PURPOSE(S) OF THE SYSTEM:

To establish and verify HHS employees' eligibility for child care subsidies in order for HHS to provide monetary assistance to its employees.

ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USE:

1. Disclosure may be made to a Member of Congress or to a congressional staff member in response to a request for assistance from the Member by the individual of record.

2. The Department of Health and Human Services (HHS) may disclose information from this system of records to the Department of Justice, or to a court or other tribunal, when (a) HHS, or any component thereof; or (b) any HHS employee in his or her official capacity; or (c) any HHS employee in his or her individual capacity where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or (d) the United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components, is a party to litigation, and HHS determines that the use of such records by the Department of Justice, court or other tribunal is relevant and necessary to the litigation and would help in the effective representation of the governmental party, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records where collected.

3. HHS intends to disclose information from this system to an expert, consultant, or contractor (including employees of the contractor) of HHS if necessary to further the implementation and operation of this program.

4. Disclosure may be made to a Federal, State, or local agency responsible for investigating prosecuting, enforcing, or implementing a statute, rule, regulation, or order, where the Department of Health and Human Services is made aware of a violation or potential violation of civil or criminal law or regulation.

5. Disclosure may be made to the Office of Personnel Management or the Government Accountability Office when the information is required for evaluation of the subsidy program.

POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:

1. *Storage:* Information may be collected on paper or electronically and may be stored as paper forms or on computers.

2. *Retrievability:* The records are retrieved by name and may also be cross-referenced to Social Security Number.

3. *Safeguards:*

—Authorized Users: Only HHS personnel working on this project and personnel employed by HHS contractors to work on this project are authorized users as designated by the system manager

—Physical Safeguards: Records are stored in lockable metal file cabinets or security rooms

—Procedural Safeguards: Contractors who maintain records in this system are instructed to make no further disclosure of the records, except as authorized by the system manager and permitted by the Privacy Act. Privacy Act requirements are specifically included in contracts.

—Technical Safeguards: Electronic records are protected by use of passwords

—Implementations Guidelines: HHS Chapter 45–13 of the General Administration Manual, ''Safeguarding Records Contained in Systems of Records and the HHS Automated Information System Security Program Handbook, Information Resources Management Manual''

RETENTION AND DISPOSAL:

Disposition of records is according to the National Archives and Records Administration (NARA) guidelines.

SYSTEM MANAGER(S) AND ADDRESSES:

The records of individuals applying for and receiving child care subsidies are managed by System Managers at the various HHS sites listed in Appendix A.

NOTIFICATION PROCEDURE:

Individuals may submit a request with a notarized signature on whether the system contains records about them to the local System Manager.

RECORD ACCESS PROCEDURES:

Request from individuals for access to their records should be addressed to the local System Manager. Requesters should also reasonably specify the record contents being sought. Individuals may also request an accounting of disclosures of their records, if any.

CONTESTING RECORD PROCEDURES:

Contact the official at the address specified under Notification Procedures above and reasonably identify the record, specify the information being contested, and state the corrective action sought, with supporting information to show how the record is inaccurate, incomplete, untimely, or irrelevant.

RECORD SOURCE CATEGORIES:

Information is provided by HHS employees who apply for child care subsidies. Furnishing of the information is voluntary.

SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

Appendix A

1. For employees of the Office of the Secretary and the Administration on Aging, nationwide, contact: Child Care Subsidy Program Coordinator, PSC Rockville Human Resource Center, Room 23C–42, 5600 Fishers Lane, Rockville, MD 20857.

2. For employees of the Food and Drug Administration, nationwide, contact: Child Care Subsidy Program Coordinator, Office of Human Resources and Management Services, Food and Drug Administration—HFA–410, 5600 Fishers Lane, Rockville, MD 20857.

3. For employees of the Health Resources and Services, contact: Child Care Subsidy Program Coordinator, Health Resources and Services Administration, 5600 Fishers Lane, Room 13–25, Rockville, MD 20857.

4. For employees of the Centers for Disease Control and Prevention, nationwide, contact: Work and Family Program Coordinator, Centers for Disease Control and Prevention, 4770 Buford Highway, MS–K17, Atlanta, GA 30341.

5. For employees of the Substance Abuse and Mental Health Services Administration, contact: Director, Division of Human Resources Management, Office of Program Services, 1 Choke Cherry Road, Rockville, MD 20892.

6. For employees of the National Institutes of Health, nationwide, contact: Child Care Program Manager, National Institutes of Health, 301 North Stone Street, Suite #118, Rockville, MD 20892.

[FR Doc. 05–8801 Filed 5–2–05; 8:45 am]

BILLING CODE 4151–17–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement AA010]

HIV Prevention and Care for Refugees and Host Populations in Turkana District, North Western Kenya; Notice of Intent To Fund Single Eligibility Award

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the intent to fund fiscal year (FY) 2005 funds for a cooperative agreement program to provide a comprehensive program for HIV prevention and care for refugees,

humanitarian aid workers, and host populations in northwestern Kenya. This program should include the operation of centers for voluntary counseling and HIV testing in the Kakuma Refugee Camp, Lokichoggio, and Kalokol.

The Catalog of Federal Domestic Assistance number for this program is 93.067.

B. Eligible Applicant

Assistance will be provided only to the International Rescue Committee (IRC) Kenya. No other applications are solicited, for the following reasons:

Unique Ability

International Rescue Committee has 12 years of experience in providing care to refugees and host populations in Kenya.

IRC Kenya has been present in Kakuma refugee camp since its creation in 1992, and IRC Kenya has provided all of the medical care for the entire population of over 90,000 refugees in the Kakuma refugee camp since 1997, with funding from the U.S. State Department Bureau for Population, Refugees, and Migration (BPRM), United Nations High Commissioner for Refugees (UNHCR), and other donors. No agency can work in the Kakuma camp without the approval of UNHCR and the Government of Kenya (GOK) Ministry of Home Affairs, and IRC is the only agency, which has been given the mandate to provide medical and public health services in Kakuma.

HIV services in Kakuma camp are integrated into a broader primary care context, which results in: (a) Enhanced referral links that in turn increase program coverage (from curative to home based care and vice versa, from voluntary counseling and testing (VCT)/ prevention of mother to child transmission (PMTCT) to curative, TB to curative, etc.); (b) improved achievement of the continuum of care goals that are the result of a coordinated system that follows patients from the moment of diagnosis to home based care through a care clinic; and (c) streamlined program management. It would not be appropriate for a different organization to provide HIV prevention and care in this unique setting as it is more efficient for this HIV component to be implemented in the context of the curative and preventive health care services IRC provides in the camp.

In addition, IRC has the infrastructure, skills base and knowledge of the region, which no other agency in the Turkana District in the health care sector has obtained. With IRC as implementing agency it would ensure that both maintaining and expanding on HIV/AIDS services in the district programs would have cohesion, greater context and cultural knowledge and a larger pool of resources.

Demonstrated Performance

IRC has the ability to plan, manage and implement programs in this remote area quickly and successfully.

In FY01, CDC awarded IRC a cooperative agreement through program announcement 00134—Leadership and Investment in Fighting an epidemic (LIFE) Global AIDS Program. With an annual award of $300,000, IRC has developed a comprehensive HIV prevention and care program in the Kakuma camp, which includes two VCT centers and PMCT services in the camp hospital. In FY04, with the United States President's Emergency Plan for AIDS Relief (PEPFAR) Track 1.5 funding, IRC established a VCT center in Lokichoggio, the transit point for Operation Lifeline Sudan. This center is now providing HIV prevention services to refugees, humanitarian aid workers flying into southern Sudan, and the local Turkana population. IRC did not actually receive the Track 1.5 funding until August 6, 2004, but in spite of these delays, VCT services were initiated in Lokichoggio by the end of August 2004. No HIV prevention or care services now exist in Kalokol but IRC has been asked by the Turkana District Medical Office to extend the prevention and care model used in Kakuma and Lokichoggio to this remote community. Experience in program implementation both in Kakuma and Lokichoggio puts IRC in a unique position to apply the lessons learned to Kalokol, which has many similar characteristics to Lokichoggio and is also part of Turkana district, a very remote and unique area of Kenya.

IRC has established good relationships with both the Government of Kenya and local organizations working in these communities and therefore can implement this program efficiently and effectively. There is no other organization in Kakuma with the capacity to implement this complex program, and there are no other organizations currently working in HIV prevention for both humanitarian aid workers and the host Turkana population in Lokichoggio and Kalokol.

Cost-Efficiency

This program will be implemented in the context of the broader medical and public health services provided by IRC in the Kakuma refugee camp, with funding from the United States Government (USG) and UNHCR. The State Department BPRM has indicated a commitment to continue this support to IRC in 2005. A cooperative agreement between IRC and HHS/CDC for the HIV component of the public health program is much more cost efficient than having one agency provide the medical and public health services and a different agency provide the HIV specific services. In addition, HHS/CDC providing funding to IRC allows for good inter-agency coordination between the State Department BPRM and HHS/ CDC and between the USG and other donors, especially UNHCR.

Implementing a coordinated and comprehensive HIV/AIDS program in these three communities operated by the same organization allows for economies of scale and encourages the development of a network of services for these currently under-served populations. Finally, because IRC has a health and administrative infrastructure in Kakuma and Lokichoggio, funded by other donors, this HIV program can be implemented more economically than an agency, which would have to establish new and duplicative infrastructures in these remote and unique settings.

C. Funding

Approximately $600,000 is available in FY 2005 to fund this award. It is expected that the award will begin on or before July 1, 2005, and will be made for a 12-month budget period within a project period of up to five years. Funding estimates may change.

D. Where To Obtain Additional Information

For general comments or questions about this announcement, contact:

Technical Information Management, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341–4146, Telephone: 770–488–2700.

For program technical assistance, contact:

Elizabeth Marum, Ph.D., Project Officer, Global Aids Program [GAP], Kenya Country Team, National Center for HIV, STD and TB Prevention, Centers for Disease Control and Prevention [CDC], P.O. Box 606 Village Market, Nairobi, Kenya, Telephone: 254–20–271–3008, E-mail: *emarum@cdcnairobi.mimcom.net.*

For budget assistance, contact:

Diane Flournoy, Contract Specialist, CDC Procurement and Grants Office, 2920 Brandywine Road, Atlanta, GA 30341, Telephone: 770–488–2072, E-mail: *dflournoy@cdc.gov.*

Dated: April 26, 2005.

William P. Nichols,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Increasing Access to HIV Counseling and Testing (VCT) and Enhancing HIV/AIDS Communications, Prevention, and Care in Botswana, Lesotho, South Africa, Swaziland and Cote d'Ivoire

Announcement Type: New.

Funding Opportunity Number: AA006.

Catalog of Federal Domestic Assistance Number: 93.067.

Key Dates:

Application Deadline: June 2, 2005.

I. Funding Opportunity Description

Authority: This program is authorized under Sections 307 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 242l and 247b(k)(2)], as amended.

Background

Southern Africa faces the world's most severe HIV/AIDS epidemic. National prevalence rates are estimated at 30 percent in Lesotho, 27.9 percent (GOSA 2003 Antenatal Study) in South Africa, 37 percent in Botswana, and 39 percent in Swaziland. Cote d'Ivoire has the highest HIV prevalence in the West African sub-region. Young adults are among the hardest hit. The availability of HIV counseling and testing (CT), prevention communications and interventions, and care varies in the five countries; and, in all places, Voluntary Counseling and Testing (VCT) needs further promotion and strengthening. In some of the countries, most people who have been tested for HIV have been tested for medical diagnostic purposes or because they are pregnant, while in Botswana, for example, a good VCT service network exists but remains underutilized. In all five countries, stigma surrounding accessing HIV CT services, fears of confidentiality not being maintained, and low belief in the efficacy of Rapid Test Kits remain barriers to people accessing HIV CT. Overall, relatively few asymptomatic people are accessing VCT services that would empower them to change their behavior and direct them to post-test care and support services, including antiretroviral therapy (ART) and Tuberculosis (TB) therapy.

Other aspects of behavior change need strengthening as well. Levels of abstinence, faithfulness, and correct and consistent condom use need to increase in all countries, in order to decrease HIV incidence. Research has shown that key mediating factors to infection, such as alcohol and substance abuse and partner violence, are also prevalent in the populations at high risk for HIV infection in the five countries; thus, these mediating factors also need to be addressed in prevention, care and treatment efforts. Youth are particularly vulnerable to infection, but also particularly open to positive behavior change; thus, the youth of these five countries should be a key target group for some of the activities proposed below.

Purpose: The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2005 funds up to $5.8 million for a cooperative agreement program to increase United States (U.S.) support for Botswana, South Africa, Lesotho, Swaziland and Cote d'Ivoire to limit the further spread of HIV/AIDS and to care for those affected by this devastating disease. This funding is an action by the U.S. Government recognizing the impact that HIV/AIDS continues to have on individuals, families, communities and nations, and the need to do more. Over the next five years, it is expected that these activities will contribute to achieving the global targets of the United States President's Emergency Plan for AIDS Relief (PEPFAR). The mission of the PEPFAR is to work with leaders throughout the world to combat HIV/AIDS, promoting integrated prevention, treatment, and care interventions, with an urgent focus on countries that are among the most afflicted nations of the world. The goals are as follows:

- To encourage bold leadership at every level to fight HIV/AIDS.
- Apply best practices within our bilateral HIV/AIDS prevention, treatment, and care programs, in concert with the objectives and policies of the host governments' national HIV/AIDS strategies.
- Encourage partners, including multilateral organizations and other host governments, to coordinate at all levels to strengthen response efforts, to embrace best practices, to adhere to principles of sound management, and to harmonize monitoring and evaluation efforts to ensure the most effective and efficient use of resources.

In the PEPFAR funded countries, the targets are to: (1) Provide treatment to two million HIV-infected people; (2) prevent seven million new infections; and (3) provide care to ten million people infected and affected by HIV/AIDS, including orphans and vulnerable children.

The purpose of the program is to increase the use of high quality HIV CT services in Botswana, Lesotho, South Africa, Swaziland and Core d'Ivoire. Use of CT services is intended to lead to safer sexual behaviors, including abstinence, fidelity, and correct and consistent condom use, and increased use of care and support services through a strong referral network to complementary services. A secondary purpose of this program is to enhance HIV/AIDS prevention communications activities.

Measurable outcomes of the program will be in alignment with one or more of the following performance goals for the PEPFAR program:

Palliative Care—Counseling and Testing (CT)

1. Number of CT service outlets/programs, direct and/or indirect.
2. Number of clients receiving both CT, direct.
3. Number of people trained in both CT, direct.

Palliative Care—TB/HIV

- Number of people provided with palliative care for TB/HIV, direct and/or indirect.

Prevention—Abstinence and Be Faithful (A/B)

- Number of community outreach and/or mass media programs that are A/B focused, direct and/or indirect.
- Number of people reached through community outreach and/or mass media programs that are not A/B focused.

Prevention—Other

- Number of community outreach and/or mass media programs that are not focused on A/B, direct and/or indirect.
- Number of people reached through community outreach and/or mass media programs that are not A/B focused

Treatment—Laboratory Infrastructure

- Number of labs, direct.
- Number of people trained in lab related activities, direct.

In addition, funds will support necessary wrap-around activities to complement HIV CT, such as prevention communications, interventions, and referrals and linkages to HIV/AIDS care.

Activities:

The specific activities carried out in each country should meet the needs of