Plan program. This is an ongoing activity. MEASURE Evaluation began providing assistance to the South Africa Emergency Plan Program in FY04, implemented by Tulane University, John Snow International and the University of Pretoria.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (Strengthened SI capacity of Emergency Plan partners):

MEASURE Evaluation will work to strengthen the capacity of Emergency Plan implementing partners to monitor and evaluate their programs. The approach to capacity building is individualized and continuous; each partner's experience in receiving technical assistance will be unique. Efforts will be made to identify implementing partner specific M&E technical assistance needs and provide appropriate assistance. Specific activities include:

- M&E Training: Develop and implement week-long monitoring and evaluation workshops organized towards building and implementing M&E Work Plans to guide organizational M&E processes;
- M&E Site Visits: Make partner site visits as a follow-up to M&E workshops and provide continued and individualized technical assistance;
- Data Quality Audits: Assist USG SI team to follow-up on issues identified through the data quality audits, in order to improve the quality of data at partner level and build capacity in M&E.

ACTIVITY 2 (Coordinated design and implementation of information gathering):
The Emergency Plan calls for coordinated monitoring and evaluation among implementing partners utilizing standardized indicators. MEASURE Evaluation will coordinate information gathering and sharing among all Emergency Plan partners. Specific activities include:

- Indicator Development: Develop and disseminate appropriate indicators that support Emergency Plan objectives;
- Strategic Information Operational Plan: Develop and disseminate a compendium of information and procedures to support the Emergency Plan;
- Partner M&E Meetings: Coordinate and facilitate partner meetings;

- Ongoing collaboration: Collaborate with USG/SA (USAID, CDC, Peace Corps, DOD).

ACTIVITY 3 (Increased demand, availability and utilization of SI):
MEASURE Evaluation will utilize multiple strategies for increasing SI demand, availability and utilization in South Africa. Specific activities include:
- SI Data Warehouse: Fund and manage a data warehouse that houses Emergency Plan partner standardized program data;
- Collaborative Workgroup Web Server: Fund and manage a web server for Data Warehouse data entry and information sharing;
- Planning and Reporting: COP, OGAC reports, SI budget analysis, SI strategy.

ACTIVITY 4 (Strengthened national-level SI capacity):
MEASURE Evaluation will work to strengthen national-level monitoring and evaluation capacity in South Africa through collaboration with NDOH, DSD, Department of Defense, and others. Efforts will be made to collaborate with SAG on M&E strategies, communicate ideas, and share M&E data. Specific activities include: develop engagement strategies with NDOH; facilitate the exchange of information between SAG and USG; provide direct technical assistance to SAG Departments on request; mentor technical staff; and fund a technical assistant to NDOH.

These activities support the South Africa Mission's Five Year Strategy by strengthening the capacity of SAG and Emergency Plan partners to carry out effective monitoring and evaluation of implemented programs.

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Proposed staff for SI	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	150	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	50	☐

Target Populations:

Community-based organizations
Faith-based organizations
National AIDS control program staff (Parent: Host country government workers)
Non-governmental organizations/private voluntary organizations
Program managers
USG in-country staff
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: Wits Health Consortium, Reproductive Health Research Unit

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3084

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

With FY05 Emergency Plan support, RHRU is providing technical assistance to the national and provincial DOH by advising technical committees, disseminating research and best practices, and designing tools that will complement the ARV roll out. In particular, RHRU is developing 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. On-site training and support is being provided to NDOH staff to ensure understanding and implementation of the tools. The development of these tools will be completed with FY05 funding and RHRU will use FY06 funds to implement ARV Service activities (#3081).

The targets associated with this activity are from FY05.

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	712	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Monitoring PMTCT
Prime Partner:	Medical Research Council of South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3090
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

The activity relates to Medical Research Council activities described in PMTCT (#3550) and policy analysis/health systems strengthening (#3815).

SUMMARY:
The Medical Research Council (MRC) will use Emergency Plan funds to implement a targeted evaluation of the training undertaken in the programme area PMTCT (described in PMTCT Activity #3550). The aim of the targeted evaluation is to determine the impact of the PMTCT training on quality of care. The emphasis area for the SI activity is targeted evaluation. Target populations for this program area include pregnant women and infants, public health care clinicians and NDOH staff.

BACKGROUND:
This activity builds on a targeted evaluation undertaken in FY05 to determine the effectiveness of PMTCT. The first evaluation was observational in nature without any intervention. This evaluation will determine the impact of a specific intervention to improve the quality of PMTCT care. A consortium consisting of four institutions with a proven track record in PMTCT evaluations will undertake this project (MRC, Health Systems Trust, University of the Western Cape and CADRE).

ACTIVITIES AND EXPECTED RESULTS:
The main activity is a targeted evaluation of the training undertaken in the programme area PMTCT, to determine its impact on the quality of care provided to PMTCT clients. The evaluation will take place four months following the implementation of the training. It is estimated that across the eight facilities, during FY06 approximately 1,600 pregnant women will be provided with a complete course of ARV prophylaxis and 7,200 pregnant women will be provided with counselling and testing services. The targeted evaluation will involve observations of counselling sessions with antenatal clients, interviews with clients, observations of health facilities and interviews with health care workers. Funding for this activity will be used to support six field researchers who will collect data required for the evaluation. The partner organizations have experience in targeted evaluations of PMTCT programmes and have recently completed a baseline observational study of the quality of PMTCT counseling; this project will build on that previous work. The evaluation will begin in FY06 but is likely to only be completed in FY07.

These results contribute to the PEPFAR 2-7-10 goals mainly through the prevention focus. Improvement in the quality of PMTCT services will result in increased numbers of women accessing HIV counseling and testing, nevirapine and infant feeding counseling which will result in a reduction (infections averted) in mother to child transmission of HIV.

Emphasis Areas	**% Of Effort**
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Western Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism: LINKAGES

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3307

Planned Funds:

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds allocated to SI [ ] are for AED/LINKAGES to provide technical assistance to DOH at the national and provincial levels 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 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 the 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. These activities will be completed according to schedule; therefore there is no need to continue funding this activity with FY06 COP funds.

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HSRC
Prime Partner: Human Science Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3343
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to Strategic Information activities, HSRC also implements activities described in the PMTCT (#3553) and Other Prevention (#3552) program areas.

SUMMARY:
Health Sciences Research Council (HSRC) proposes using Emergency Plan funds to support South Africa's 2007 national population-based HIV prevalence and behavioral risk survey. State-of-the art survey and epidemiologic methods will be employed to collect and analyze data in support of efforts to evaluate epidemic trends. These data will also be used to enhance national HIV/AIDS program indicators and compare South Africa's HIV/AIDS epidemic to the global pandemic. The major emphasis area of this project is a population survey, with additional emphasis on health management information and HIV surveillance systems, support for M&E as well as SI staff, and other SI activities as needed. The entire population of South Africa will benefit from this survey; however the target population for this project includes members of the host government and local partners who will be directly involved in designing and conducting the survey.

BACKGROUND:
In order to implement effective HIV/AIDS prevention, care and treatment programs in South Africa, it is vital to have accurate data and a comprehensive understanding of the epidemic. In its second-generation surveillance recommendations, UNAIDS (2000) advocates for the development and use of data sources, beyond ANC-based HIV prevalence data, to enrich countries' understanding of the epidemic's dynamics and its impact on the population. It is well recognized that HIV prevalence estimates derived from population-based samples yield a different and complementary view of HIV transmission dynamics in a country, compared to ANC surveillance data. It is also widely believed that HIV estimates based on prevalence data from pregnant women may lead to overestimates of national prevalence rates in mature epidemics like those found in most southern African countries. It has therefore been suggested by UNAIDS and WHO that every country in Sub-Saharan Africa collect and analyse HIV prevalence data from population-based surveys. These data will be used as a benchmark against which estimates derived from ANC sentinel site surveys may be compared. By triangulating these data, along with data on risk behaviours, countries can obtain a more accurate picture of epidemic levels and trends.

HSRC and partners conducted the original national Nelson Mandela survey in South Africa in 2002 (Shisana & Simbayi, 2002a, 2002b). This survey was repeated in 2004/05. The 2005 survey was funded, like the first one, by the Nelson Mandela Foundation, the Nelson Mandela Children's Fund, the Swiss Agency for Development and Cooperation and the HSRC. HSRC also received support from CDC and the National Centers for Infectious Disease which allowed for incidence testing to be undertaken for the first time in the general population. CDC may also provide support to allow completion and dissemination of the final 2004/05 survey report by World AIDS Day, December 2005.

ACTIVITIES AND EXPECTED RESULTS:
HSRC will use Emergency Plan funds to support various aspects of South African national population-based HIV prevalence survey design and implementation including staff support, field allowances, quality assurances procedures, vehicle expenses, the development and printing of data collection and processing forms, and the shipment (by courier) of specimens to the selected laboratories from the field. A large portion of funding will be devoted to HIV antibody testing and other related tests at an accredited national laboratory.

This project will also allow for collaboration with both CDC and ORC Macro International on survey methodology (twinning, key legislative issue), data analysis and sub-studies on HIV incidence. It will facilitate collaboration on monitoring ARV treatment coverage and needs in different segments of the population within South Africa and with other countries in the Southern Africa Development Community (SADC) region. Finally, it will allow researchers to make epidemiological projections and impact assessments based on updated data in South Africa.

More accurate estimates of national HIV prevalence and behavioral risks will allow for better program impact assessment, and for a retooling of the national response to HIV and AIDS. Importantly, as a follow-up survey, this 2007 survey will complete a time series of comparable population based data for solid epidemiologic analysis of trends over the previous 5 years. Viral load and incidence testing will provide additional information in the fight against HIV/AIDS. Lastly, information needed to measure some dimensions of HIV/AIDS program coverage (e.g. BCC, OVC, antiretroviral treatment, exposure to certain health services, home-based care) will be generated in a cost-effective way through this national survey.

The overall cost for the survey is [redacted] of which half will be covered by the Nelson Mandela Foundation, the Nelson Mandela Children's Fund and the Swiss Cooperation. The USG contribution in FY06 will be [redacted] of which HSRC requests [redacted] through this proposal. The remaining funds are requested through a plus-up request.

By generating actionable data for new HIV/AIDS policy for prevention, care and treatment, HSRC's program will support the overall prevention, care and treatment goals outlined in the Emergency Plan's 2-7-10 strategy. It will also support work toward achieving the prevention, care and treatment objectives identified by the USG's Five Year Strategy for HIV/AIDS in South Africa.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	51 - 100
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Other SI Activities	10 - 50
Proposed staff for SI	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	12	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Target Populations:

Adults
Disabled populations
Family planning clients
Most at risk populations
HIV/AIDS-affected families
Infants
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Pregnant women
Seafarers/port and dock workers (Parent: Most at risk populations)
Children and youth (non-OVC)
HIV positive pregnant women (Parent: People living with HIV/AIDS)
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Out-of-school youth (Parent: Most at risk populations)
Partners/clients of CSW (Parent: Most at risk populations)
Transgender individuals (Parent: Most at risk populations)
Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Data Quality
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 3345
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity is integrated with general M&E support provided by Measure Evaluation (#3075).

SUMMARY:
Effective monitoring and evaluating is critical to achieving the overall 2-7-10 objectives of the PEFPAR program. The USG team in South Africa has contracted an outside firm to implement data quality training and assessments with the implementing partners to ensure that the data reported meet the minimum standards as defined by OGAC and that partners have an understanding of how to use M&E effectively for program improvement. The major emphasis area for the activity is "Other" SI (Data Quality Assessment), with supporting emphasis on M&E and USG database and reporting systems. The activities target program managers, implementing organizations, and USG in-country and headquarters staff.

BACKGROUND:
In FY05, the USG contracted with an independent auditor to conduct data quality assessment of the Emergency Plan implementing partners, as a follow-up to the USG M&E training. Although this exercise provided invaluable feedback to the USG team on risks regarding reported data, the main focus was to build M&E capacity and systems within the Emergency Plan partner organizations. In a traditional audit, there is one-way communication – a partner responds to the auditor's questions. These data quality assessments (DQAs) were done in a more interactive manner in which partners could ask advice on how to improve their current practices. The USG team selected 15 partners originally to participate in the DQA process and in the end 40 DQAs were completed. Partners volunteered or asked to participate after attending the M&E training session on Data Quality, and many prime partners took advantage of this opportunity to go through the DQA process with their sub-partners.

In addition, the auditor provided the entire USG team with a data quality training prior to the DQA activity. As a result, many of the Activity Managers realized the importance of the exercise and participated in the DQAs with their partners. At the end of the process, the auditors also provided the USG team with a de-brief, outlining possible risks and specific technical assistance needs. Given the usefulness to both Emergency Plan partners and the USG team, South Africa plans to continue the activity in FY06.

ACTIVITIES AND EXPECTED RESULTS:
As the focus of the DQAs is to build capacity, they are designed as a three phase approach:

ACTIVITY 1:
The auditor will do a 2-4 hour pre-audit visit to the partner. This visit will prepare the partners for the actual audit by talking them through the audit tool, looking at general M&E systems and explaining the types of documentation the auditor will look for during the DQA. Adding this first phase makes the DQA process more meaningful and less threatening for the partner.

ACTIVITY 2:
Activity 2 is the actual DQA, which is a 6-10 hour process depending on the partner. A standard data quality assessment tool is used, which walks the partner through issues around: validity, reliability, timeliness, precision and integrity. Each of these five areas is scored based on the risk it presents to data quality and in the end, a final score is presented to the partner in a report outlining the issues and possible

corrective action needed. As described above, this is an interactive process, in which the partner or USG staff is able to ask questions and receive advice on how to improve systems.

ACTIVITY 3:
Activity 3 is the final visit, which ranges from 2-6 hours and is only done with those partners who received a compliance note based on a high risk score in Activity 2. The auditor re-examines the data quality issues found during Activity 2 to see what corrective action has been taken. If the auditor is satisfied with the corrective actions, the audit is officially closed. This final visit also serves as an additional opportunity for the partner to receive technical assistance from the auditor on data quality practices.

The DQA process will assist the USG South Africa team to report high quality, auditable data to OGAC on the 2-7-10 goals and will build long-term capacity among partners to use M&E for program improvement. Specifically, FY06 money will fund the final (Phase 3) visit for the current round of DQAs and will allow the USG to select 30 additional partners to participate in the next round of DQAs. In addition, the auditor will de-brief USG staff on audit findings, and conduct 3 partner M&E trainings sessions.

Emphasis Areas	% Of Effort
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	51 - 100
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	60	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	30	☐

Target Populations:

Program managers
USG in-country staff
USG headquarters staff
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: University of Pretoria - MRC Unit

Prime Partner: University of Pretoria, South Africa

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 3796

Planned Funds:

Activity Narrative: SUMMARY:

University of Pretoria/MRC Unit's project is a PMTCT monitoring project, aimed at improving the quality of PMTCT service delivery. During FY05, the foundations for the Child Health Care Problem Identification Program (CHPIP) project were laid using Emergency Plan funding. FY06 funding will be used to continue support for monitoring the impact of managing HIV infected pregnant women and PMTCT on perinatal and infant mortality, as well as the impact of cotrimoxazole prophylaxis and antiretroviral therapy on HIV-infected children. The major emphasis of the work falls in Health Management Information Systems, with a lesser emphasis on database development. Target populations for the activity include infants and children, HIV-positive infants, doctors, nurses and other health care workers.

BACKGROUND:

HIV infection has a major impact on the mortality of fetuses, infants and children. The impact on fetuses is mostly indirect, resulting in preterm delivery, growth restriction or infection, whereas infants under five years tend to die from the direct results of the HIV infection. Perinatal mortality in South Africa is currently monitored by the Perinatal Problem Identification Programme (PPIP). Prior to FY05, information on the causes of deaths of children was not routinely collected, and there was no way to determine the impact of PMTCT. However, with FY05 Emergency Plan funding, and in collaboration with NDOH, the PPIP system was updated to include fields for ARV therapy during pregnancy, cotrimoxazole prophylaxis in the first six weeks after birth, and infant feeding information. These updates will allow NDOH to determine the number of children dying from HIV related infections, as well as provide an indirect proxy for PMTCT impact. Health Care Workers were trained in using the PPIP monitoring system. FY05 Emergency Plan funding was also used to implement a new hospital-based audit system of child deaths – CHPIP -- in 18 sites around South Africa. Analysis of the first six months of data from seven pilot sites indicated that 62% of child deaths under five years of age are related to HIV infections. Although the purpose of CHPIP is to monitor child deaths, particularly as they relate to HIV, the CHPIP enables hospitals to identify preventable causes of deaths as they relate to the health system and to the community and identify strategies to address these. Pediatricians from these sites were trained in the use of CHPIP, and how the data obtained from the program can feed back into the program to improve quality of care and prevent mortality of children. CHPIP will be used to monitor children born to mothers in the PMTCT program, and ensure that they receive appropriate care and referrals.

ACTIVITIES AND EXPECTED RESULTS:

FY06 funding will be used to continue supporting CHPIP implementation around the country, compiling the data from the 18 sites and generating a report that can be used to improve quality of care given to HIV infected infants and children, and continue establishing links with NDOH to expand the project to other facilities.

This project contributes to the strategic plan by strengthening PMTCT information and monitoring systems and improving quality of care of HIV infected children: In addition, this project contributes to the Emergency Plan 2-7-10 objectives by identifying children born to HIV-positive mothers early and linking them to treatment programs.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	36	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	18	☐

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
Traditional birth attendants (Parent: Public health care workers)
Traditional healers (Parent: Public health care workers)
Infants
Children and youth (non-OVC)
Girls (Parent: Children and youth (non-OVC))
Boys (Parent: Children and youth (non-OVC))
Primary school students (Parent: Children and youth (non-OVC))
Secondary school students (Parent: Children and youth (non-OVC))
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Public health care workers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Limpopo (Northern)

Mpumalanga

Northern Cape

North-West

Western Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	National Department of Health, South Africa
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	3810
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is one of several funded through a cooperative agreement between the South Africa NDOH AIDS program and the CDC. This cooperative agreement provides financial and technical assistance in the areas of PMTCT (#3042), AB (#3034), Basic Health Care and Support (#3037), TB/HIV (#3040), Strategic Information (#3810 and #3039), ARV Services (#3035), and Laboratory Infrastructure (#3038).

SUMMARY:
The Eastern Cape Regional Training Center (ECRTC) will use Emergency Plan funds to support public sector strategic information initiatives in the Eastern Cape, including the expansion of a clinic register and electronic database program to help clinics collect and manage patient and program related information; staff training using data to improve the quality of programs; and the development and implementation of a pharmacovigilance system. The major emphasis area for this program will be the implementation of a health management information system (HMIS), with minor emphasis paid to information technology and communications infrastructure, monitoring and evaluation and reporting, and staff for SI activities. The target population will include staff at the National AIDS Control Program and public sector healthcare workers.

BACKGROUND:
The ECRTC strategic information program is comprised of a system to develop tools and models for collecting, analyzing and disseminating clinical program (e.g. the PMTCT program) and individual patient information. It also works to implement PDSA (plan-do-study-act) cycles through which data collected by the tools are used to improve the quality of patient care.

With Emergency Plan funding in FY05, ECRTC drafted and pilot-tested a clinic register and an electronic medical record database to provide users with standardized collection methods for patient data and clinic visit data. The clinic register is now at the Eastern Cape Department of Health (ECDOH) for printing and dissemination to all hospitals and clinics in the Eastern Cape. Mthatha General Hospital (MGH) Complex clinic staff were trained to correctly complete the clinic register. These clinical care data were verified and entered into a data base on a monthly basis.

The electronic medical record database was installed in two sites in the MGH complex. A staff person was provided to manage the electronic database in the two sites. ECRTC contracted with the Institute for Healthcare Improvement (IHI) to train an ECRTC staff person on PDSA cycles, including continuous quality improvement, using data to improve quality care, and conducting PDSA cycles). ECRTC and IHI are currently implementing PDSA cycles in one hospital and four clinics in the Mhlontlo LSA.

The clinic register and electronic data base were initiated in FY05 with Emergency Plan funding. The pharmacovigilance system is a new activity in FY06. All activities will be implemented by the ECRTC.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The ECRTC will conduct six three day workshops to train 34 accredited sites in the use of the clinic register. It will also introduce the electronic database in three major referral sites, (Port Elizabeth, Queenstown, and Grahamstown). Data from these

sites will be submitted to the ECDOH for data entry, analyses and feedback. The ECRTC will conduct site visits and provide telephone consultations to mentor/monitor ECDOH data staff on using the system. The PDSA concept will be introduced and implemented in two additional Local Service Areas in FY06.

ACTIVITY 2:
Pharmacovigilance: The ECRTC will contract the services of an experienced pharmacist consultant to guide and pilot test a program intended to collect and collate information on adverse drug reactions (ADR) in the MGH Complex. These data will be used to identify trends, make recommendations on ADR prevention and management, and develop health care worker competency training

The pharmacist at the ECRTC will liaise with all of the feeder clinics and hospitals to ensure that ADR forms are available and that forms are properly completed and forwarded to the RTC. The Pharmacist will then enter the reported ADRs into a database and forward tabulated entries to the Pharmacovigilance Sub-committee at the Mthatha General Hospital Complex. The Sub-committee will bring the information to the full Pharmacovigilance Committee on a monthly basis. For proper ADR prevention and management, the committees will meet monthly in order to make timely interventions. Lessons learned from this approach will be used by the ECRTC to carefully and systematically expand the pharmacovigilance system to the rest of the province.

The information gathered, analyzed and disseminated through these strategic information systems will allow clinicians and policy makers to make necessary adjustments in patient care and the guidelines that govern ARV services, ensuring a higher standard of care for PLWHA receiving ART and contribute to the Emergency Plan's goal of providing appropriate treatment to two million people. These activities also support the care and treatment objectives outlined in the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Indirect number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	50	☐

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

National AIDS control program staff (Parent: Host country government workers)

Laboratory workers (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HIV Testing in Pregnancy
Prime Partner: Natal University for Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4710
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

SUMMARY:
The University of KwaZulu-Natal (UKZN) will use Emergency Plan funds to implement a pilot project to conduct a second HIV test for those pregnant women at 34-36 weeks gestation who tested negative at their first antenatal care visit (at approximately 20 weeks gestation). Funding for this project was approved as part of the FY05 COP, with "TBD" listed as prime partner; UKZN was recently awarded the contract for this activity.

BACKGROUND:
The national guidelines for PMTCT allow for a pregnant woman to be tested once during the course of her pregnancy. This means that irrespective of when the first antenatal visit occurs, pregnant women will be counseled and if in agreement tested at this point. Since most women normally attend antenatal care for the first time during 20-25 weeks gestation, the CT component of the PMTCT program usually occurs early on in a women's pregnancy. This means that if women seroconvert after an HIV test has been conducted, she is still considered to be HIV-negative and she will not have the opportunity to enroll in the PMTCT program. The same applies for women who are in the window period. 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 they believe that they are negative based on the results of the HIV test conducted during early pregnancy. In addition, data from the KwaZulu-Natal sentinel surveillance indicated that 30% of infants born to women who tested HIV-negative during pregnancy are in fact HIV-positive. This pilot project will establish pilot sites in each of the nine provinces to begin implementation of repeat HIV testing for pregnant women. The second opportunity for CT will occur between gestational week 32 and labor. In some cases, women will not return for any additional antenatal care. These women will be offered the opportunity to test after delivery, as current policy does not allow for CT during labor. This will ensure that if in fact 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 for the rollout for a second opportunity to undergo CT during pregnancy and labor will be developed. Due to the NDOH approval process, this project has been slow to get started. Activities for this project will take place during 2006 with FY05 funds. The project targets pregnant women and contributes to Emergency Plan goal of averting seven million infections by identifying HIV-positive pregnant women, offering them ARV prophylaxis and PMTCT services, thus preventing vertical HIV transmission.

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area 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 programs to address stigma and discrimination; (2) support for implementing effective HIV workplace policies in the public and private sector; (3) support for developing national guidelines and standards for HIV peer education; (4) assistance in increasing the involvement of PLWHA groups in implementing the NDOH's treatment and care initiatives; and (5) support for government to government twinning relationships. In addition to Emergency Plan funded HIV and AIDS activities, the U.S. Department of Labor also funds HIV and AIDS workplace prevention programs in collaboration with South African Trade Unions and the International Labor Organization.

These activities continue successful interventions from FY05 consistent with the first principle of the USG Strategic Plan: to support the SAG Comprehensive Plan and efforts of SAG departments in combating HIV and AIDS. These activities also support other objectives identified in the USG Strategic Plan to increase workplace HIV and AIDS programs, to involve PLWHA, and to address stigma and discrimination.

Other major donors in this program area support workplace and mainstreaming policy development in the private sector, and organizational capacity building among NGOs working in HIV/AIDS. UNHCR funds work on Refugee/HIV policies, and UNDP supports policy development focused on the poverty/AIDS cycle. Many donors and civil society groups address stigma and discrimination within their HIV/AIDS programs. In addition to industry and labor organizations, other donors involved in HIV workplace policies are GTZ, DFID and Irish AID.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	193
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	541
Number of individuals trained in HIV-related policy development	1,771
Number of individuals trained in HIV-related institutional capacity building	2,107
Number of individuals trained in HIV-related stigma and discrimination reduction	2,054
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1,624

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ASPH Cooperative Agreement
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 2934
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
This activity relates to activities to be carried out by the Harvard School of Public Health (HSPH) in Other Prevention (#2932) and AB (#2931). The project also expects to develop a practical management information system to track peer education program activities and target populations.

SUMMARY:
Emergency Plan funding will support the development of a set of national guidelines and tools to systematize rigorous, measurable and sustainable peer education coordinated across government departments; translating peer education guidelines into formal South Africa Quality Assurance (SAQA) unit standards; education of multisectoral policymaking bodies; the development and implementation of standardized M&E tools; and the development of a database on peer education activities conducted by implementing partners. Training is the major emphasis area for the funded activities, but funds are also used for development of IEC materials, development of networks/linkages, linkages with other sectors and initiatives, policy and guidelines and strategic information. These activities target a wide range of audiences, including secondary and university students, OVC, community and religious leaders, program managers and teachers, policy makers, public health workers, business community/private sector, and CBOs, FBOs, NGOs and international counterpart organizations.

BACKGROUND:
Providing accredited training and technical assistance, standards and policy innovations, materials and tool development, uniform data collection, and targeted evaluation, the South Africa Peer Education Support Institute (SAPESI) is the linchpin of an unprecedented national system delivering rigorous peer education in schools, FBOs and CBOs, clinics, sport and recreation programs, higher education, and public and private sector workplaces.

This project is a continuation, expansion and institutionalization of an initiative started in 2001 and supported in FY05 with PEPFAR funding. SAPESI is a collaboration among HSPH, the Nelson Mandela Metropole University (NMMU), and the Higher Education HIV/AIDS Programme, each with its own source of support (the NMMU Trust and the EU, respectively). SAPESI builds on a four-year national consultative process developing consensus on the goals, essential elements and standards of practice for peer education programs, and a suite of materials and tools in wide circulation (Rutanang).

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1:
The HSPH initiative strengthens an essential strategy currently used across South Africa and across the world with little rigor and evaluation. It establishes 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 corporate entities. The linchpin of this system-building activity, SAPESI will provide accredited training and ongoing technical assistance; information, communication, and education materials and tools; policy guidelines; and assistance with linkages, community mobilization, and strategic information as part of its systemic capacity development for peer education programs in a variety of settings. Partners will use standardized monitoring and evaluation tools to collect and share comparable data on program activities and outcomes. All SAPESI peer education activities and materials explicitly and intensively address the following

key legislative issues: male norms and behaviors, sexual violence and coercion, and stigma reduction. By its very nature, peer education also explicitly promotes democratic leadership development. SAPESI will work closely with School Learners Councils, Council of South African Students, and the National Youth Commission to articulate and evaluate the extent to which peer education programs contribute to active participation in school governance.

ACTIVITY 2:
A key SAPESI feature is SAQA accreditation for programs, peer educator trainers and supervisors, and peer educators themselves. The sustainability of programs, attraction and retention of able personnel, development of peer educators into health and education professionals who can graduate from secondary to tertiary to professional levels, and high performance standards at every level: all depend on translating the Rutanang guidelines into formal SAQA unit standards through Standards Generating Bodies and higher education institutions. This policy initiative will be supported partially by PEPFAR and partially by the NMMU Trust. SAPESI policy and system strengthening activities also feature education of multisectoral policymaking bodies, including Provincial Interdepartmental HIV/AIDS Committees, unions, and the business community. HSPH continues to work at the Deputy Director General and ministerial levels in a number of national and provincial departments.

SAPESI will also develop, refine, and implement standardized M&E tools and develop a database on peer education activities conducted by its partners. An annual conference of peer education evaluators and researchers will be part of its ongoing program; the seeds for this collegial approach to peer education measurement have been thoroughly sown in years of consensus-building and networking. Additionally, expert peer educators and supervisors will convene at least once a year to develop new tools and materials as needs are identified by practitioners in the field or researchers around the world. For example, the ability of peer educators to assist OVC in developing emotional support and coping strategies will be examined through the development of formats for psychosocial support groups and other strategies. Similarly, SAPESI will enable workplace programs in public and private sectors to test the appeal and efficacy of components that focus on motivating and equipping workers who are parents and guardians to engage in early and useful discussion and limit-setting with children/teens on norms of abstinence and delay of sexual debut.

These activities support the vision outlined in USG Five Year Strategy for South Africa by expanding access to appropriate prevention messages and building the capacity of a range of local and governmental organizations. These activities also contribute to the Emergency Plan's prevention goal of infections averted.

Emphasis Areas	% Of Effort
Training	51 - 100
Policy and Guidelines	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development	171	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	502	☐
Number of individuals trained in HIV-related policy development	195	☐
Number of individuals trained in HIV-related institutional capacity building	575	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	0	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	130	☐

Target Populations:

Business community/private sector
Community leaders
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Program managers
Teachers (Parent: Host country government workers)
Children and youth (non-OVC)
Secondary school students (Parent: Children and youth (non-OVC))
University students (Parent: Children and youth (non-OVC))
Religious leaders
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: World Health Organization

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 2995

Planned Funds: [ ]

Activity Narrative: This activity was approved in the FY05 COP, is funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Emergency Plan funds supported a WHO-organized conference for the southern and eastern Africa regions. The meeting was held in Durban, South Africa on April 11-14, 2005. There was considerable discussion about the impact of nutrition on HIV disease progression, AIDS prevention, and treatment. Nutrition and HIV Guidelines, developed by a Technical Advisory Group for use in resource-poor settings, were presented.

This activity will not be funded in FY06 as the meeting has been held and there is no further need to provide this support.

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: SA AIDS Conference
Prime Partner: Dira Sengwe
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3012
Planned Funds:
Activity Narrative: This activity was approved in the FY05 COP, was funded with FY05 Emergency Plan funds, and is included here to provide complete information for reviewers. No FY06 funding is requested for this activity.

Dira Sengwe used Emergency Plan funds to support the 2nd South African National HIV/AIDS Conference held in June 2005. As part of this financial support, the USG Emergency Plan Task Force was allocated a satellite session before the meeting and a half-day session during the conference, which generated substantial and favorable publicity for the Emergency Plan in South Africa. The meeting has been held and there is no further need to provide this support.

Funds to support the 3rd South African National HIV/AIDS Conference are included in the South Africa Plus-Up submission.

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Policy Project
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3016
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:
In addition to its Policy Analysis/Systems Strengthening activity, The POLICY Project will also carry out unrelated activities in AB (#3014), Basic Care and Support (#3015) and Strategic Information (#3017).

SUMMARY:
The POLICY Project and/or its follow-on project, Policy Development and Implementation (PDI), will help to strengthen institutional capacity in the public and private sector and civil society organizations through the design and implementation of HIV/AIDS policy and programs, with a focus on stigma and discrimination. This activity will target people living with HIV/AIDS and the affected families, business community, host country government workers, public health workers and community-based organizations. The major emphasis area for the activity is policy and guidelines training.

BACKGROUND:
POLICY continues to work with three key partners on its policy development activities:

University of Stellenbosch: Workplace Policies.
POLICY has provided support to the Postgraduate Diploma in the Management of HIV/AIDS in the World of Work since 2001, a partnership between the Stellenbosch University and Medical University of South Africa. In FY05, Emergency Plan funds supported the implementation of three modules: "Developing an HIV and AIDS policy: Content, Process, Challenges and Implementation". The program targets managers in private and public sectors including non-governmental, academic and religious organizations. The aim of the program is to improve systems and policies to manage HIV/AIDS in the workplace, through developing the capacity of the private and public sector to develop effective HIV/AIDS workplace policies and programs.

The Department of Public service and Administration (DPSA): Government Workplace Policies. The government of South Africa is the single largest employer in the country. The DPSA has human resource oversight responsibilities for government employees. POLICY has provided technical assistance (TA) to the DPSA since 1999 and has been enormously successful in assisting the DPSA in amending the Public Service Regulations, 2001 to ensure that government departments implement the Minimum Standards on HIV/AIDS. Furthermore POLICY has developed "Managing HIV/AIDS in the Workplace: A Guide for Government Departments" as a capacity building guide to assist in the implementation of the Minimum Standards on HIV/AIDS. POLICY has provided TA to selected government departments to develop HIV/AIDS policies and programs as well as to the annual DPSA AIDS Indaba hosted for HIV/AIDS managers in the Public Service. Emergency Plan funds in FY05 were used to support the development and implementation of a stigma mitigation strategy for the DPSA.

Centre for the Study of AIDS (CSA) at the University of Pretoria: Mitigating Stigma. HIV/AIDS stigma and discrimination undermines public health goals by decreasing access to HIV prevention options, treatment, support and welfare benefits for those who are living with HIV, therefore eroding the basic social value of equal human rights. Evidence from programs in South Africa suggests that unless stigma is addressed, there is still fear associated with coming forward for HIV/AIDS testing and treatment. Stigma and discrimination mitigation strategies have to apply a multi-sectoral and holistic approach to: address negative attitudes; challenge overt ostracism and discrimination; and prevent PLWHA from taking on blame and shame

(internal stigma), and developing destructive self-protection strategies. Since 2002, CSA has implemented a project that focuses on HIV/AIDS stigma – the Siyam'kela Project - on behalf of POLICY. This project was supported with Emergency Plan funds in FY05. To date, the project has been extremely successful in developing conceptual and theoretical tools to understand and mitigate HIV/AIDS stigma. This work has been used with government and civil society to inform stigma mitigation efforts, build capacity, promote lobbying and advocacy and offer training and TA around HIV/AIDS stigma.

ACTIVITIES AND EXPECTED RESULTS:

ACTIVITY 1 (University of Stellenbosch):
POLICY/PDI will provide training to policy makers and program managers enrolled on the Stellenbosch University Postgraduate Diploma to assist them to design and develop HIV/AIDS workplace policies and programs in their respective workplaces. POLICY/PDI will also initiate the development of a curriculum for a new course targeting Chief Executive Officers to develop their leadership capacity in managing HIV/AIDS in the workplace. These activities will lead to the development and implementation of policies and guidelines in workplaces, public and private sectors.

ACTIVITY 2 (DPSA):
Through the DPSA, POLICY/PDI will provide TA to five government departments to ensure the effective design and implementation of HIV/AIDS workplace programs in the public service. Technical support will be provided to the DPSA to strengthen the implementation of HIV/AIDS policies and strengthen the skills of departmental HIV/AIDS managers in the public service. This TA will focus on assisting the public service to address HIV/AIDS stigma and discrimination. The Future's Group will also provide ongoing assistance to the DPSA to implement its stigma mitigation strategy through training 20 DPSA employees to be trainers.

ACTIVITY 3 (CSA):
Through the ongoing implementation of the Siyam'kela Project, PLWHA will be trained to work effectively with media and media practitioners, lobby for PLWHA in stigma mitigation and offer leadership and training on strategies to mitigate HIV/AIDS stigma and discrimination (key legislative issue), with a special emphasis on internal stigma. POLICY/PDI will also work with media practitioners in HIV/AIDS stigma and train them to develop strategies to influence media representations of HIV/AIDS and PLWHA.

By training policy makers and program managers to design, develop and implement HIV/AIDS policies and programs in their respective workplaces, these activities support the vision outlined in the USG Five Year Strategy for South Africa. These activities contribute to the Emergency Plan 2-7-10 goals by facilitating workplace support for prevention, care and treatment.

Emphasis Areas	**% Of Effort**
Training	51 - 100
Policy and Guidelines	51 - 100
Workplace Programs	10 - 50
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	450	☐
Number of individuals trained in HIV-related institutional capacity building	60	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	160	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Business community/private sector
Community-based organizations
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
National AIDS control program staff (Parent: Host country government workers)
People living with HIV/AIDS
Policy makers (Parent: Host country government workers)
Teachers (Parent: Host country government workers)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Other health care workers (Parent: Public health care workers)
Private health care workers
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3033
Planned Funds:
Activity Narrative: SUMMARY:

In FY06, NASTAD will continue to support government-to-government twinning relationships between three *Provincial Departments of Health AIDS Directorates*, and three U.S. State Health Department AIDS programs, resulting in bi-directional exchange of expertise, and improved capacity of Provincial health systems. The primary emphasis area for the activity is local organization capacity building, with secondary emphasis on community mobilization and linkages with other sectors and initiatives. The activity targets PLWHA, policy makers, public health workers and NGOs.

BACKGROUND:
The National Alliance of State and Territorial AIDS Directors (NASTAD), is a U.S. NGO whose members consist of U.S. state health department AIDS program directors whose positions are analogous in program responsibility to their counterparts in national and state level AIDS programs abroad. NASTAD utilizes state AIDS directors and their staff to engage in twinning relationships to provide peer-based TA to increase HIV/AIDS program capacity of state and district level councils and committees worldwide, as requested by CDC field offices. This project builds on a government-to government twinning relationship between the Massachusetts Department of Health AIDS Bureau and the Eastern Cape Department of Health AIDS Directorate and PLWHA community of the Eastern Cape which has been in place since 2000, and has been facilitated by South Africa Partners. In FY 05, NASTAD was provided funding through the Emergency Plan to maintain and expand these initiatives, and to support two additional twinning relationships between U.S. state health departments and South African Provincial Health Departments.

ACTIVITIES AND EXPECTED RESULTS:
In this program, the legislative area is "Twinning." NASTAD expects to contribute to the 2-7-10 goals of the Emergency Plan by strengthening the capacity of the HIV prevention, care, and treatment systems of provincial health departments, and local PLWHA initiatives. In FY06 NASTAD and South Africa Partners will (i) maintain existing health department twinning relationships,(ii) enhance the network, linkages, and referral capacity of the provincial health departments by promoting the development of twinning relationships between U.S. state and South African Provincial academic centers and NGOs in the selected regions that demonstrate best practices in the areas of community capacity building for ART roll-out, and for prevention programs for PLWHAs. Specific activities and expected results for each twinning relationship will vary according to the needs of the partnership.

ACTIVITY 1:
Eastern Cape Province and Massachusetts Department of Public Health AIDS Bureau. In this twinning relationship two activities are being supported. The first has the primary emphasis area of community mobilization and participation. In FY06 South Africa Partners will provide capacity development curriculum development and training to 21 PLWHAs, 3 from each of the province's seven health districts, who are serving as health advocates. The project will work with local district health offices, AIDS Councils and AIDS support organizations to identify areas where PLWHAs can contribute to improvements in HIV prevention, treatment, and care and support initiatives. South Africa Partners will also work with the health advocates to coordinate the third annual Eastern Cape PLWHA Summit, and to implement 7 District "mini" Health Summits.

ACTIVITY 2:
The second activity targets host government and policy workers within the Eastern

UNCLASSIFIED

Cape Department of Health (ECDOH) through ongoing consultation between the Massachusetts Department of Public Health (MDPH) AIDS Bureau and the ECDOH HIV/AIDS Directorate. Depending on the needs of the ECDOH, activity areas could include local organization capacity development, needs assessment, policy and guidelines, quality assurance and supportive supervision, training, and strategic information. Specifically, a study tour will be planned for six people (3 PLWHA leaders from the districts, 1 district manager, 1 ART site manager, and the Eastern Cape Director for HIV/AIDS) to travel from the Eastern Cape to Massachusetts to observe important Massachusetts models that will inform program development in the Eastern Cape, continue the modeling of cross-sector relationships, particularly in the area of ARV dissemination and management, and update strategic planning between Massachusetts and Eastern Cape partners, particularly relative to the Wellness Centre model being developed in Port Elizabeth and based on the Boston Living Center.

ACTIVITY 3:
Western Cape Province and California Office of AIDS. A signed sister state-province agreement between the Western Cape (WCP) and the State of California already exists, and in 2004 the California Office of AIDS met with officials of the WCP Health Department to discuss possible twinning activities. Initial interest was expressed to bring physicians to California for training, as well as the establishment of a potential relationship between Cape Town and San Francisco, and exploration of migrant population issues. In FY05, delegation visits between the two health departments have been initiated and a work-plan is under development within which specific activities and expected results for FY06 will be delineated. Activity areas could include local organization capacity development, needs assessment, policy and guidelines, quality assurance and supportive supervision, training, and strategic information.

ACTIVITY 4:
Free State and Illinois Department of Health. This twinning relationship is being initiated in FY05. Delegation visits and work-plan development between the two health departments will occur in late FY05, within which specific activities and expected results for FY06 will be delineated. Activity areas could include local organization capacity development, needs assessment, policy and guidelines, quality assurance and supportive supervision, training, and strategic information.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development	14	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	14	☐
Number of individuals trained in HIV-related policy development	600	☐
Number of individuals trained in HIV-related institutional capacity building	600	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	600	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	600	☐

Target Populations:

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Host country government workers

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas

Eastern Cape

Free State

Western Cape

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GAC (GHAI account)

Program Area: Other/policy analysis and system strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 3335

Planned Funds:

Activity Narrative: INTEGRATED ACTIVITY FLAG:

This activity also relates to I-TECH activities described in the ARV Services program area (#3334). In addition, this activity is linked to the activities carried out by the Eastern Cape Regional Training Center, described in the ARV Services program area (#3035).

SUMMARY:

I-TECH will use Emergency Plan funds to provide longitudinal on-site technical assistance to staff at the Eastern Cape Regional Training Center (ECRTC) to assist with the further development of the Center and the implementation of its goals. In so doing, I-TECH will support the Eastern Cape Department of Health (ECDOH) in the expansion of its HIV/AIDS care and treatment programs. Local organization capacity development is the major emphasis of this program, with minor emphasis given to linkages to other sectors and initiatives, quality assurance and supportive supervision, SI, and training. The target population will be the staff of the ECRTC as the implementing organization.

BACKGROUND:

The activities under this program area are part of a larger initiative which started with FY04 Emergency Plan funding. FY06 activities under this program area will be implemented directly by I-TECH. In the early stages of ECRTC formation, I-TECH provided technical assistance related to the conceptualization and implementation of the ECRTC's staffing structure and training plan. This included developing job descriptions, staff selection, key staff mentoring, forming collaborations with other provincial/country/international training entities, and the development of a preliminary monitoring and evaluation (M&E) plan. Staff mentoring continues to be a strong need especially in the arena of monitoring and evaluation.

ACTIVITIES AND EXPECTED RESULTS:

In FY06, I-TECH will continue its technical assistance to the ECRTC's Director, sub-program Directors/Managers (e.g. Deputy Director of Training, Community Mobilization Manager) and staff (e.g., data capturers) in their work to implement a Regional Training Center to provide educational support to EC health care workers on the provision of HIV/AIDS treatment and care. In doing so, this activity will directly support the ECDOH in the expansion of its HIV/AIDS care and treatment programs.

Emergency Plan funding will support the I-TECH expert consultant on HIV/AIDS health care provider training and monitoring and evaluation programs. In FY06 this consultant will spend approximately six months in Mthatha working with the ECRTC to implement their M&E plan, as well as training staff at the ECRTC Central Office in Mthatha and at three satellite sites in Mthatha, East London and Port Elizabeth on M&E implementation and the use of data for Quality Assurance purposes. The consultant will also ensure the quality of programmatic and clinical data, document lessons learned, and design outcome studies. Activities in FY06 may also include more direct technical assistance to the ECDOH and to CDC-SA upon request.

Through the provision of policy advice regarding the implementation of the ECRTC, I-TECH will contribute to the realization of the Emergency Plan "2-7-10" objectives by increasing the number of clinicians in the Eastern Cape Province who are qualified to provide ARV services. This activity will improve access to ARV services for patients and have a direct impact on the number of patients receiving ART in South Africa. These accomplishments also support the care and treatment objectives laid out by the USG Five Year Strategy for South Africa.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

USG in-country staff

Implementing organizations (not listed above)

Coverage Areas

Eastern Cape

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	American Center for International Labor Solidarity
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	3546
Planned Funds:	
Activity Narrative:	INTEGRATED ACTIVITY FLAG:

This activity is a component of an integrated comprehensive prevention education and care and treatment program for the South African labor movement. It includes activities in Other Prevention (#3322), CT (#3003), ARV Drugs (#3001), AB (#3004), and ARV Services (#3314).

SUMMARY:

The American Center for International Labor Solidarity (ACILS) will use Emergency Plan funds to work with labor unions and labor service organizations to strengthen the capacity of the labor movement to implement effective HIV/AIDS prevention education, care and treatment programs. The major emphasis area for this program will be policy and guidelines, with minor emphasis given to community mobilization and participation and the development of workplace programs. The target population will include men and women who work in factories, business owners and private sector representatives, nurses and other public and private sector healthcare workers, CBOs and NGOs.

BACKGROUND:

The Solidarity Center provides the skills, information and training necessary for trade unions in the health, education, transport and farming and agriculture sectors to respond effectively to HIV-related issues in the workplace and public policy areas, and contribute to HIV prevention, care and treatment efforts in the workplace and in workers' communities.

ACTIVITIES AND EXPECTED RESULTS:

The following activities will strengthen the capacity of the SA trade union movement to develop HIV/AIDS policies and implement effective HIV/AIDS prevention education and care and treatment programs within their union structures and workplaces.

ACTIVITY 1 (Strengthening Policy Development and Implementation):

Through the capacity building and systems strengthening efforts of the Solidarity Center, South African trade unions have played an integral role in the development of the "Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa" and the "Charter of the Public and Private Health Sectors of the Republic of South Africa ("The Charter"). Two SA trade union federations have adopted national policies on HIV and AIDS in the workplace and trade union federations represent organized labor on the SA National AIDS Council (SANAC) and the National Economic Development and Labour Council (NEDLAC). Within NEDLAC, the SAG comes together with organized business, organized labor and organized community groupings on a national level to discuss and try to reach consensus on issues of social and economic policy. The ACILS will continue to provide technical and financial support to strengthen the capacity of the three trade union federations to participate in the development of public policies and policies within the union structures and at the workplace. Technical support and training will be provided via workshops on ways senior union leadership can mainstream HIV/AIDS issues into routine union activities. The Center will also provide support to the leadership of the three union federations as they develop workplace policies on HIV/AIDS.

ACTIVITY 2 (Capacity Building and Mentorship Program):

Emergency Plan funds will 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 members, senior union leadership and workplaces in the Eastern Cape, Western Cape, KwaZulu-Natal, Gauteng and Northern Cape provinces. 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); 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 (MESDAHWU).

Master Trainers will be responsible for the following key HIV and AIDS prevention efforts: (1) Develop strategies to increase 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 (male norms and behaviors, key legislative area) and in efforts to combat violence against women (reducing violence and coercion, key legislative area). (4) Develop strategies to reduce stigma and discrimination (key legislative area) against HIV-infected members in the workplace. (5) Develop strategies to promote healthy lifestyles and the adoption of risk reduction behaviors among union members. The Center's HIV/AIDS Training Team (HATT) will provide ongoing mentorship and coaching to the Master Trainers. HATT members will also serve as "mentors" or "coaches" for 400 Master trainers and will provide additional assistance in program design and implementation, facilitation, and negotiation.

ACTIVITY 3 (Young Workers' Campaign):
Young workers, aged 20 - 34, comprise 44.7% of the workforce in South Africa. Solidarity's The Young Workers' Campaign (YWC) project will reach 720 young workers within union structures and at the workplace through a year-long leadership development program. The leadership development program is integrated with a life-skills education program (described in the AB program area) that is designed to develop knowledge, positive attitudes and skills that assist young people in maintaining safe lifestyles. The YWC leadership development program will provide training in the following core areas: Management of HIV/AIDS in the world of work; leadership skills, including methodologies for teaching and learning and dispute resolution; human rights and the law; and organizing and collective bargaining (increasing women's legal rights, key legislative issue). The integrated education programs offered by the YWC will result in improved general health status and the adoption of and maintenance of risk-reduction behaviors. It will also increase the capacity of young workers, aged 20-34 to develop and implement HIV/AIDS prevention programs and policies; increase their awareness of the importance of knowing one's HIV/AIDS status (stigma and discrimination, key legislative issue); increase the involvement of young men in HIV prevention efforts (male norms and behaviors, key legislative issue) and in efforts to combat violence against women (reducing violence and coercion, key legislative issue); and enhance the participation of young workers in traditional union structures and campaigns.

By strengthening the capacity of the trade unions to develop and implement effective HIV/AIDS education and prevention strategies, the ACILS will contribute to the Emergency Plan's goal of preventing seven million new infections. The activities described here will also support the prevention objectives identified in the USG Five Year Plan for South Africa.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development	3	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	☐
Number of individuals trained in HIV-related policy development	520	☐
Number of individuals trained in HIV-related institutional capacity building	520	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	520	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	520	☐

Target Populations:

Adults

Business community/private sector

Community-based organizations

Factory workers (Parent: Business community/private sector)

Nurses (Parent: Public health care workers)

Non-governmental organizations/private voluntary organizations

Other health care workers (Parent: Public health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Coverage Areas

Eastern Cape

Free State

Gauteng

KwaZulu-Natal

Western Cape

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Monitoring PMTCT
Prime Partner: Medical Research Council of South Africa
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3815
Planned Funds:
Activity Narrative: INTEGRATED ACTIVITY FLAG:

The activity relates to Medical Research Council activities described in strategic information (#3090) and PMTCT (#3550).

SUMMARY:

The Medical Research Council (MRC) will use Emergency Plan funds to improve the quality of PMTCT services through a process of health system strengthening. The health system strengthening will focus on increasing human resource capacity through the implementation of training in PMTCT and infant feeding counseling. The major emphasis area for the activity is quality assurance/supportive supervision, with additional emphasis on the development of policy/guidelines and infrastructure. Target populations for this program area include pregnant women and infants, public health care clinicians and NDOH staff.

BACKGROUND:

This activity builds on the findings of an evaluation funded in FY05 which indicated that poor quality of PMTCT services limits the effectiveness of the programme. The project will be undertaken by a consortium of four institutions with a proven track record in PMTCT interventions (MRC, Health Systems Trust, University of the Western Cape and CADRE).

ACTIVITIES AND EXPECTED RESULTS:

This activity focuses on improving the quality of PMTCT care as a result of the training described in the PMTCT program area (#3550). Health system strengthening will focus on improving the quality of counselling (particularly in relation to infant feeding, improving the uptake of CT among antenatal clients, improving the uptake of ARV prophylaxis for women identified to be HIV-positive and improving the postnatal care for HIV-positive women including access to comprehensive treatment and cotrimoxazole prophylaxis for their infants). Local technical assistance will be provided at eight facilities to assist them with implementation of PMTCT and HIV policies. The changes in program indicators and quality of care will be measured during the targeted evaluation in the strategic information program area. Funds for this activity will be used to support a facilitator who will provide technical assistance to eight facilities with a focus on applying the skills and knowledge learned from the training to the operational program. Ongoing quality improvement meetings will also be held at each facility in order to encourage health managers to monitor their programmes and to identify barriers to quality care provision.

These results contribute to the PEPFAR 2-7-10 goals mainly through the prevention focus. Improvement in the quality of PMTCT services will result in increased numbers of women accessing HIV counseling and testing, nevirapine and infant feeding counseling which will result in a reduction (infections averted) in mother to child transmission of HIV.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Indirect number of HIV service outlets/programs provided with technical assistance for implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Indirect number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs		☑
Number of local organizations provided with technical assistance for HIV-related policy development	28	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Infants

Pregnant women

Women (including women of reproductive age) (Parent: Adults)

Public health care workers

Other health care workers (Parent: Public health care workers)

Coverage Areas

Eastern Cape

KwaZulu-Natal

Western Cape

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Total Planned Funding for Program Area:

Program Area Context:

Managing and coordinating the implementation of the Emergency Plan in South Africa is the primary responsibility of an effective interagency task force which includes representation from all USG Agencies involved in this initiative: HHS (CDC and the Office of International Health), USAID, DoD, Peace Corps, and the Department of State. The task force and its secretariat have improved program planning, budgeting, implementation, and monitoring and evaluation across the USG agencies involved in the Emergency Plan. While this approach has increased program synergies and efficiencies, it has also increased staff workload and responsibilities because staff must become familiar with and achieve consensus on each agency's program. The increased workload is in all areas: program planning; implementation and oversight; consultation with SAG partners; internal coordination; report writing; financial management; procurement; monitoring and evaluation; and supporting high level visitors.

Over the past year USAID, CDC, and the Embassy have increased modestly the number of technical and program staff associated with the Emergency Plan. However, recruitment has been slower than envisioned and will continue into FY06. The majority of the recruitment will be for local technical and program staff rather than U.S. direct hire staff. In FY06, USAID, the Embassy, and CDC expect turnover in important Emergency Plan personnel as the Emergency Plan coordinator, the Health Attaché, the USAID health team leader, and three program technical leads are scheduled to complete their tours in South Africa. This transition will require coordination with headquarters organizations for timely recruitment of appropriately qualified replacements. In addition, having arrived in country, the new staff will require time for orientation and training before they are capable of taking on the full responsibility of their new positions.

The USG Emergency Plan team is responding to the challenges of implementing a rapidly expanding program by employing innovative mechanisms to manage the growth in resources and the number of public and private sector partners. During FY05, the number of partners implementing Emergency Plan activities has increased dramatically to over 75 prime partners with over 150 sub-partners. In FY06, the number of partners and sub-partners will exceed 300, including new partners resulting from an ongoing APS in the OVC area. The USG team will continue to make extensive use of umbrella procurement and administrative mechanisms to identify new partners, administer grants, and ensure compliance with USG financial, performance, and reporting requirements. These mechanisms include interagency APS, centralized data warehouse, unified monitoring and evaluation portfolio, and umbrella grant managers.

The USG agencies have staffing and management plans that enhance the effectiveness of the task force, promote inter-agency cooperation in implementing the programmatic objectives described elsewhere in the COP, and ensure the establishment of a sustainable program in support of the SAG's HIV/AIDS program. The FY06 staffing plan represents the completion of agency recruitment plans initiated in the FY05 COP and projected through 2008, along with the replacement of key personnel at the Embassy, USAID, and CDC. The USG team will continue to manage the Emergency Plan as a single integrated USG program, taking advantage of each agency's individual comparative strengths and promoting a culture of interagency collaboration. When appropriate, the USG team will use cost-effective outside assistance, including use of headquarters core team members, in support of the Emergency Plan program in South Africa.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Management/Staffing - HHS/CDC
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3104
Planned Funds: [redacted]
Activity Narrative: To assure effective implementation of Emergency Plan activities, these funds support the management and staffing expenses within the CDC/South Africa office. The total management and staffing budget for CDC is [redacted] Of this, [redacted] is charged to GHAI and [redacted] is charged to the CDC base budget.

In FY05, the CDC/South Africa office was responsible for the obligation of [redacted] in Emergency Plan funding. In FY06, this amount will increase to roughly [redacted] (the CDC amount will increase to [redacted] at the full plus-up level). CDC staff also has some oversight responsibility for [redacted] of HRSA projects [redacted] at the plus-up level). CDC staff must oversee the implementation of funded activities, working closely with in-country and international partners, to assure that activities are implemented as planned and in accordance with OGAC technical guidance. Staff also participates actively in the USG Emergency Plan Task Force to design the overall comprehensive program that meets the needs of South Africa and OGAC. Staff participates in technical area subcommittees of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities.

The CDC/South Africa office currently employs a total of 25 staff (5 U.S. direct hires, 17 local hires, and 3 contractors). This has grown from 14 in 2004. The Staffing Table provides a complete analysis of these positions. It is proposed to add in 2006 an additional 8 local hire positions, bringing the total staff to 33. To handle the growth in staff, CDC/South Africa has leased additional space in its current building. The FY06 Emergency Plan funds support ICASS, the OBO "head tax", office rent, salaries and benefits, and all other administrative needs of the office. The Management and Staffing Budget Table provides a breakdown of this funding.

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. The grantee was selected through a competitive process and will assist the Emergency Plan by strengthening capacity and expanding activities around HIV prevention, care, and treatment. The recipient is 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, and monitoring and evaluation.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Management 1
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3120
Planned Funds:
Activity Narrative: SUMMARY:

The USAID/South Africa management and staff request for FY06 consists of two elements: (1) funding for ongoing and new staffing needs to provide technical, financial and contractual oversight of the over 40 USAID partners implementing Emergency Plan initiatives; and (2) funding to support PACT/South Africa grant management and organizational capacity building activities with over 17 Emergency Plan partners.

ACTIVITY 1:
The USAID/South Africa Emergency Plan (EP) team has eighteen staff positions dedicating at least 50 percent of their time to implementing the EP in South Africa. The team consists of 3 U.S. Direct Hire PHN officers, 1 US Direct Hire contracting officers, 6 US personal service contractors or institutional contractors, and 8 FSN professional and administrative staff. One additional EP-funded USDH regional legal advisor and one additional EP-funded contracting officer will be posted in South Africa. Local costs for these officers with regional responsibilities will be funded jointly by USAID/South Africa and the Regional HIV/AIDS Program (RHAP). In addition, USAID/South Africa anticipates that these costs will be shared with other focus country Missions benefiting from these services.

The current supervisory PHN Officer is due to transfer in mid 2006 and the position will be filled during the upcoming bidding cycle; the other two USDH health officers as well as the EP-funded contracting officers and regional legal advisor are scheduled to stay at least through FY 2006. USAID is using the USPSC and Institutional Contractor mechanisms to fill critical management and technical needs in ARV treatment, Palliative Care, and Monitoring and Evaluation. USAID has highly qualified FSN project management staff skilled in the areas of TB, Prevention and OVC and is recruiting an additional FSN to manage the growing youth and AB portfolio. In addition to the health, legal and contracting teams, EP funding will be used to partially support the services of the USAID public affairs officer to expand the USG public diplomacy efforts around the EP. EP funding will also support other USAID/South Africa operating units including the controller, program and executive offices which provide financial management, planning and program assistance and logistical support in managing EP resources. If there is sufficient funding within the amount allocated for this management and staffing activity area, USAID will continue to provide support for a local conference management firm to arrange up to 4 technical or programmatic meetings involving all relevant USG Emergency Plan agencies, implementing partners and South African Government partners. A table detailing the USAID staffing pattern for the EP is attached as Appendix 17. In addition to salaries, benefits and travel costs, the management budget includes direct operating costs (such as utilities, administrative and logistic support, etc.), ICASS charges and the USAID Agency Information Technology tax. The total budget for staffing and associated management costs is [redacted] and is attached as Appendix 18.

ACTIVITY 2:
As part of the management program area, USAID will continue to engage PACT, Inc. as an umbrella grants management partner. PACT, under a cooperative agreement with USAID/South Africa, serves as an umbrella mechanism for awarding and administering grants and cooperative agreements to at least 17 organizations funded under the Emergency Plan. PACT is responsible for handling the administrative, contractual, and financial aspects associated with grant management. They are responsible for awarding agreements with Emergency Plan approved partners consistent with USAID and USG rules and regulations; overseeing the financial and

administrative management of partner agreements; and providing USAID and the USG mission in South Africa with regular documentation of partner performance and monitoring and evaluation reports. In addition, PACT staff provides substantial organizational capacity building assistance to local partners, most of which have had no prior experience receiving USG funding. Finally, PACT staff provides administrative and logistical support to the US mission's efforts in attracting new Emergency Plan partners through the Annual Program Statement (APS) process. USAID anticipates that PACT will provide support for new grants awarded pursuant to the OVC APS (#3346). The budget allocated to this activity in FY06 is [redacted]

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Emergency Plan Secretariat
Prime Partner: US Department of Health and Human Services
USG Agency: HHS/Office of the Secretary
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 3121
Planned Funds:
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 the Secretariat provides support to the Emergency Plan Task Force and Steering Committee. The Secretariat performs the following roles:

1. Provides the Ambassador and Mission leadership with information about the Emergency Plan.

2. Coordinates the implementation of the Emergency Plan with the South African Government.

3. Communicates with the Office of the Global AIDS Coordinator on issues related to the USG program in South Africa, and prepares reports regarding the Emergency Plan.

4. Coordinates activities that have an impact across USG agencies, such as responding to audits and Congressional inquiries.

5. Organizes regular meetings of the Emergency Plan Task Force. Keeps records of all Task Force meetings, and circulates minutes to Task Force members.

6. Organizes and documents APS reviews and other review and approval processes.

7. Provides a clearinghouse for important technical and programmatic information regarding HIV/AIDS and the Emergency Plan, serving as the central repository of all information related to the Emergency Plan implementation in South Africa.

8. Assists in the preparation of speeches, articles and other communications regarding the Emergency Plan. Assists the Mission Public Affairs efforts in publicizing and promoting Emergency Plan activities and in providing public affairs support for program implementing partners.

9. Manages and maintains Emergency Plan website and photo gallery, and updates HIV/AIDS information for Issue Paper on Embassy Website and other similar materials.

10. Develops/coordinates Global Health elements of the Mission Performance Plan.

11. Assists in the organization of Emergency Plan partner meetings.

12. Prepares and hosts VIP visits and inspections.

Specifically, these funds directly support the following positions, expenses and activities that enable the Secretariat to unify the overall South African Emergency Plan program:
- One webmaster/public affairs assistant position and one-half of an OMS position. These positions are included in the Secretariat table attached to the COP.
- The annual program statement process of proposal solicitation and review.
- Conferences and meetings with partner organizations regarding critical programmatic and implementation issues.
- The Secretariat effort to prepare for audits and other external investigations.

- South African Government travel to the OGAC Annual Meeting.
- ICASS charges related to the Secretariat at the Embassy.

An estimated [ ] of these funds will support ICASS charges for the Secretariat at the Embassy charged to HHS. [ ] of ICASS costs charged to State Department are reflected in Activity #6377. The remainder of the funds supports personnel, conferences, travel, equipment and other office expenses.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	3341
Planned Funds:	[ ]
Activity Narrative:	The Office of Defense Cooperation of the US DoD supports the Masibambisane program administratively and serves as the link to the US DoD. A program manager supports the program for 24 hours per week and an activity manager provides full time administrative and financial management support. Salaries for both of these staff members, the rental for the office occupation at ODC, travel in support of the program and administrative cost in the financing of activities through the US Embassy procurement office are covered by this allocation.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5149
Planned Funds:	
Activity Narrative:	To assure effective implementation of Emergency Plan activities, these funds support the management and staffing expenses within the CDC/South Africa office. The total management and staffing budget for CDC is Of this, is charged to GHAI and is charged to the CDC base budget.

In FY05, the CDC/South Africa office was responsible for the obligation of in Emergency Plan funding. In FY06, this amount will increase to roughly (the CDC amount will increase to at the full plus-up level). CDC staff also has some oversight responsibility for of HRSA projects at the plus-up level). CDC staff must oversee the implementation of funded activities, working closely with in-country and international partners, to assure that activities are implemented as planned and in accordance with OGAC technical guidance. Staff also participates actively in the USG Emergency Plan Task Force to design the overall comprehensive program that meets the needs of South Africa and OGAC. Staff participates in technical area subcommittees of the Task Force that work to coordinate all partners in a particular technical area to ensure complementary and synergistic activities.

The CDC/South Africa office currently employs a total of 25 staff (5 U.S. direct hires, 17 local hires, and 3 contractors). This has grown from 14 in 2004. The Staffing Table provides a complete analysis of these positions. It is proposed to add in 2006 an additional 8 local hire positions, bringing the total staff to 33. To handle the growth in staff, CDC/South Africa has leased additional space in its current building. The FY06 Emergency Plan funds support ICASS, the OBO "head tax", office rent, salaries and benefits, and all other administrative needs of the office. The Management and Staffing Budget Table provides a breakdown of this funding.

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. The grantee was selected through a competitive process and will assist the Emergency Plan by strengthening capacity and expanding activities around HIV prevention, care, and treatment. The recipient is 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, and monitoring and evaluation.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6367
Planned Funds:
Activity Narrative: SUMMARY:

The Peace Corps South Africa management and staffing request for FY06 consists of funding for new staffing needs to provide technical and reporting oversight of the over 60 Peace Corps Volunteers in South Africa who are working with NGOs and communities on activities that contribute to the 2-7-10 goals, and administrative and management support costs associated with meeting the requirements to support 16 Emergency Plan-funded PCVs in FY06 and the Volunteer Activity Support and Training (VAST) component of the FY06 COP submission.

BACKGROUND:

Peace Corps South Africa has a total of 3 staff members dedicating significant time to supporting Emergency Plan activities. FY06 funding will support a staff person who will be dedicated to Peace Corps' Emergency Plan monitoring and reporting functions and Emergency Plan PCV site development, training and VAST fund administrative functions (as per Staffing Table, Appendix 17).

In FY05, Peace Corps South Africa received its first Emergency Plan funding for 6 2-year Peace Corps Volunteers and support to the VAST fund. The program is expanding in FY06, with the request for an additional 10 2-year Volunteers and on-going support for the VAST fund. In addition to supporting these PEPFAR-funded activities, Peace Corps reports all HIV/AIDS activities as part of the Mission's reporting cycle. This includes the activities of 42 Volunteers assigned to work with local HIV/AIDS NGOs, CBOs and FBOs (not Emergency Plan funded), and the work of approximately 20 Volunteers in the Education sector who undertake significant HIV/AIDS work in their communities as "secondary projects." The additional support and reporting requirements require personnel to meet the needs of Volunteers, the Mission Task Force and Peace Corps Washington.

ACTIVITIES:

Peace Corps staff working on the Emergency plan are responsible for the following activities:

1. Negotiating site placements with appropriate local NGOs, CBOs, and FBOs;
2. Providing on-going technical support to PCVs and their local supervisors and organizations;
3. Providing appropriate training interventions to Volunteers and local supervisors (Pre-Service Training and three In-Service training events);
4. Participation in Mission Task Force Activities, including meetings, APS reviews, hosting visitors, etc.;
5. Compiling and submitting Semi-Annual and Annual reports and financial data to the Mission Task Force and Peace Corps Washington;
6. Participation in the OGAC Annual Meeting and Peace Corps' Emergency Plan meetings and conferences.

Specifically, these funds directly support the following positions, expenses and activities:

1. Half-time salary for a Program Assistant responsible for compiling necessary reports, organizing training and supporting the administration of the VAST fund.
2. International travel for appropriate staff participation in OGAC and Peace Corps Emergency Plan meetings;
3. National travel for appropriate staff participation in OGAC and Peace Corps Emergency Plan meetings;
4. National travel for Emergency Plan-funded Volunteer support activities.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Emergency Plan Secretariat
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 6377
Planned Funds: [ ]
Activity Narrative: The Emergency Plan Secretariat within the office of the Health Attaché at the U.S. Embassy in Pretoria is responsible for significant administrative and management functions related to coordination, oversight and management of South Africa's Emergency Plan program, and the Secretariat provides support to the Emergency Plan Task Force and Steering Committee. Within the Secretariat, there is one direct hire State Department Officer and one State Department-funded FSN position.

The ICASS charges for these two State Department positions will be paid through this fund. The estimated ICASS charges for FY06 are [ ]

Remaining activities and costs for the South Africa Emergency Plan Secretariat are described in activity 3121.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
If yes, approximately how many service delivery sites will it cover?	400	
When will preliminary data be available?	10/1/2007	
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 2006?	☐ Yes	☑ No

Other significant data collection activities

Name:
Human Resources

Brief description of the data collection activity:
A recently published SAG 2005 Strategic Framework for the Human Resources for Health Plan (HRH Plan) is available for comment by stakeholders and provides the USG with principles and direction from the NDOH so that the scale-up of human resources supported by the Emergency Plan fits in the context of the SAG's objectives. This plan will guide the development of Provincial human resource plans and will identify gaps that need to be addressed, including human resource needs of Emergency Plan partners.
n
nDate of availability of preliminary data is yet to be determined.

Preliminary data available:

Name:
Mass Media Survey

Brief description of the data collection activity:
Emergency Plan funds will be used to support a national level survey to measure effectiveness of the three large media activities in South Africa: 1) the NDOH Khomanani campaign; 2) Soul City's treatment adherence campaign; and 3) Tsha Tsha and Mindset. This activity will be co-funded by all three organizations, including the NDOH. These three prevention initiatives are a large part of the NDOH prevention campaign.
n
nDate of availability of preliminary data is yet to be determined.

Preliminary data available:

Name:

HSRC

Brief description of the data collection activity:

In 2006, preparations will begin for the 2007 national population-based HIV prevalence and behavioral risk survey partially funded by Emergency Plan funds. State-of-the art survey and epidemiologic methods will be employed to collect and analyze data in support of efforts to evaluate epidemic trends. These data will also be used to enhance national HIV/AIDS program indicators and compare South Africa's HIV/AIDS epidemic to the global pandemic.

n

nDate of availability of preliminary data is yet to be determined.

Preliminary data available: